Dokumentvorlage, Version vom 16.12.2021

Dossier zur Nutzenbewertung gemäß § 35a SGB V

Capivasertib (Truqap®)

AstraZeneca GmbH

Anhang 4G

Capivasertib in Kombination mit Fulvestrant
zur Behandlung von erwachsenen Patienten
mit Östrogenrezeptor(ER)-positivem, HER2-negativem,
lokal fortgeschrittenem oder metastasiertem Mammakarzinom
mit einer oder mehreren PIK3CA/AKT1/PTEN-Alterationen
nach Rezidiv oder Progression der Erkrankung
während oder nach einer endokrinen Therapie

Analysen für das Nutzendossier

Stand: 30.09.2024

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Altered full analysis set, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
Gesamtüberleben	n	117	87
	Mediane	14,00	13,73
	Min	1,4	0,5
	Max	26,4	24,1

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.1.2 CAPItello-291 (China B2): Summary of observation period (months) for overall survival (OS)
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
Gesamtüberleben	n	11	6
	Mediane	10,28	12,32
	Min	4,6	9,4
	Max	17,0	15,0

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.2.1 CAPItello-291 (Global B2): Summary of observation period (months) for progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
Progressionsfreies Überleben	n	117	87
	Mediane	6,08	2,07
	Min	0,0	0,0
	Max	24,9	16,6

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.2.2 CAPItello-291 (China B2): Summary of observation period (months) for progression-free survival by investigator (PFS),
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
Progressionsfreies Überleben	n	11	6
	Mediane	5,42	1,89
	Min	1,8	1,6
	Max	11,0	14,9

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.3.1 CAPItello-291 (Global B2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=91)	Placebo + Fulvestrant (N=68)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	91	68
	Mediane	11,01	5,55
	Min	1,4	1,4
	Max	26,4	24,0

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.3.2 CAPItello-291 (China B2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=6)	Placebo + Fulvestrant (N=5)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	6	5
	Mediane	7,61	12,32
	Min	4,6	2,0
	Max	15,1	15,0

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.4.1 CAPItello-291 (Global B2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=48)	Placebo + Fulvestrant (N=35)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	48	35
	Mediane	11,24	5,62
	Min	1,4	1,6
	Max	26,4	22,0

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.
Chemotherapy-naïve patients had no prior chemotherapy in advanced or early setting.

Table 1.1.4.2 CAPItello-291 (China B2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=1)	Placebo + Fulvestrant (N=0)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	1	0
	Mediane	6,90	
	Min	6,9	
	Max	6,9	

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.
Chemotherapy-naïve patients had no prior chemotherapy in advanced or early setting.

Table 1.2.1.1 CAPItello-291 (Global B2): Summary of analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	117	31 (26,5)	NE [NE; NE]	87	35 (40,2)	NE [NE; NE]	0,60	[0,36; 0,97]	0,0364*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.1.2 CAPItello-291 (China B2): Summary of analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	11	3 (27,3)	15,1 [6,9; NE]	6	1 (16,7)	NE [NE; NE]	0,82	[0,03; 20,82]	0,8864

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.2.1 CAPItello-291 (Global B2): Summary of analysis of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Progressionsfreies Überleben	117	92 (78,6)	7,0 [5,5; 9,0]	87	75 (86,2)	2,6 [1,9; 3,5]	0,43	[0,31; 0,60]	<0,0001*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.2.2 CAPItello-291 (China B2): Summary of analysis of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Progressionsfreies Überleben	11	8 (72,7)	7,4 [3,8; 9,5]	6	4 (66,7)	1,9 [1,6; NE]	0,21	[0,03; 1,12]	0,0544

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.3.1 CAPItello-291 (Global B2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=91)			Placebo + Fulvestrant (N=68)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	91	57 (62,6)	11,6 [9,7;14,2]	68	55 (80,9)	5,6 [3,7; 8,7]	0,42	[0,29; 0,63]	<0,0001*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.3.2 CAPItello-291 (China B2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=6)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	6	4 (66,7)	8,3 [4,9; NE]	5	2 (40,0)	NE [NE; NE]	0,33	[0,01; 3,72]	0,3657

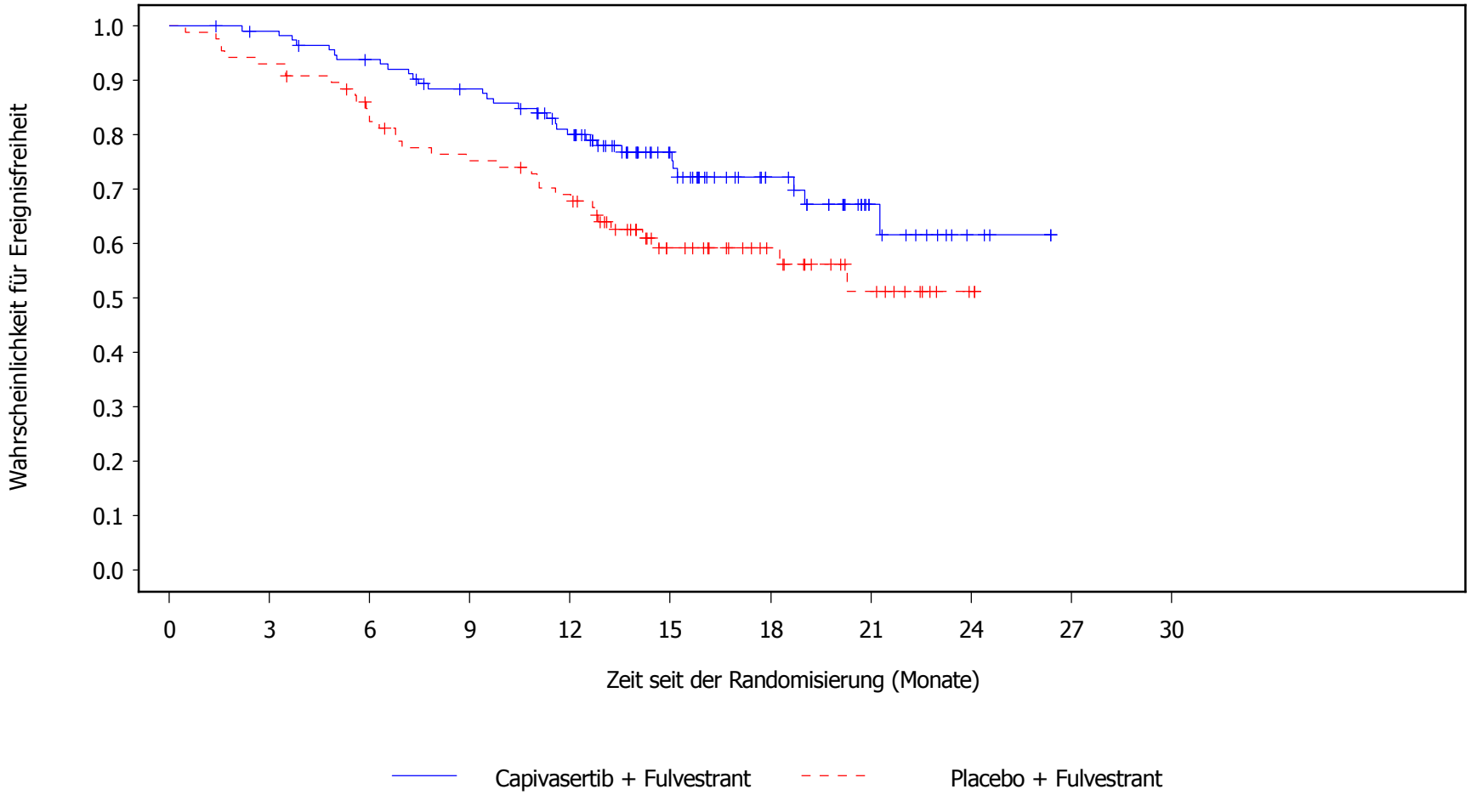
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.4.1 CAPItello-291 (Global B2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=48)			Placebo + Fulvestrant (N=35)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	48	32 (66,7)	11,5 [9,2;16,2]	35	28 (80,0)	6,0 [3,4; 9,8]	0,49	[0,28; 0,86]	0,0121*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

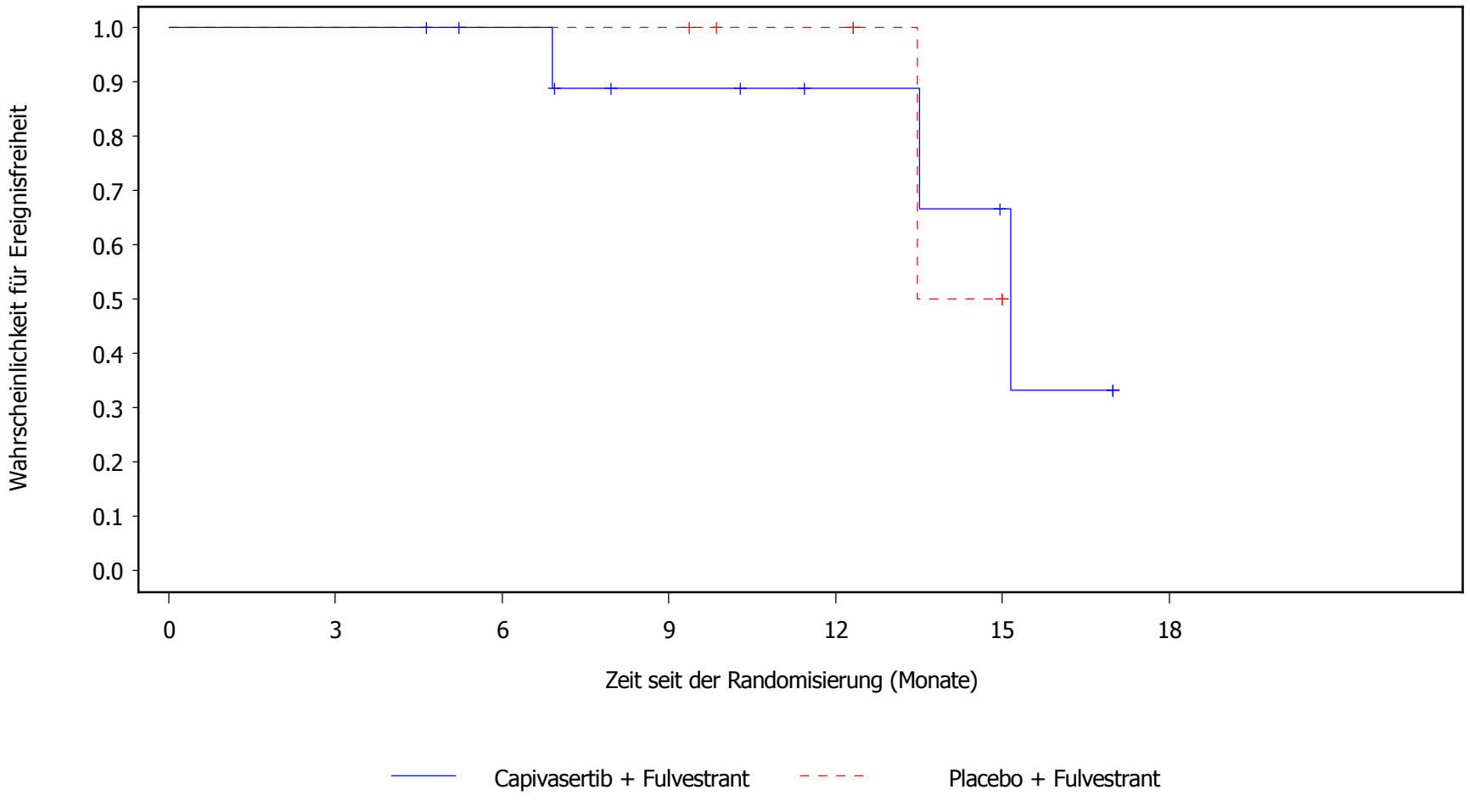
Figure 1.3.1.1 CAPItello-291 (Global B2): Kaplan-Meier plot of overall survival (OS)
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	114	106	97	83	51	30	12	3	0	0	Capivasertib + Fulvestrant
87	81	71	62	56	31	20	10	1	0	0	Placebo + Fulvestrant

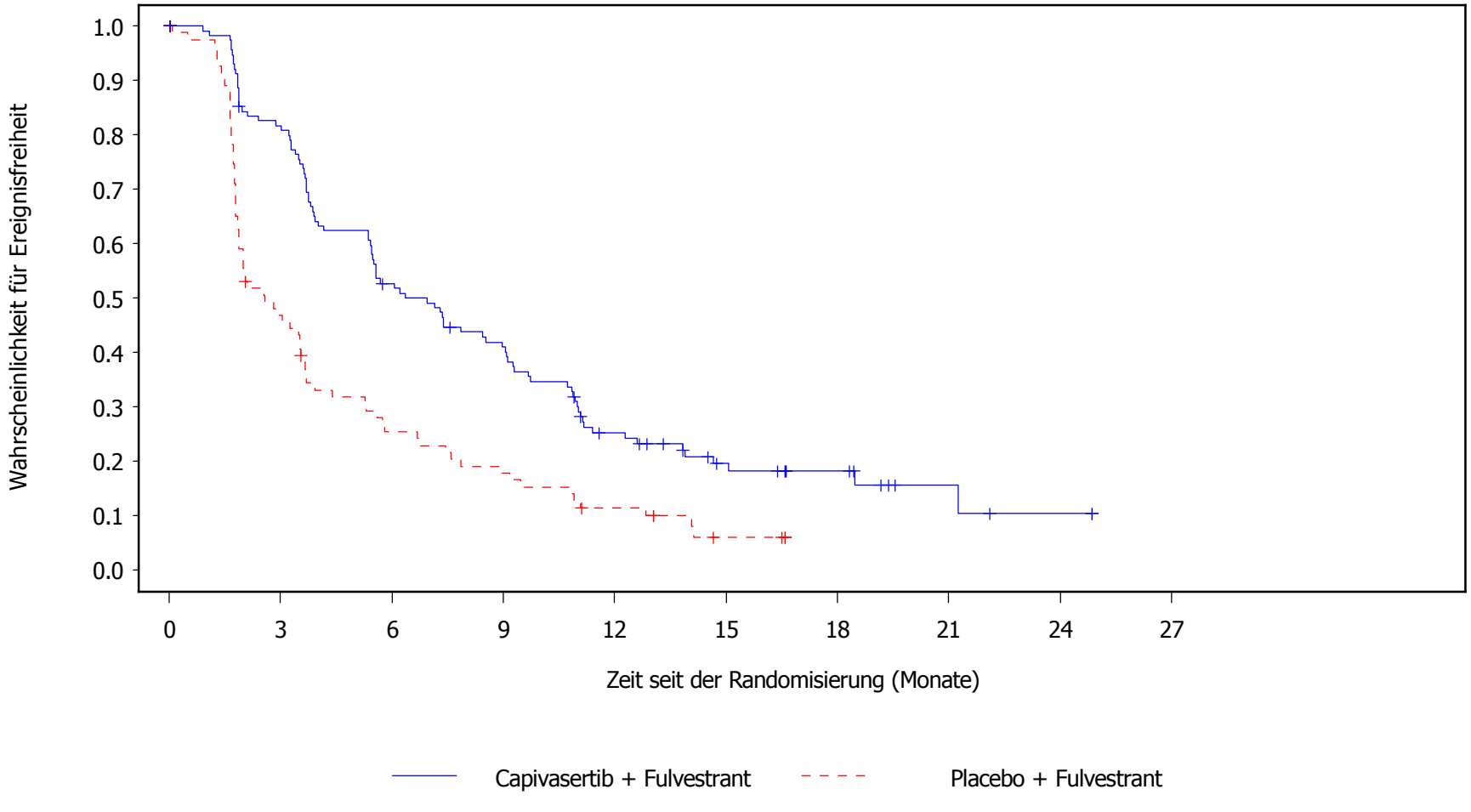
Figure 1.3.1.2 CAPItello-291 (China B2): Kaplan-Meier plot of overall survival (OS)
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	6	4	2	0	Capivasertib + Fulvestrant
6	6	6	6	4	0	0	Placebo + Fulvestrant

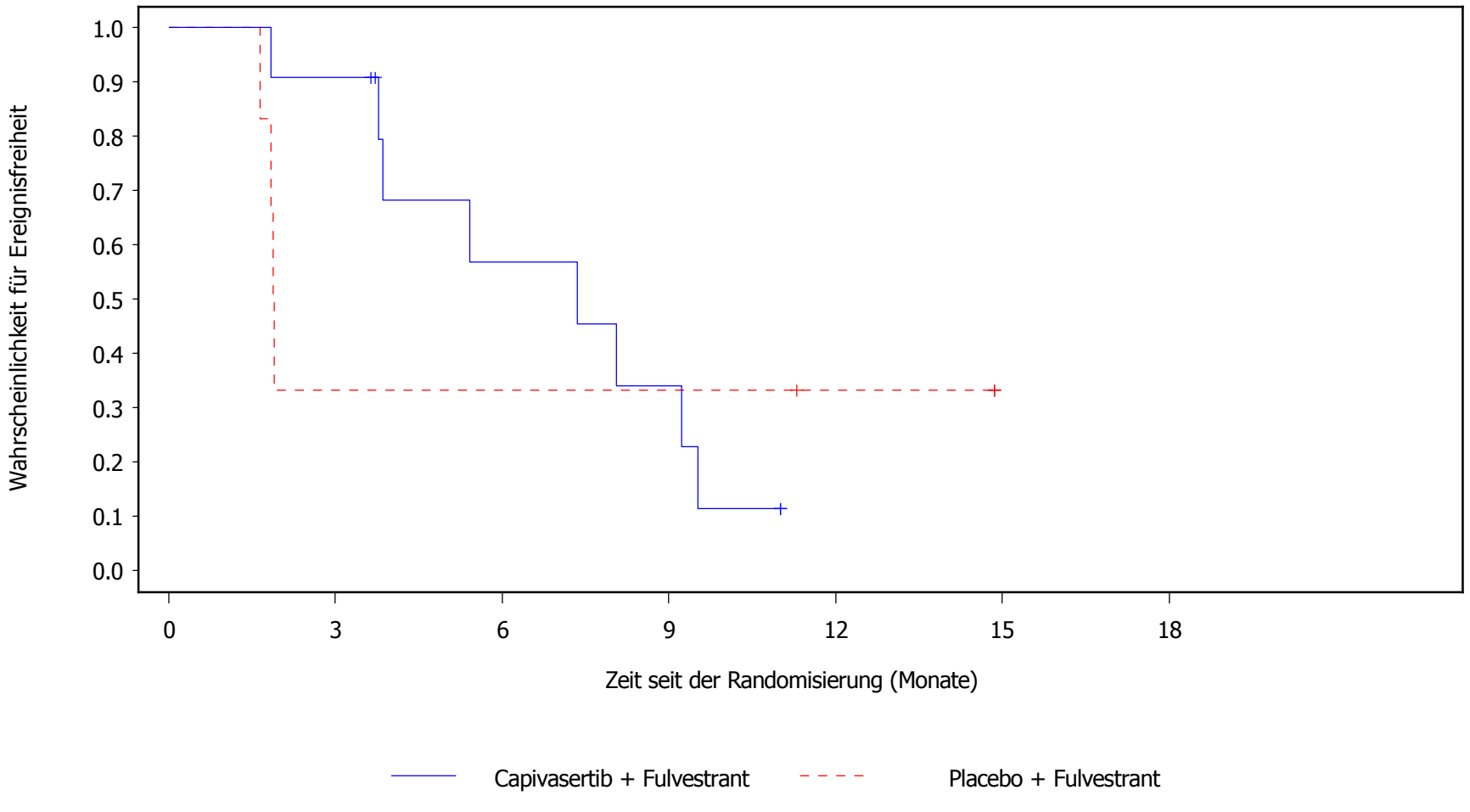
Figure 1.3.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	93	59	45	25	14	9	3	1	0	Capivasertib + Fulvestrant
87	38	20	14	8	2	0	0	0	0	Placebo + Fulvestrant

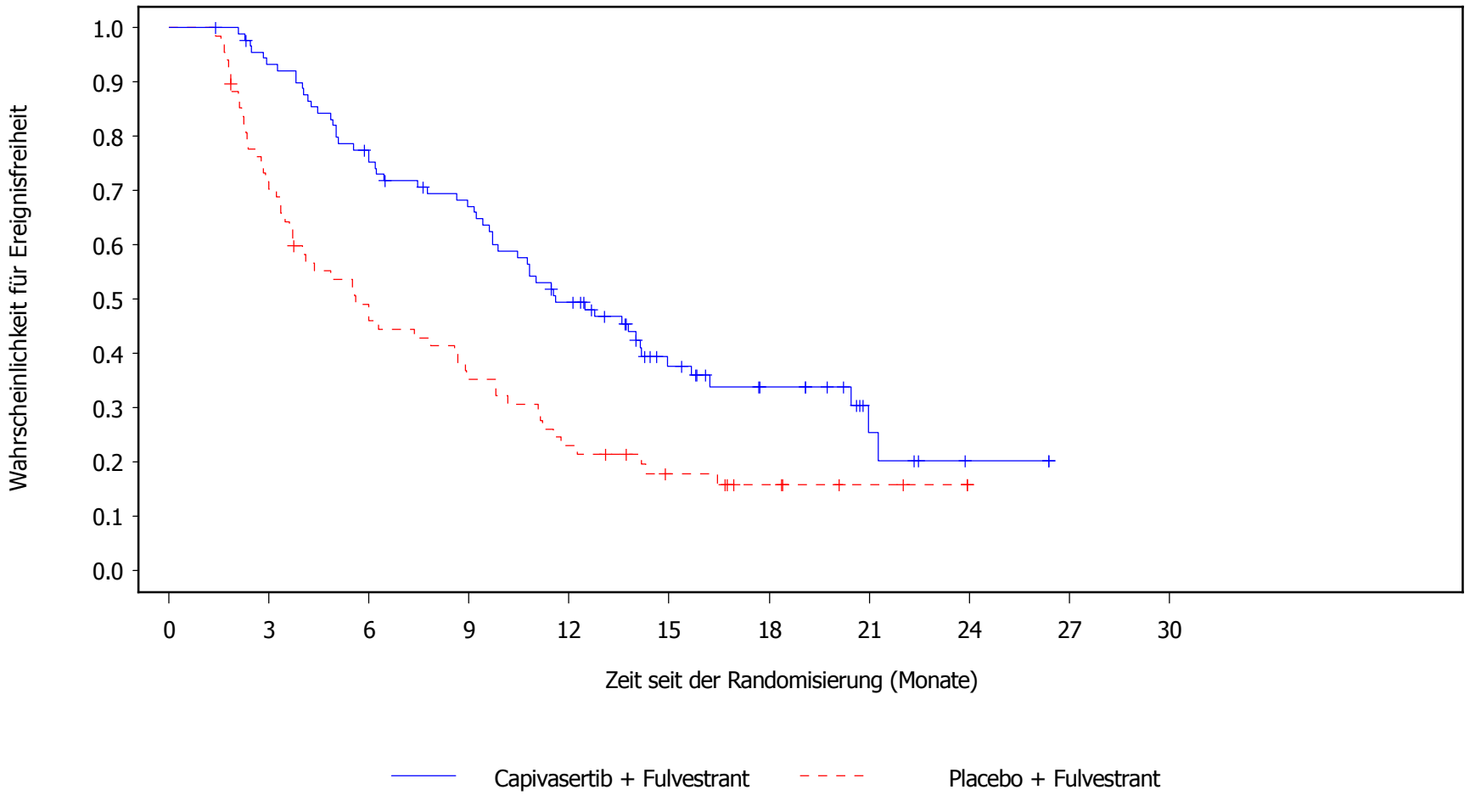
Figure 1.3.2.2 CAPItello-291 (China B2): Kaplan-Meier plot of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	5	3	0	0	0	Capivasertib + Fulvestrant
6	2	2	2	1	0	0	Placebo + Fulvestrant

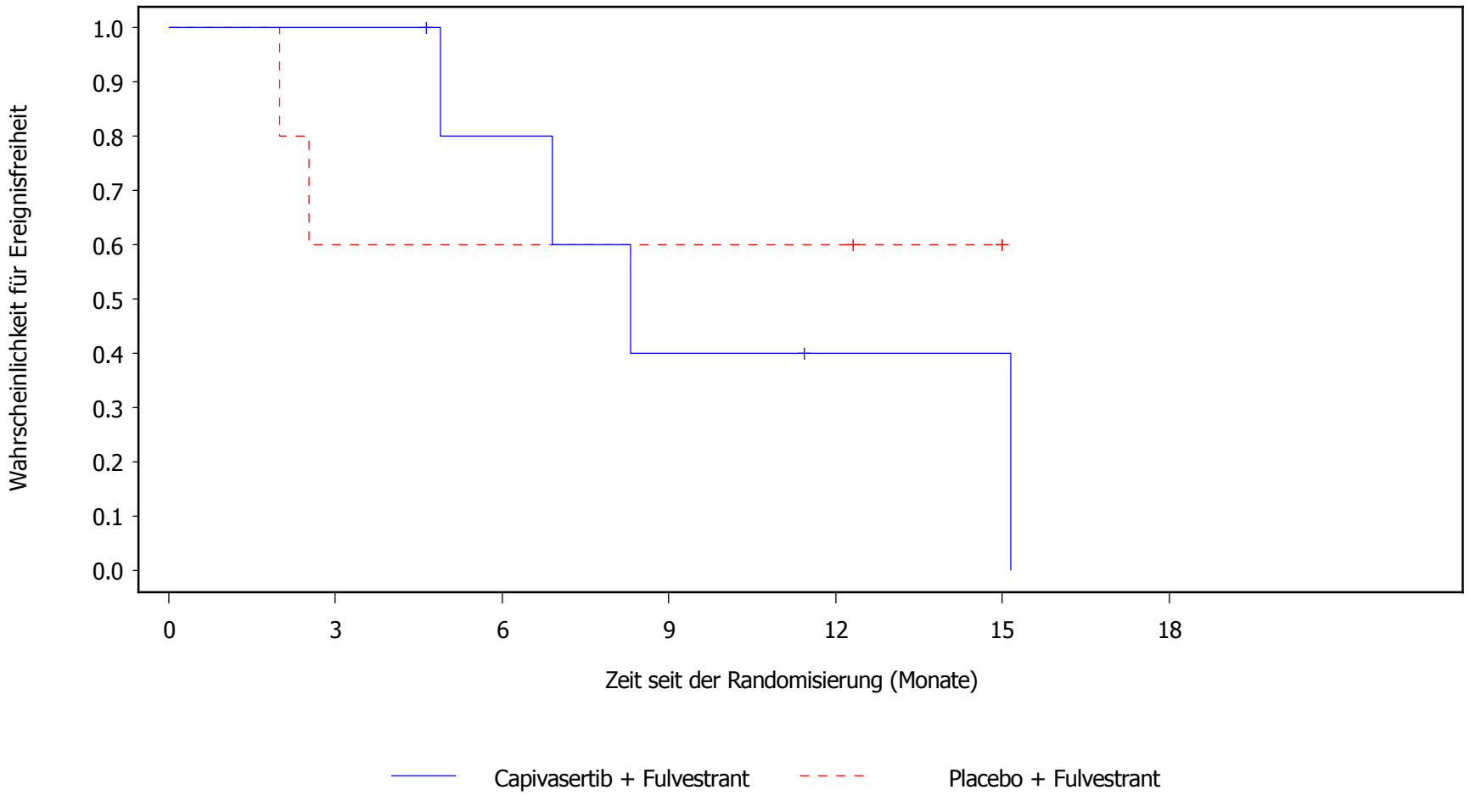
Figure 1.3.3.1 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

91	83	68	57	41	22	14	5	1	0	0	Capivasertib + Fulvestrant
68	47	32	23	15	9	5	2	0	0	0	Placebo + Fulvestrant

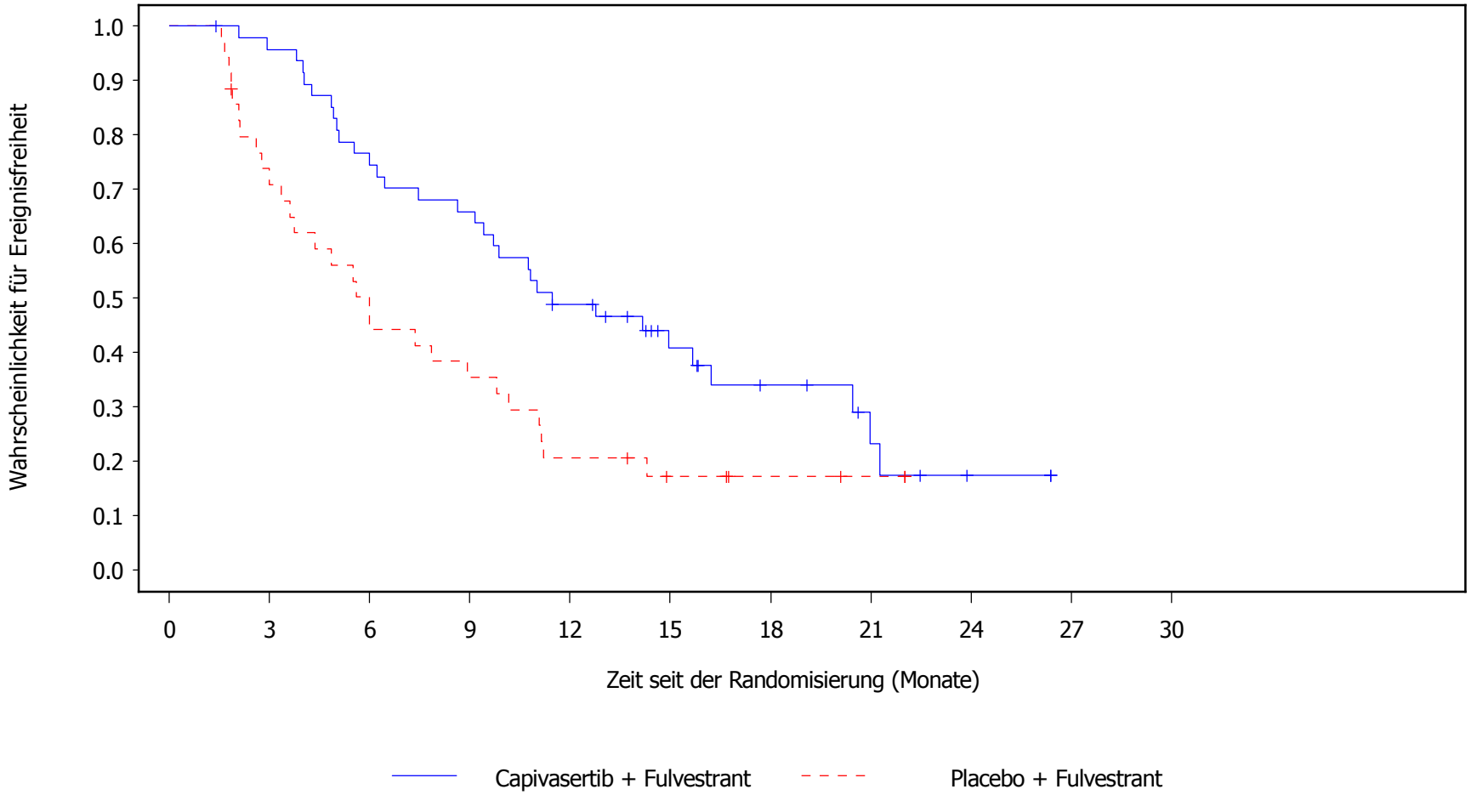
Figure 1.3.3.2 CAPItello-291 (China B2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

6	6	4	2	1	1	0	Capivasertib + Fulvestrant
5	3	3	3	3	0	0	Placebo + Fulvestrant

Figure 1.3.4.1 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

48	45	36	31	22	13	8	4	1	0	0	Capivasertib + Fulvestrant
35	24	17	12	7	4	2	1	0	0	0	Placebo + Fulvestrant

Figure 6.1.1.2 Meta−Analysis of Overall Survival Including FAKTION

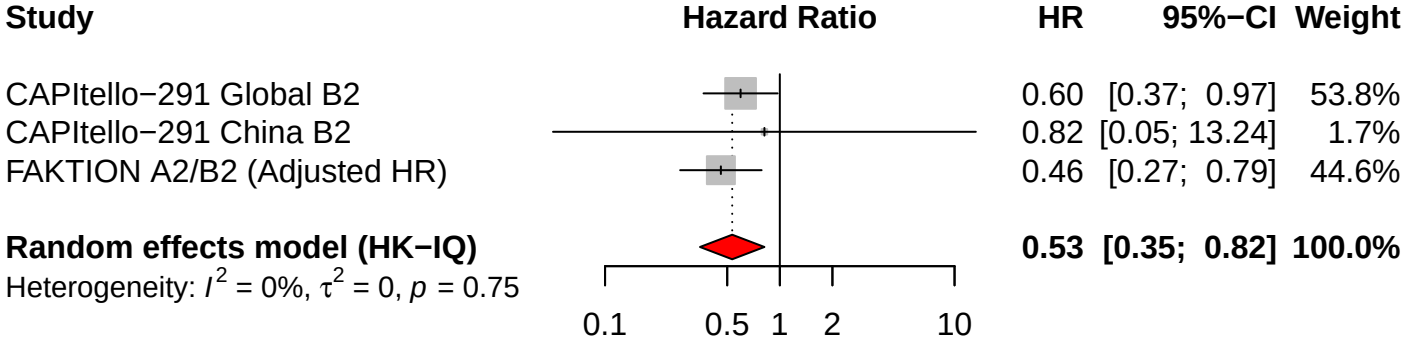


Figure 6.1.3.2 Meta−Analysis of PFS Including FAKTION

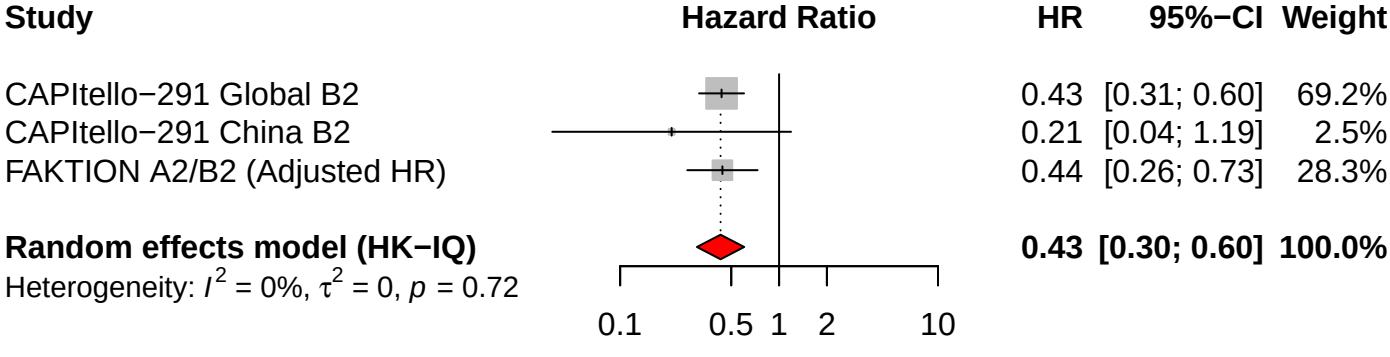


Figure 6.1.5.2 Meta−Analysis of TFSC − Patients with No Prior Chemotherapy in Advanced Setting

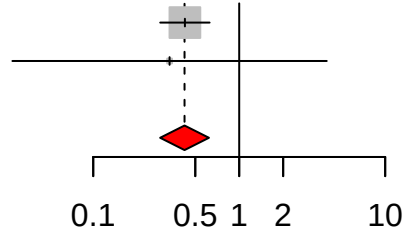


Figure 6.1.1.4 Meta−Analysis of Overall Survival Including FAKTION (Fixed Effect)

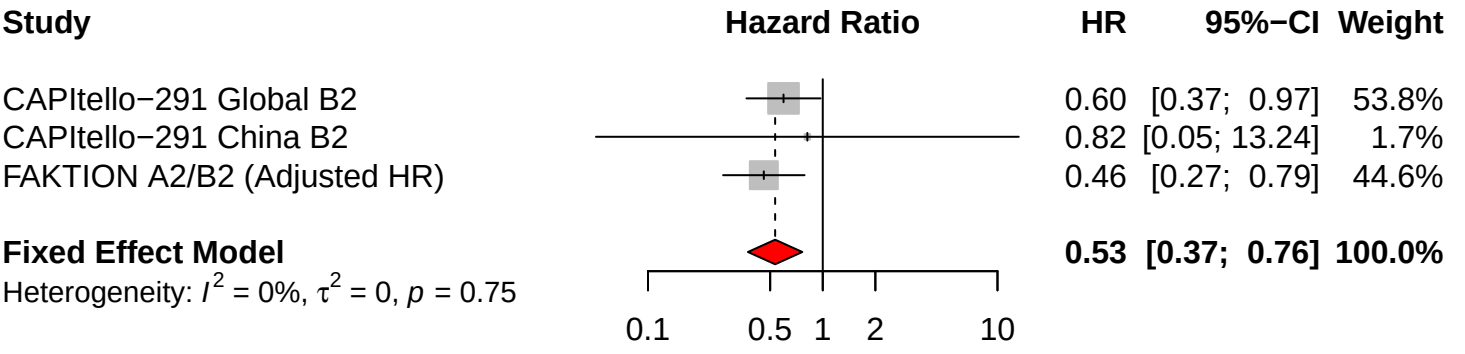


Figure 6.1.3.4 Meta−Analysis of PFS Including FAKTION (Fixed Effect)

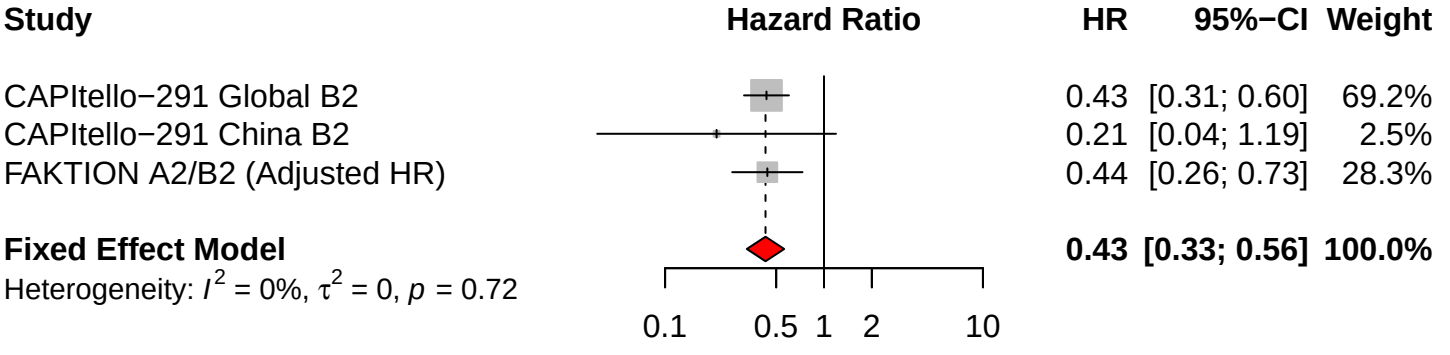


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Table 2.1.1 CAPItello-291 (Global B2): Summary of observation period (months) for PRO endpoints
Altered full analysis set DCO 15AUG2022

		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
EORTC QLQ-C30	n	117	87
	Mediane	8,21	2,83
	Min	0,0	0,0
	Max	25,8	24,0
EORTC QLQ-BR23	n	117	87
	Mediane	8,21	2,83
	Min	0,0	0,0
	Max	25,8	24,0
EQ-5D visuelle Analogskala	n	117	87
	Mediane	8,21	2,83
	Min	0,0	0,0
	Max	25,8	24,0

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.1.2 CAPItello-291 (China B2): Summary of observation period (months) for PRO endpoints
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
EORTC QLQ-C30	n	11	6
	Mediane	8,21	5,59
	Min	3,7	0,0
	Max	13,2	14,9
EORTC QLQ-BR23	n	11	6
	Mediane	8,21	5,59
	Min	2,8	0,0
	Max	13,2	14,9
EQ-5D visuelle Analogskala	n	11	6
	Mediane	8,21	5,59
	Min	1,8	0,0
	Max	13,2	14,9

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	117	51 (43,6)	5,6 [3,3;12,0]	87	30 (34,5)	3,7 [1,9; NE]	1,00	[0,63; 1,61]	0,9908
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Körper	117	49 (41,9)	5,6 [4,6;13,9]	87	37 (42,5)	3,6 [2,7; 7,4]	0,65	[0,42; 1,02]	0,0595
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle	117	62 (53,0)	2,8 [1,9; 5,6]	87	43 (49,4)	2,6 [1,8; 4,6]	0,81	[0,54; 1,22]	0,3209
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition	117	47 (40,2)	4,7 [2,8; NE]	87	37 (42,5)	2,8 [2,0; 4,6]	0,76	[0,49; 1,18]	0,2123
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität	117	45 (38,5)	7,3 [4,6; NE]	87	32 (36,8)	4,7 [3,6; 9,7]	0,70	[0,44; 1,12]	0,1396
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Sozial	117	70 (59,8)	2,7 [1,8; 3,7]	87	32 (36,8)	4,7 [1,9; NE]	1,49	[0,98; 2,31]	0,0757

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue	117	72 (61,5)	1,9 [1,8; 2,7]	87	46 (52,9)	1,8 [1,0; 2,0]	0,92	[0,63; 1,35]	0,6769
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen	117	70 (59,8)	1,9 [1,8; 3,6]	87	35 (40,2)	2,8 [2,0; 9,6]	1,38	[0,92; 2,11]	0,1437
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen	117	58 (49,6)	4,6 [2,8; 9,3]	87	38 (43,7)	2,8 [1,9; 5,6]	0,71	[0,46; 1,09]	0,1194
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe	117	45 (38,5)	10,1 [4,7;16,5]	87	29 (33,3)	6,5 [3,7; NE]	0,73	[0,45; 1,19]	0,2027
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust	117	62 (53,0)	2,7 [1,9; 3,7]	87	30 (34,5)	6,7 [3,7;10,1]	1,54	[1,0004; 2,43]	0,0594
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit	117	42 (35,9)	9,3 [5,6;13,0]	87	29 (33,3)	6,5 [3,7;12,0]	0,64	[0,39; 1,06]	0,0849
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung	117	32 (27,4)	NE [NE; NE]	87	30 (34,5)	5,6 [2,7;12,9]	0,56	[0,33; 0,94]	0,0283*

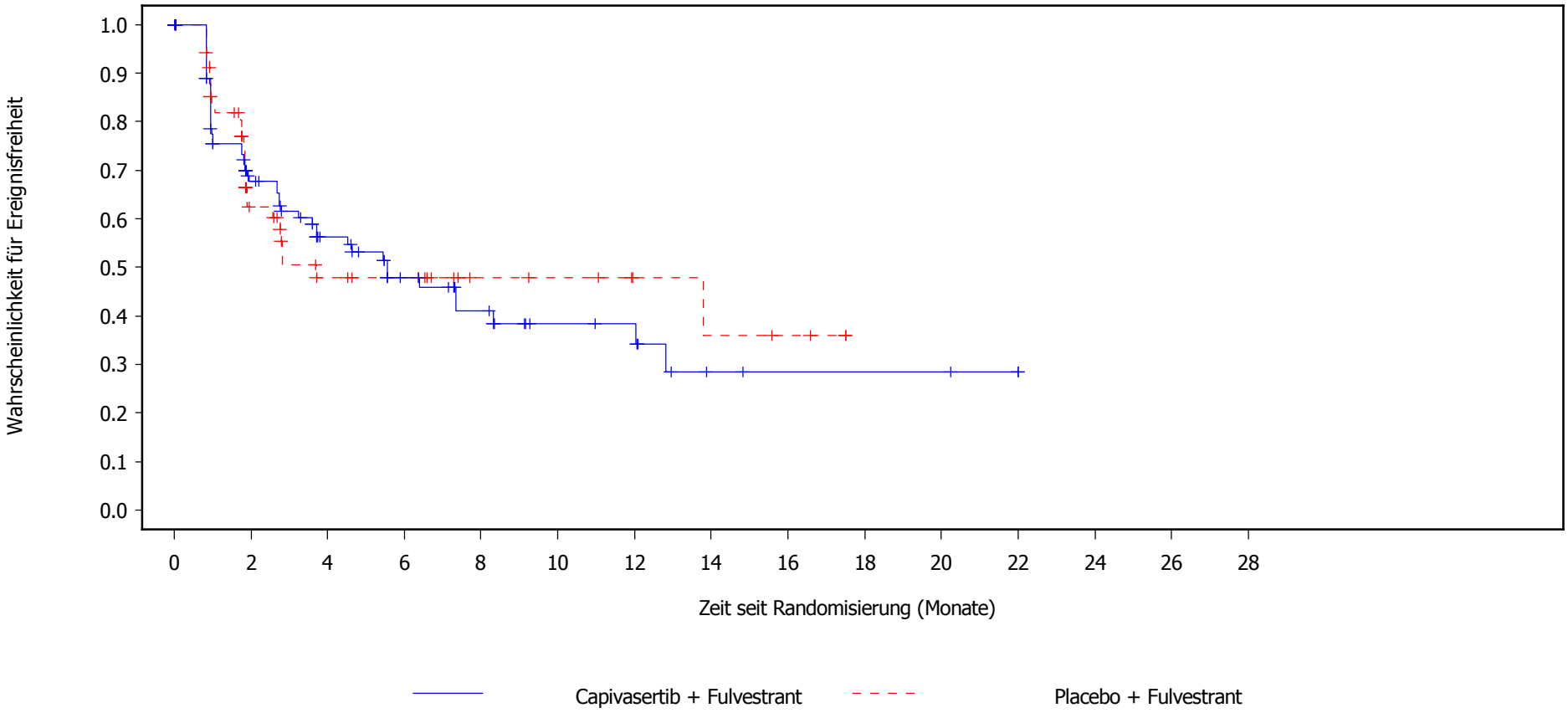
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö	117	84 (71,8)	1,0 [1,0; 1,8]	87	26 (29,9)	10,2 [2,8; NE]	3,74	[2,42; 5,98]	<0,0001*

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.1.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

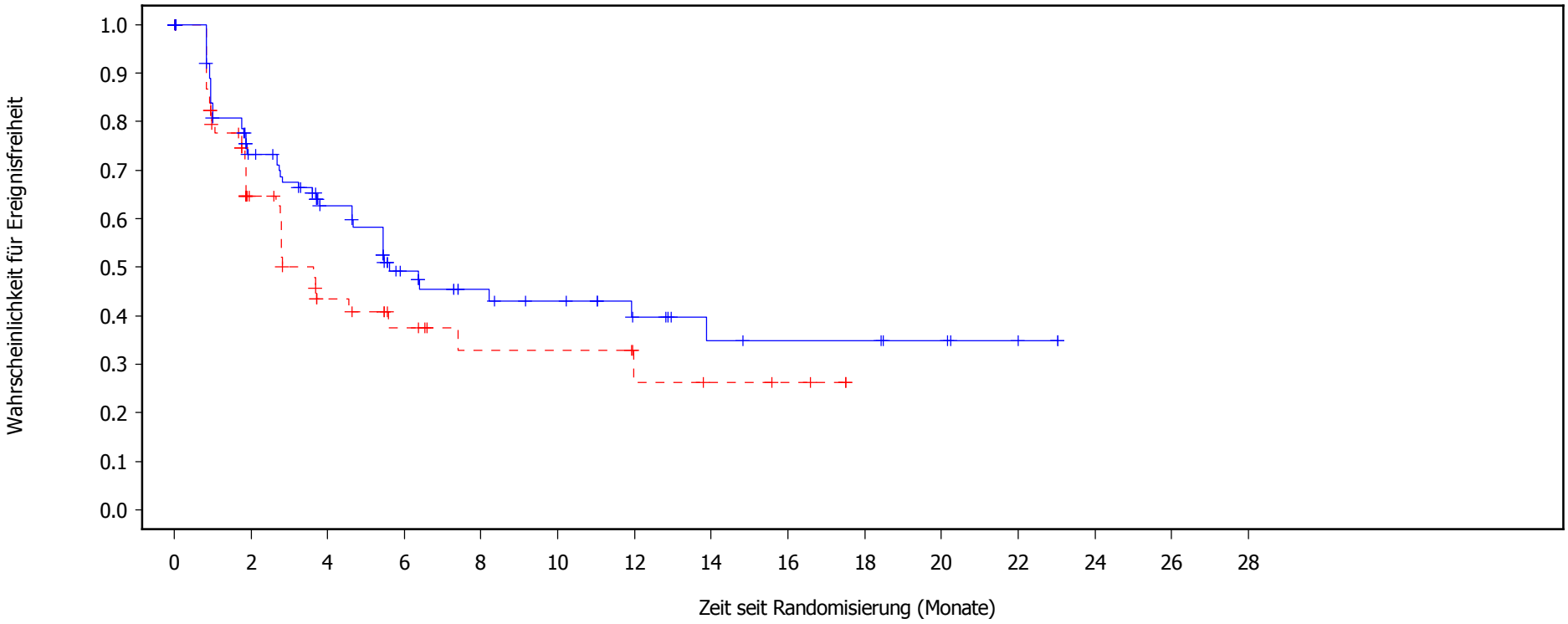


Anzahl an Patienten unter Risiko:

117	57	37	24	17	10	9	3	2	2	2	1	0	0	0	Capivasertib + Fulvestrant
87	29	17	15	8	7	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

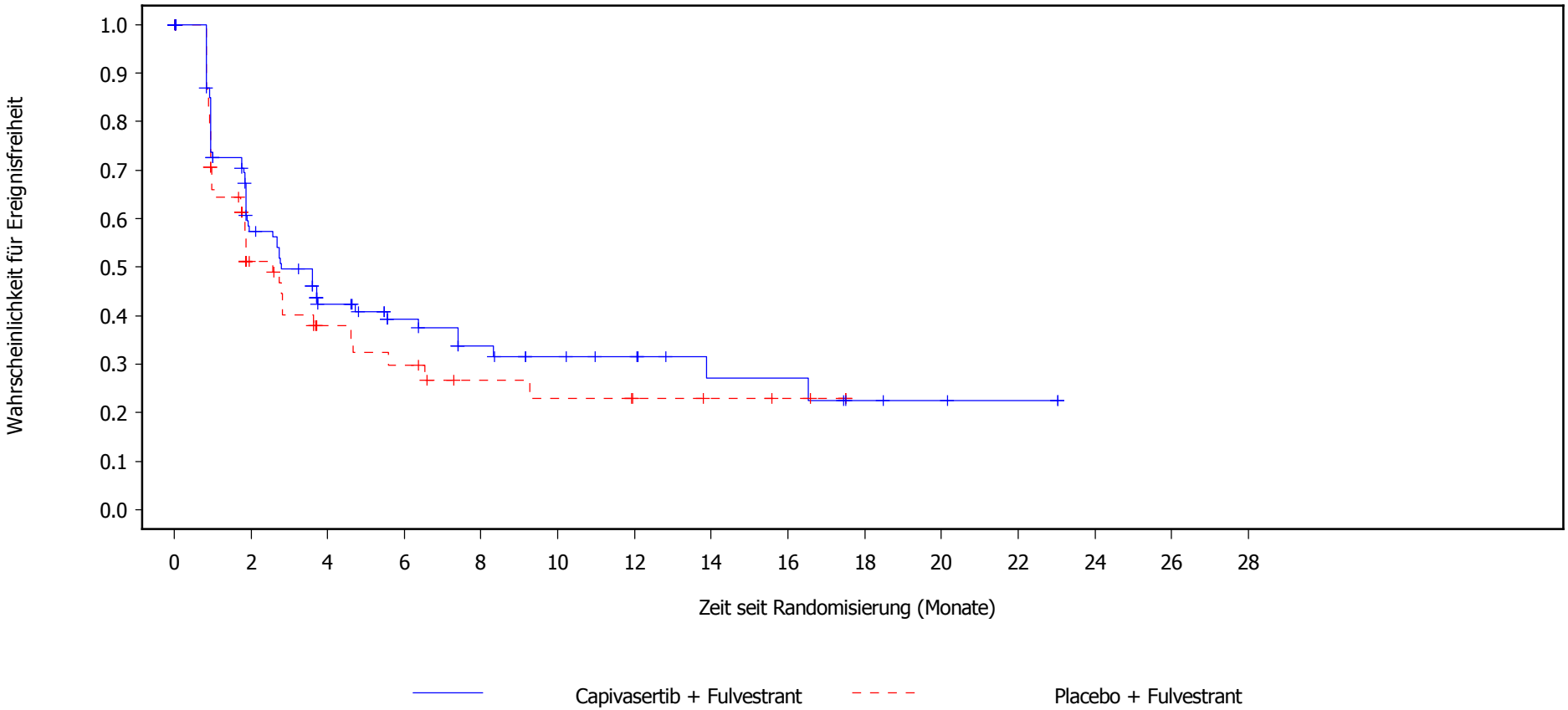


Anzahl an Patienten unter Risiko:

117	66	44	27	19	16	11	7	6	6	4	2	0	0	0	Capivasertib + Fulvestrant
87	32	17	11	7	7	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.3 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

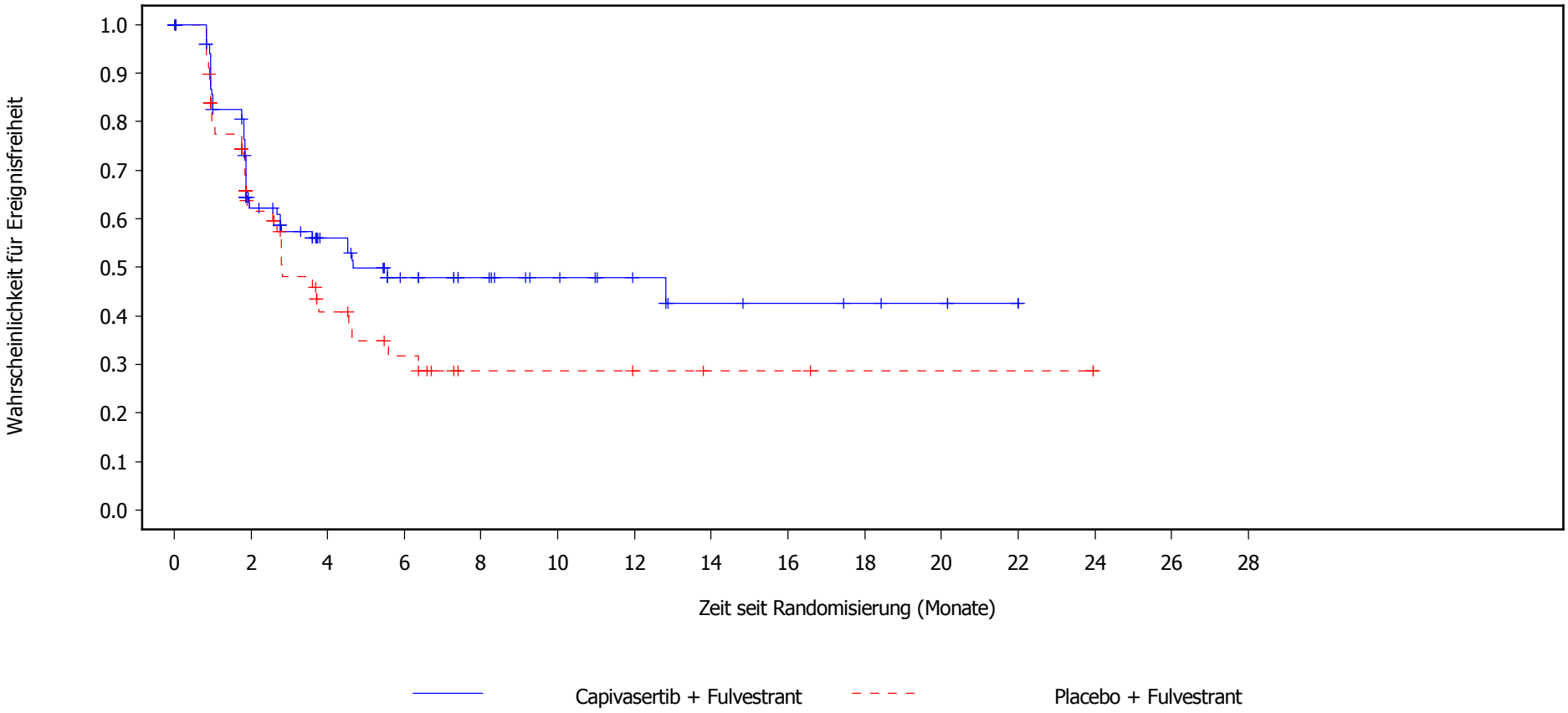


Anzahl an Patienten unter Risiko:

117	52	31	22	16	12	10	6	6	3	2	1	0	0	0	Capivasertib + Fulvestrant
87	24	14	11	7	6	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.4 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

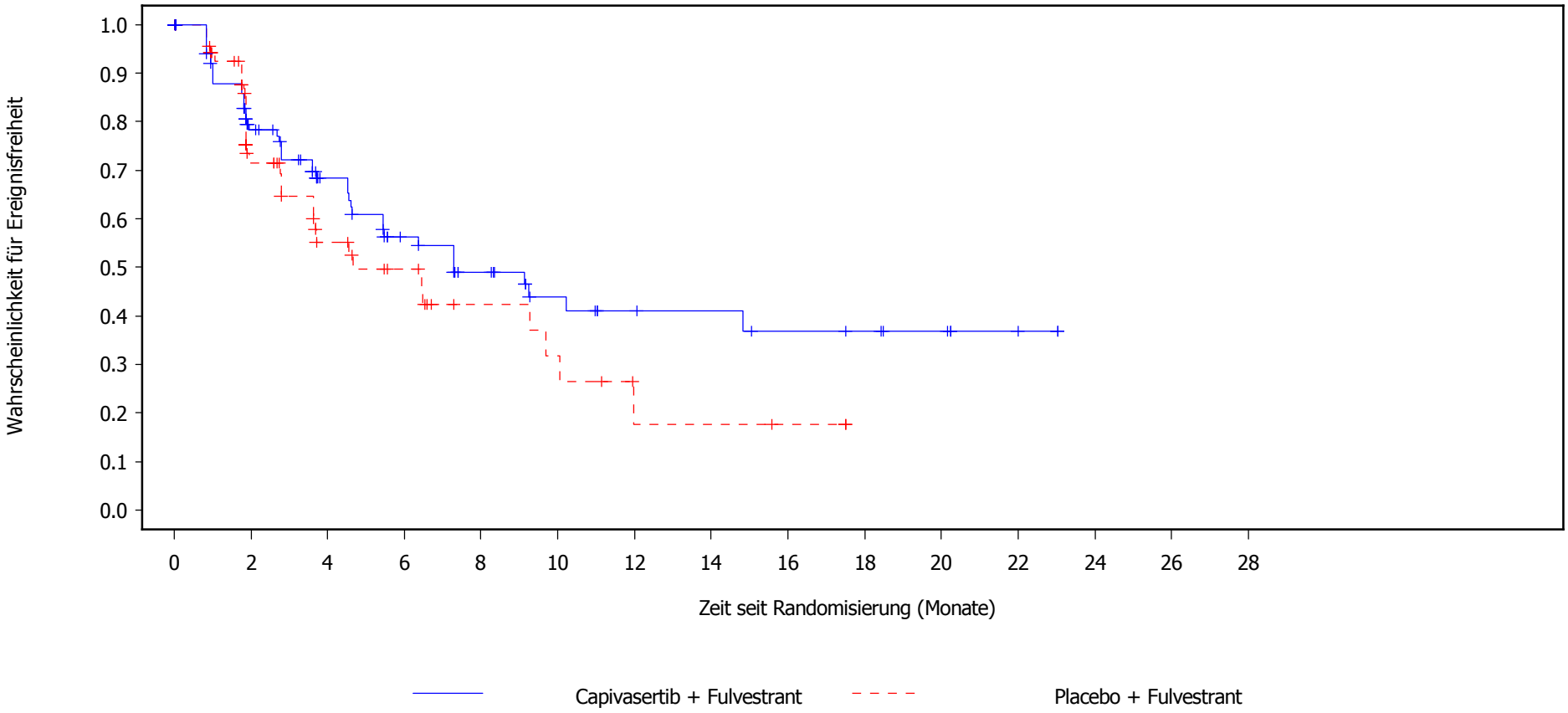


Anzahl an Patienten unter Risiko:

117	54	36	24	18	13	9	6	5	4	3	1	0	0	0	Capivasertib + Fulvestrant
87	30	15	10	4	4	3	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.5 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

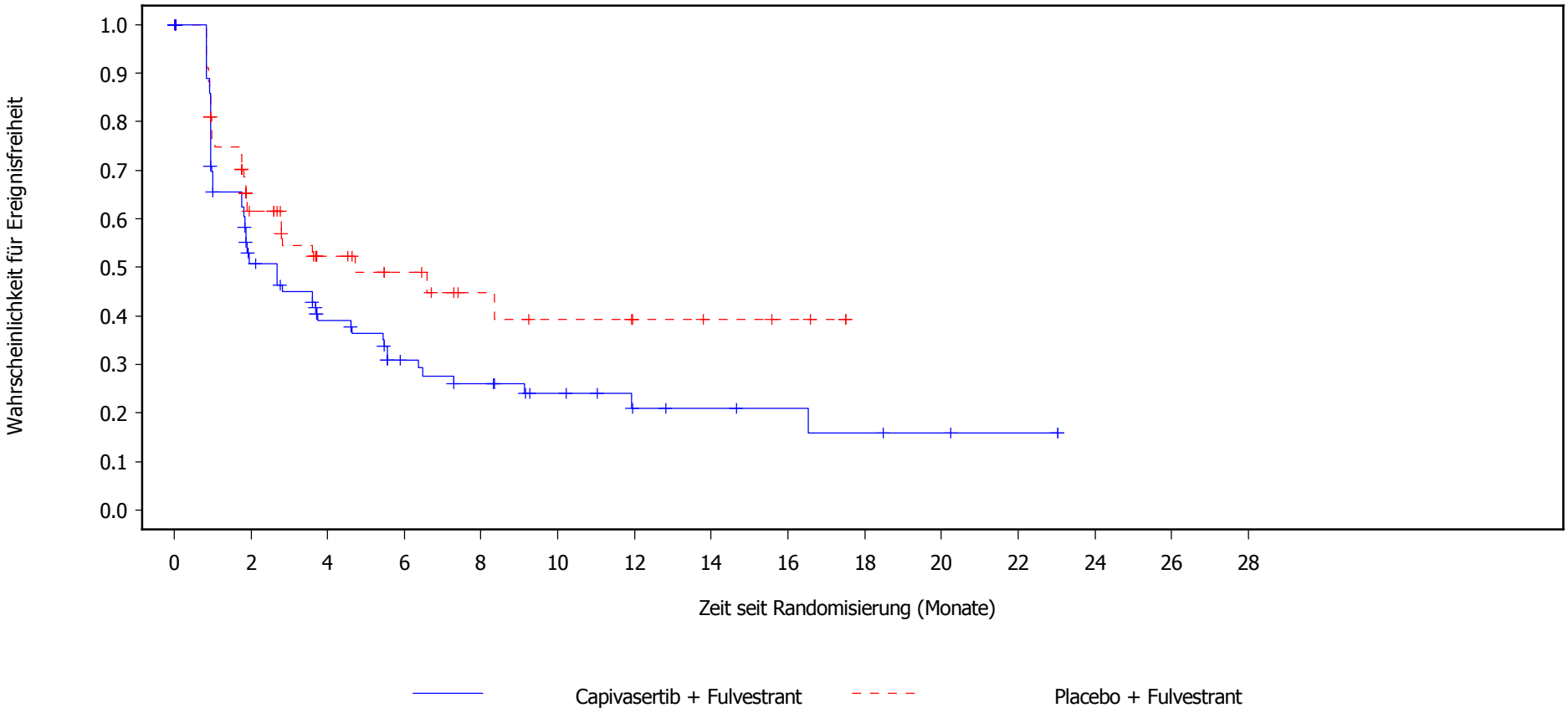


Anzahl an Patienten unter Risiko:

117	68	46	32	23	15	11	10	8	7	5	2	0	0	0	Capivasertib + Fulvestrant
87	36	21	15	8	6	2	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.6 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

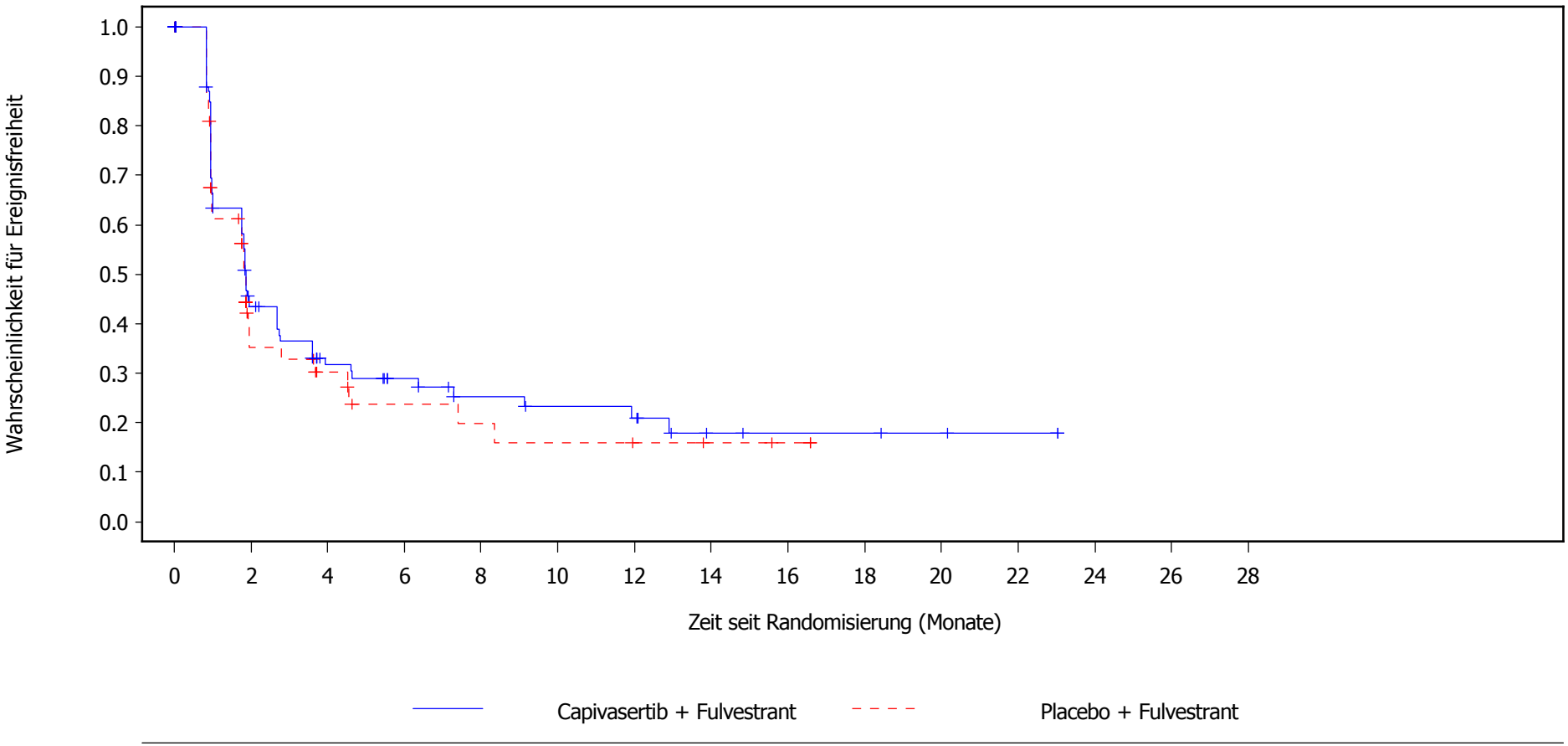


Anzahl an Patienten unter Risiko:

117	46	30	19	15	10	6	5	4	3	2	1	0	0	0	Capivasertib + Fulvestrant
87	31	18	13	8	6	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.7 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

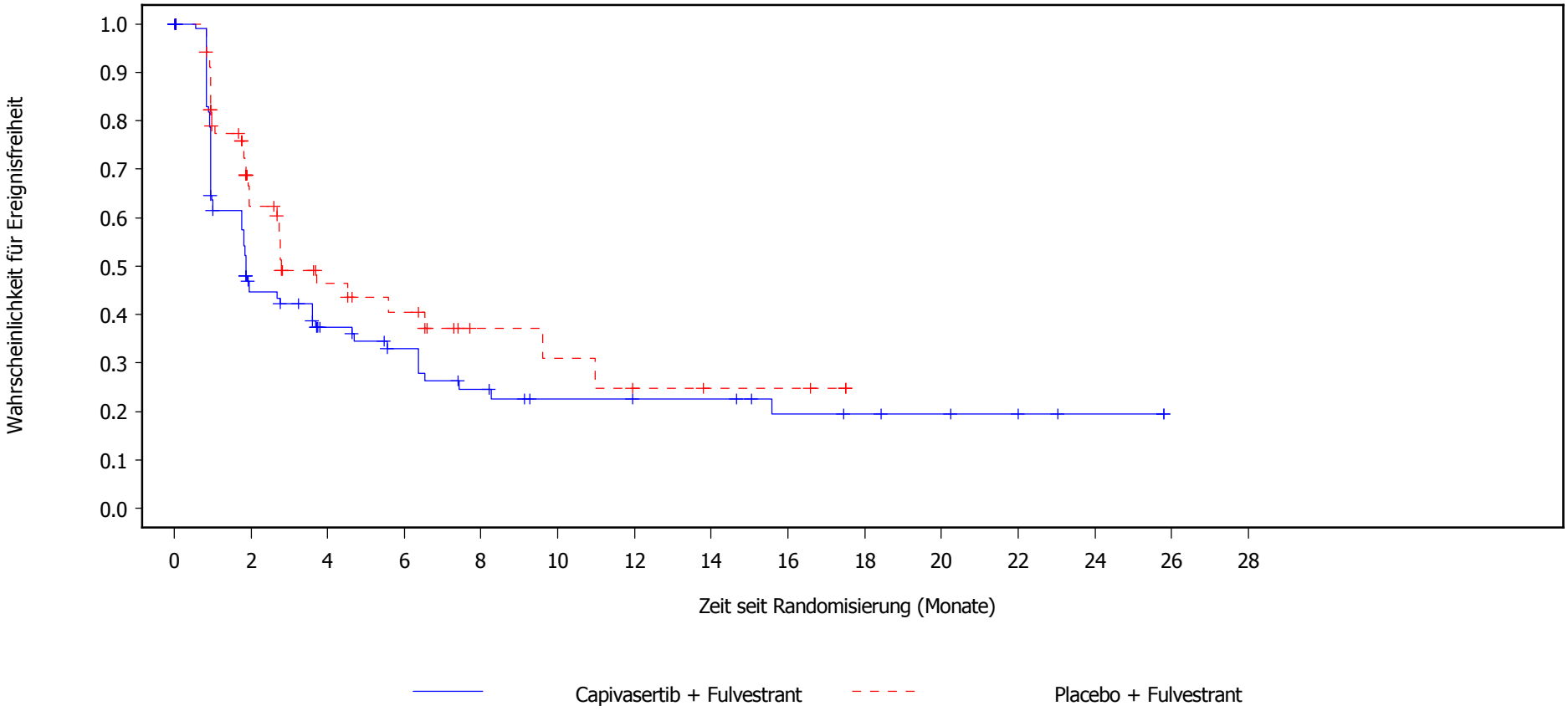


Anzahl an Patienten unter Risiko:

117	40	23	17	12	10	9	4	3	3	2	1	0	0	0	Capivasertib + Fulvestrant
87	15	10	6	5	4	3	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.8 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

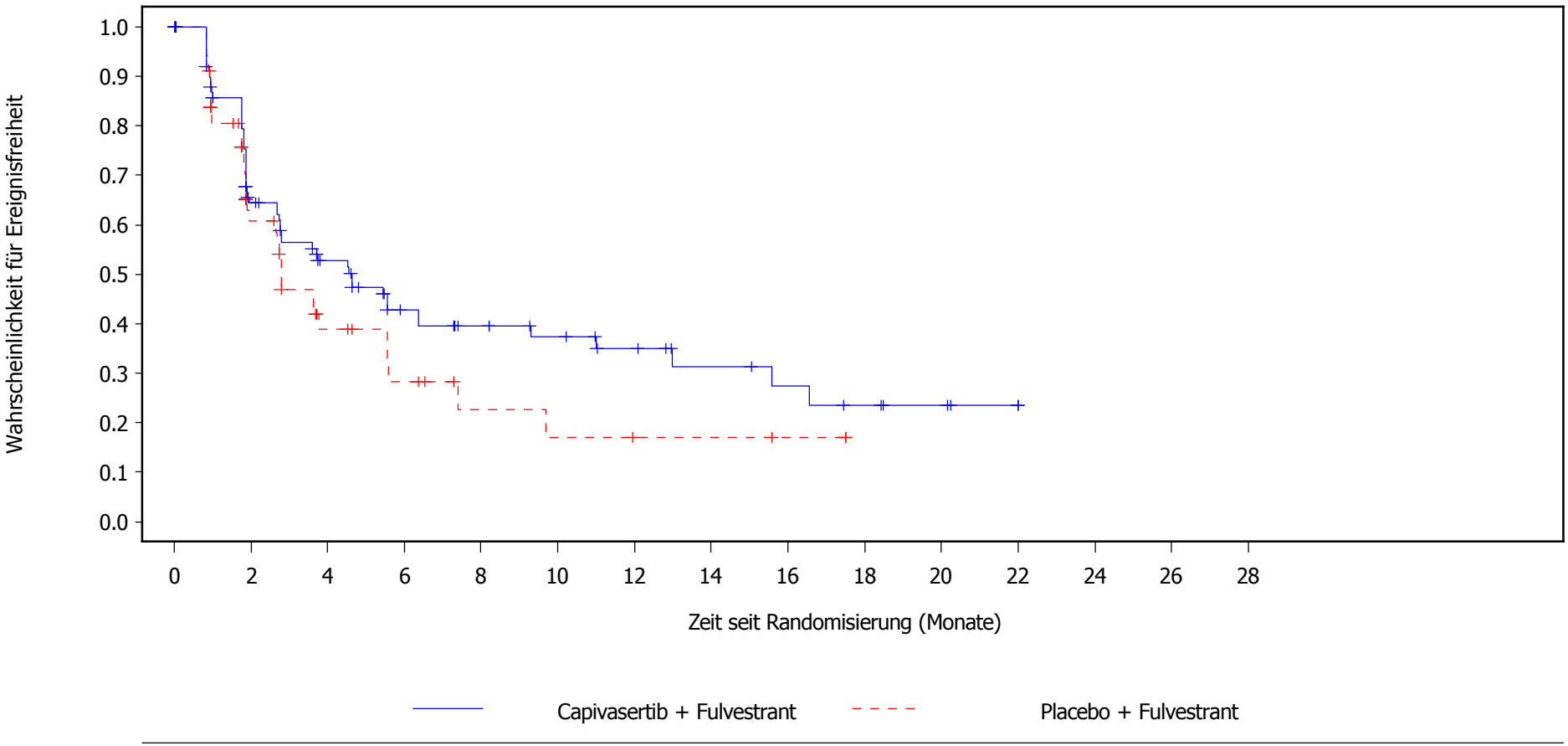


Anzahl an Patienten unter Risiko:

117	39	26	20	14	10	9	9	6	5	4	3	1	0	0	Capivasertib + Fulvestrant
87	30	17	13	6	5	3	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.9 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

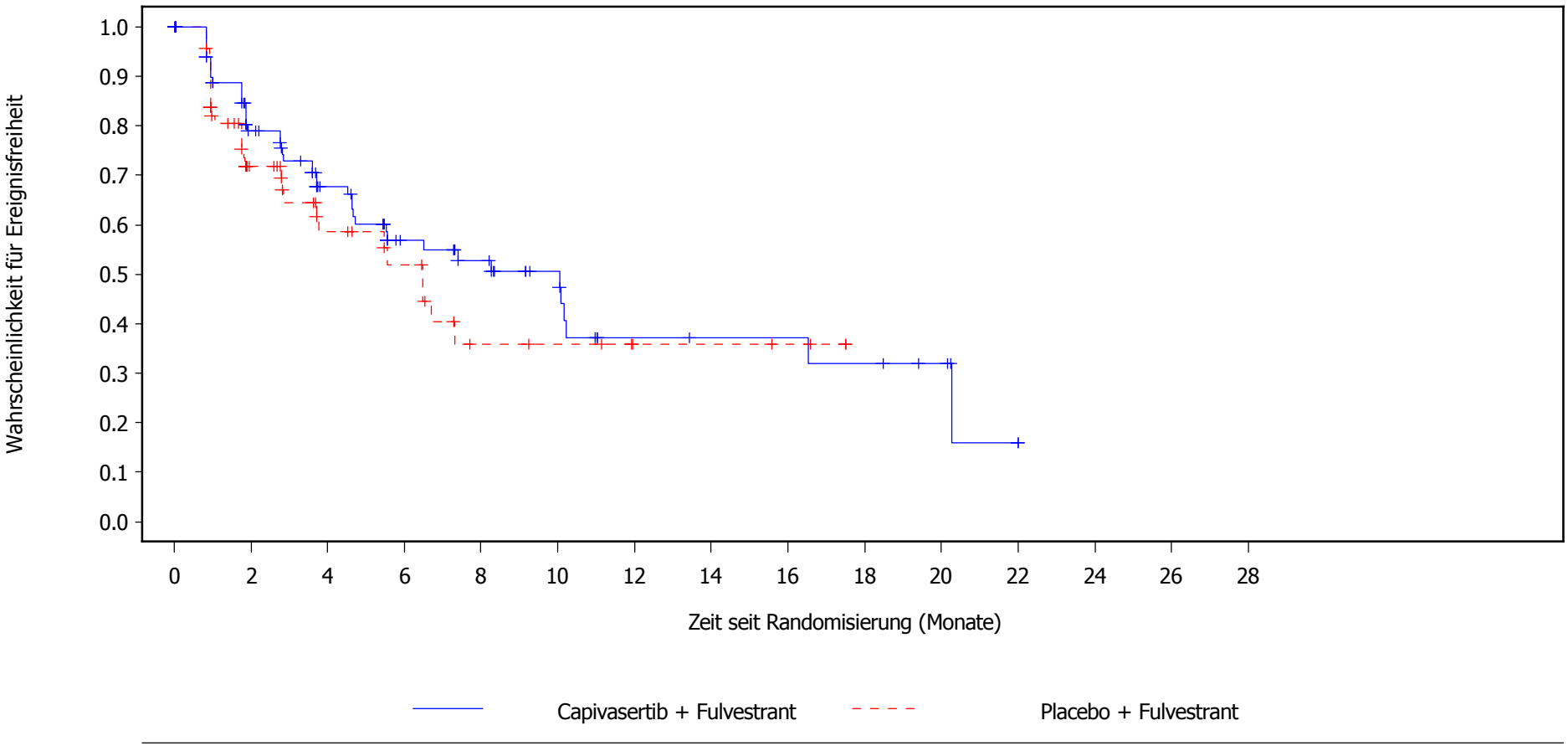


Anzahl an Patienten unter Risiko:

117	58	40	26	21	17	13	9	7	5	3	1	0	0	0	Capivasertib + Fulvestrant
87	28	13	8	4	3	2	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.10 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

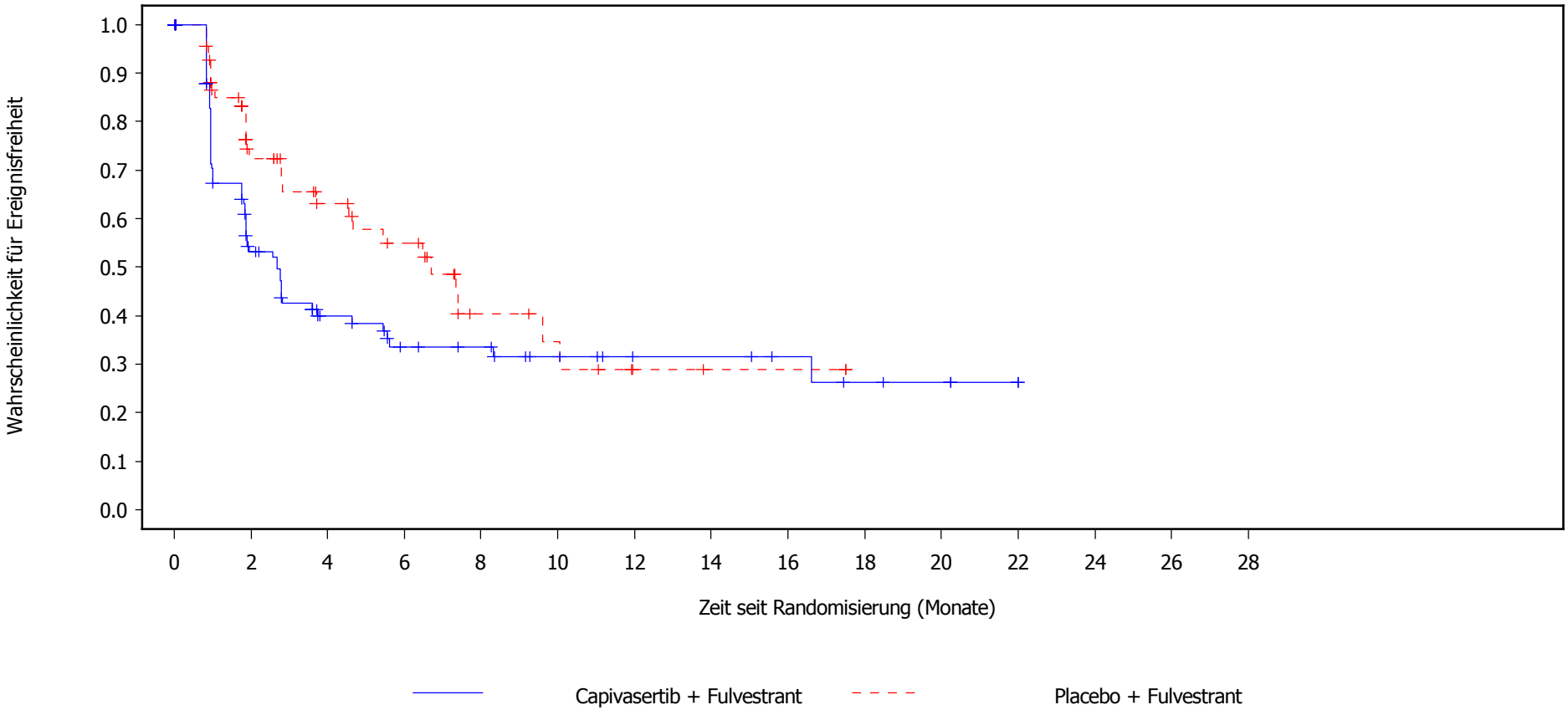


Anzahl an Patienten unter Risiko:

117	68	46	30	24	16	8	7	7	6	4	1	0	0	0	Capivasertib + Fulvestrant
87	33	20	15	7	6	3	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.11 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Appetitverlust
Altered full analysis set DCO 15AUG2022

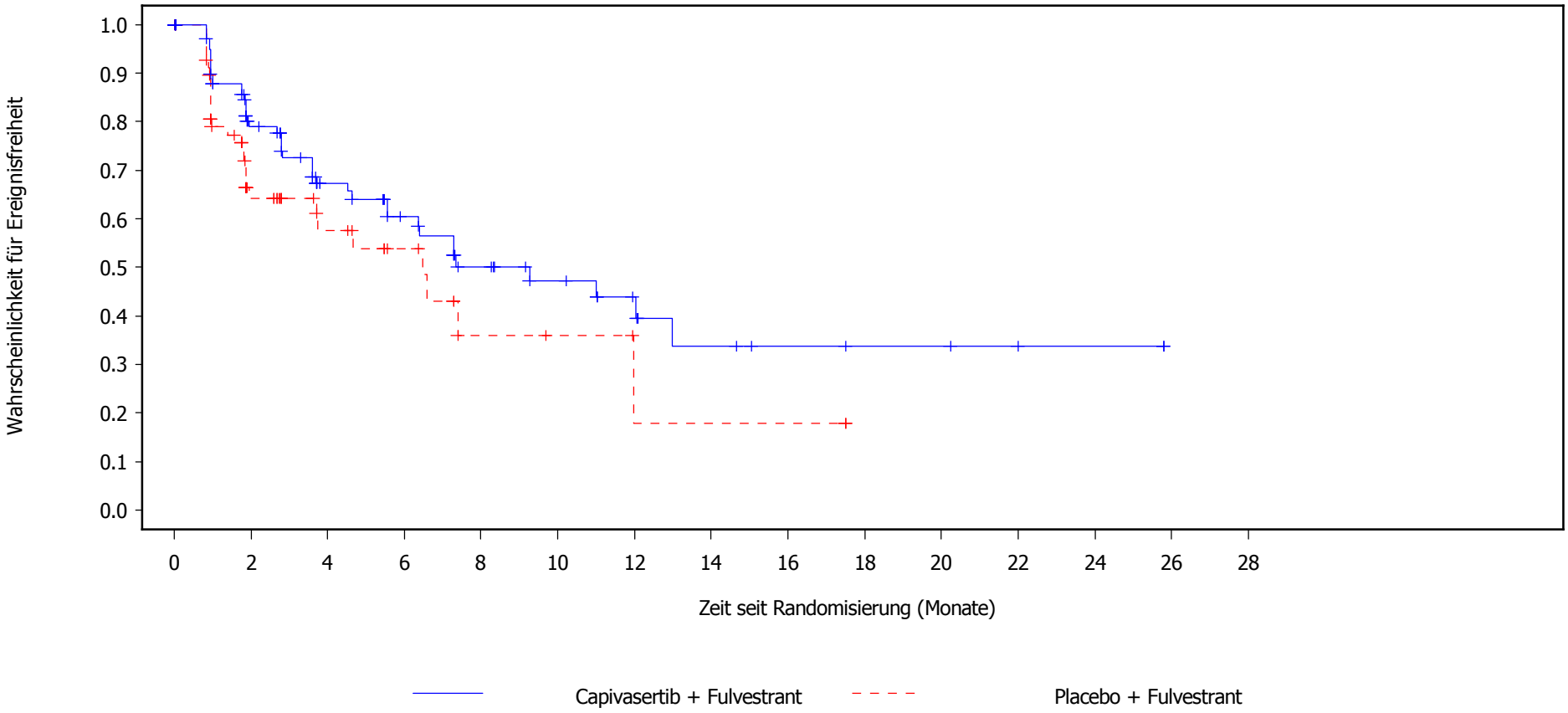


Anzahl an Patienten unter Risiko:

117	47	27	19	17	12	8	8	6	4	3	1	0	0	0	Capivasertib + Fulvestrant
87	36	25	19	8	6	2	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.12 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

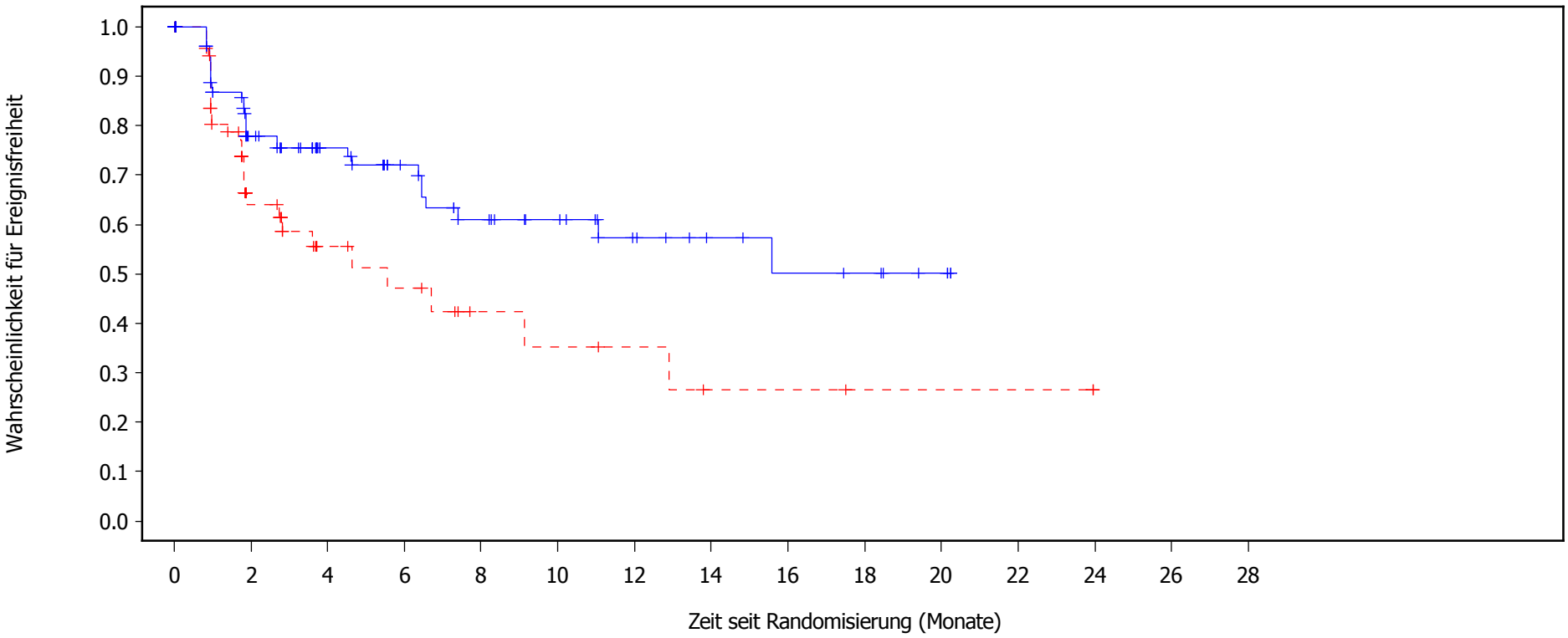


Anzahl an Patienten unter Risiko:

117	67	42	31	21	15	10	6	4	3	3	2	1	0	0	Capivasertib + Fulvestrant
87	29	17	11	4	3	1	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.13 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

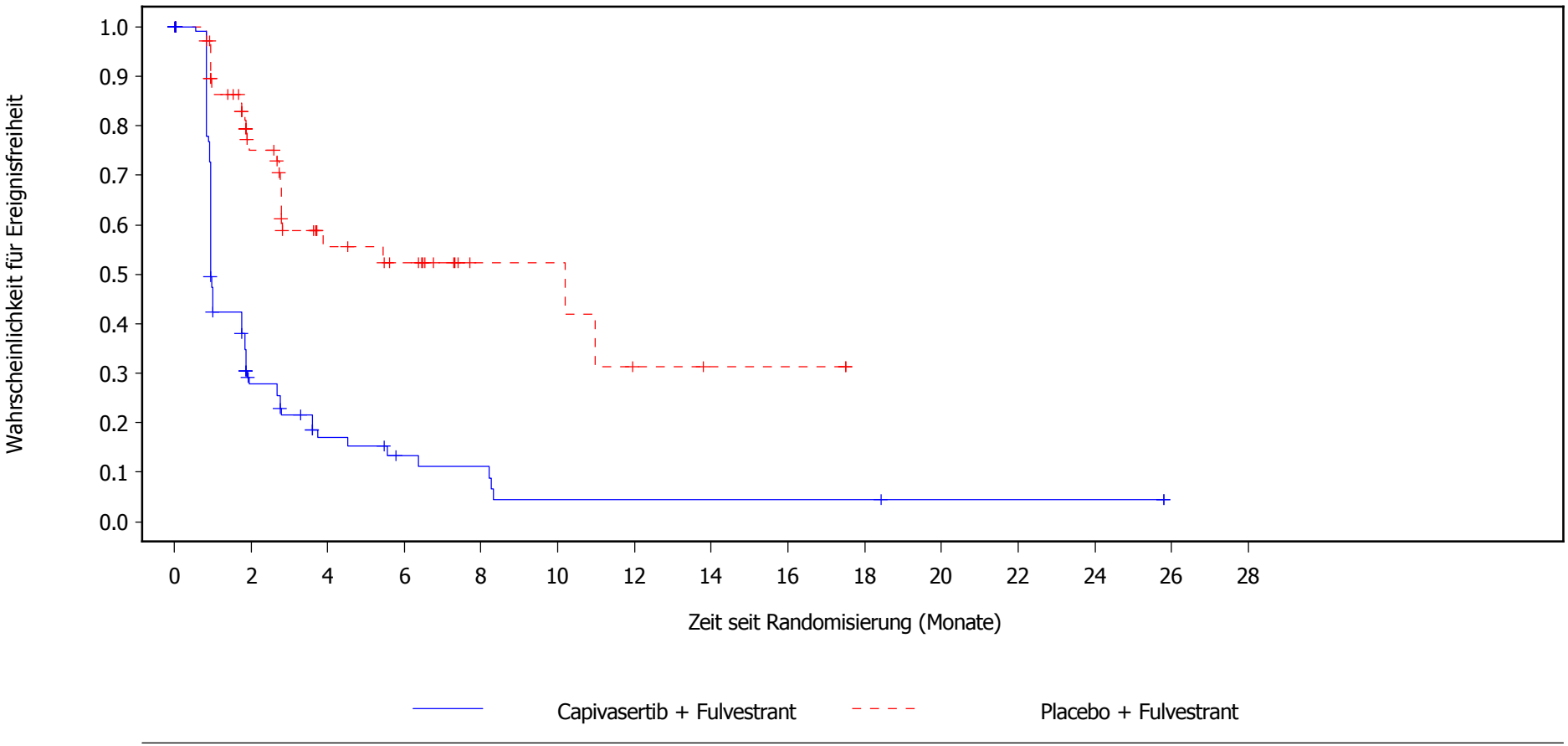


Anzahl an Patienten unter Risiko:

117	66	45	34	25	20	13	9	7	6	3	0	0	0	0	Capivasertib + Fulvestrant
87	27	14	11	6	5	4	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.1.2.14 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	22	10	6	5	2	2	2	2	2	1	1	1	0	0	Capivasertib + Fulvestrant
87	35	18	14	5	5	2	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.2.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	11	8 (72,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,27	[0,24; 9,33]	0,7869
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Körper	11	8 (72,7)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	1,54	[0,32; 10,95]	0,6067
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle	11	9 (81,8)	1,8 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	1,54	[0,32; 10,95]	0,6500
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	3,46	[0,58; 65,82]	0,2181
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität	11	6 (54,5)	4,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	1,05	[0,20; 7,75]	0,9535
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Sozial	11	7 (63,6)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	3,78	[0,63; 72,05]	0,2096

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.2.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue	11	10 (90,9)	1,0 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen	11	10 (90,9)	0,9 [0,9; 5,5]	6	0	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen	11	9 (81,8)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,54	[0,32; 10,95]	0,6500
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe	11	5 (45,5)	7,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	1,97	[0,28; 39,34]	0,5458
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust	11	8 (72,7)	3,6 [0,9; 9,2]	6	0	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit	11	5 (45,5)	4,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	1,67	[0,21; 34,52]	0,6573
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung	11	4 (36,4)	12,9 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	1,10	[0,11; 23,81]	0,9358

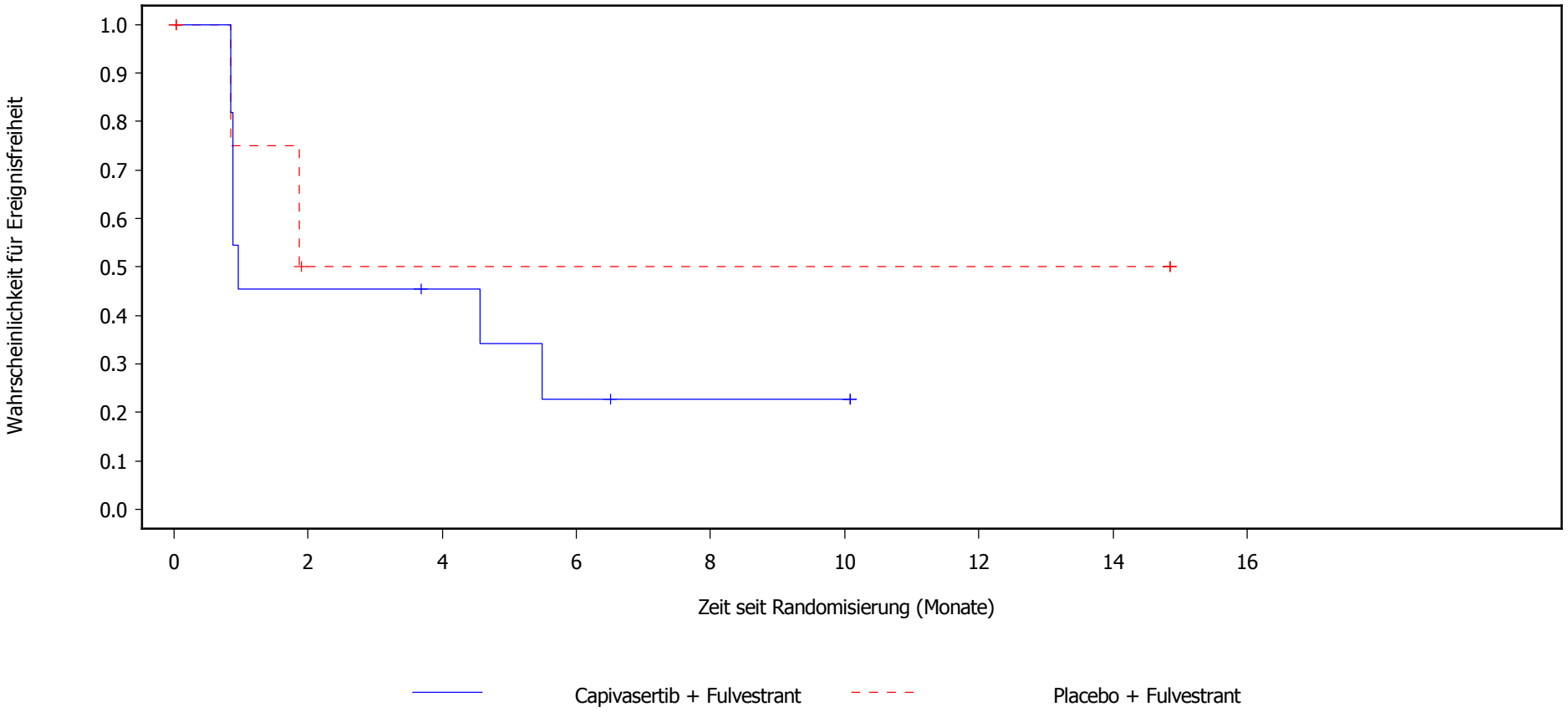
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.2.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö	11	7 (63,6)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	NC	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.2.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

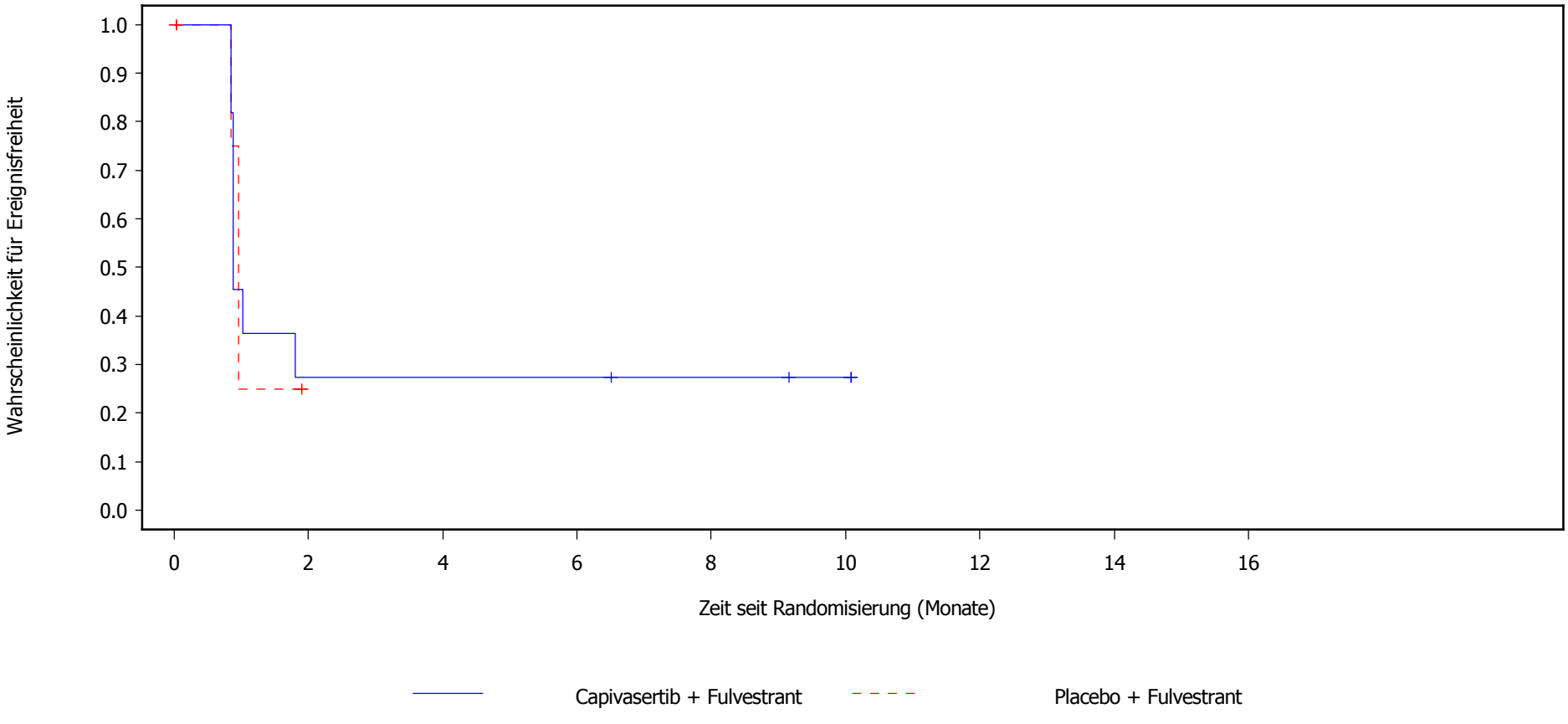


Anzahl an Patienten unter Risiko:

11	5	4	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.2 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

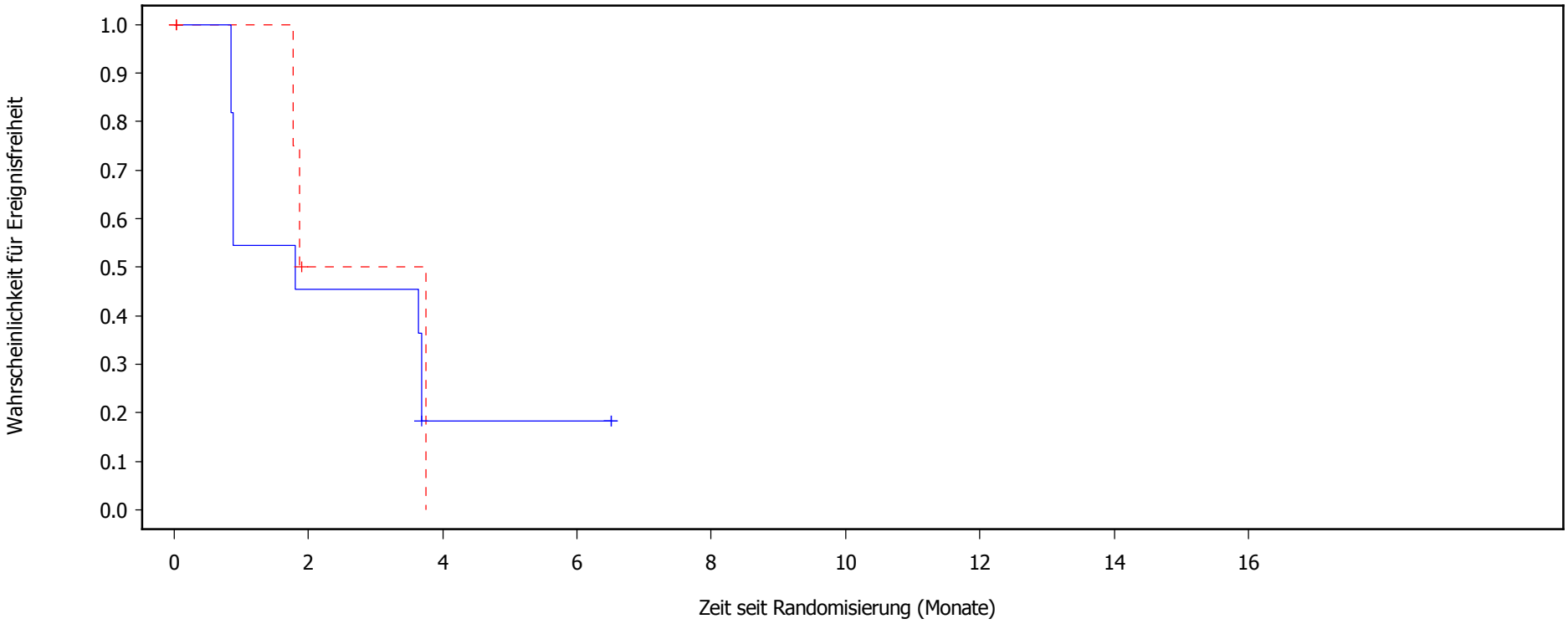


Anzahl an Patienten unter Risiko:

11	3	3	3	2	1	0	0	0 Capivasertib + Fulvestrant
6	0	0	0	0	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.3 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

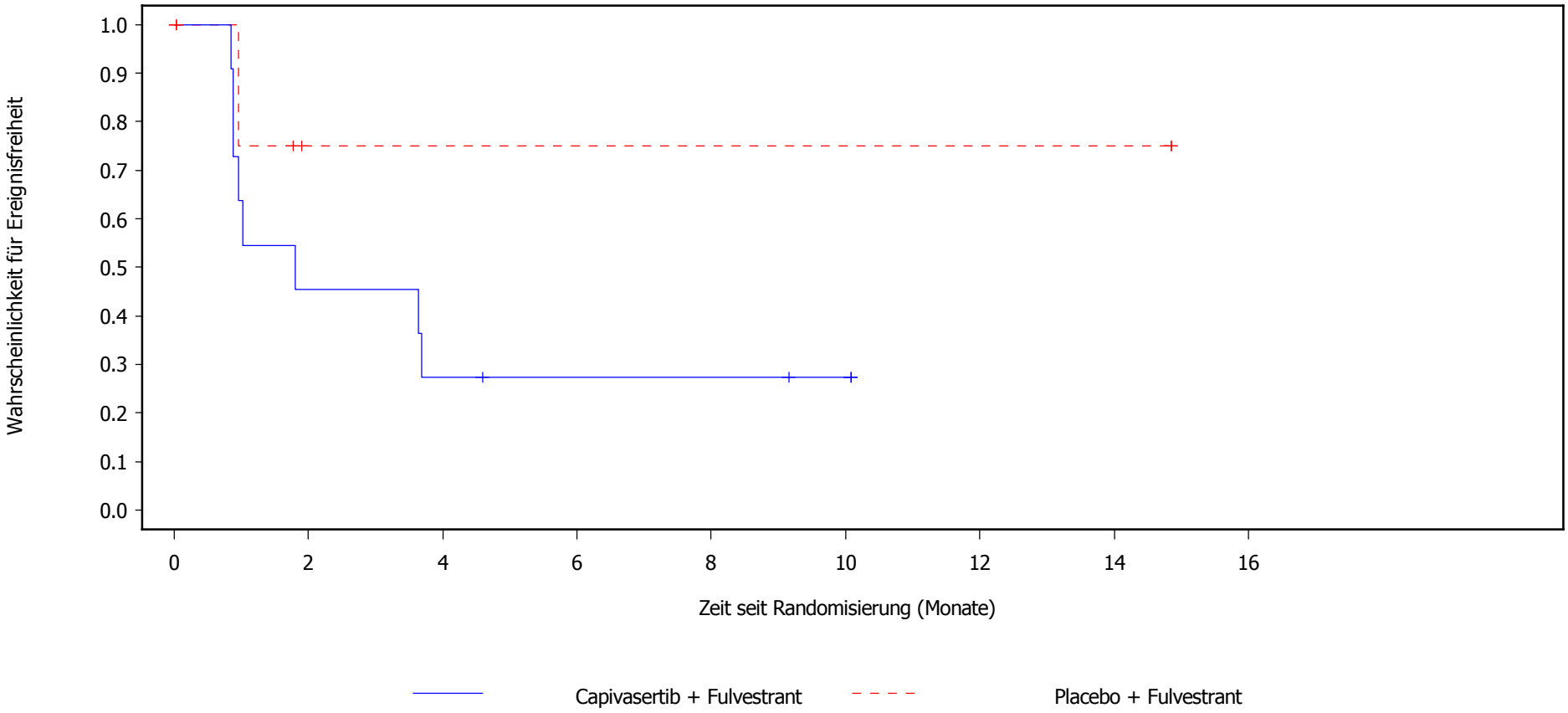


Anzahl an Patienten unter Risiko:

11	5	1	1	0	0	0	0	0	Capivasertib + Fulvestrant
6	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.4 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

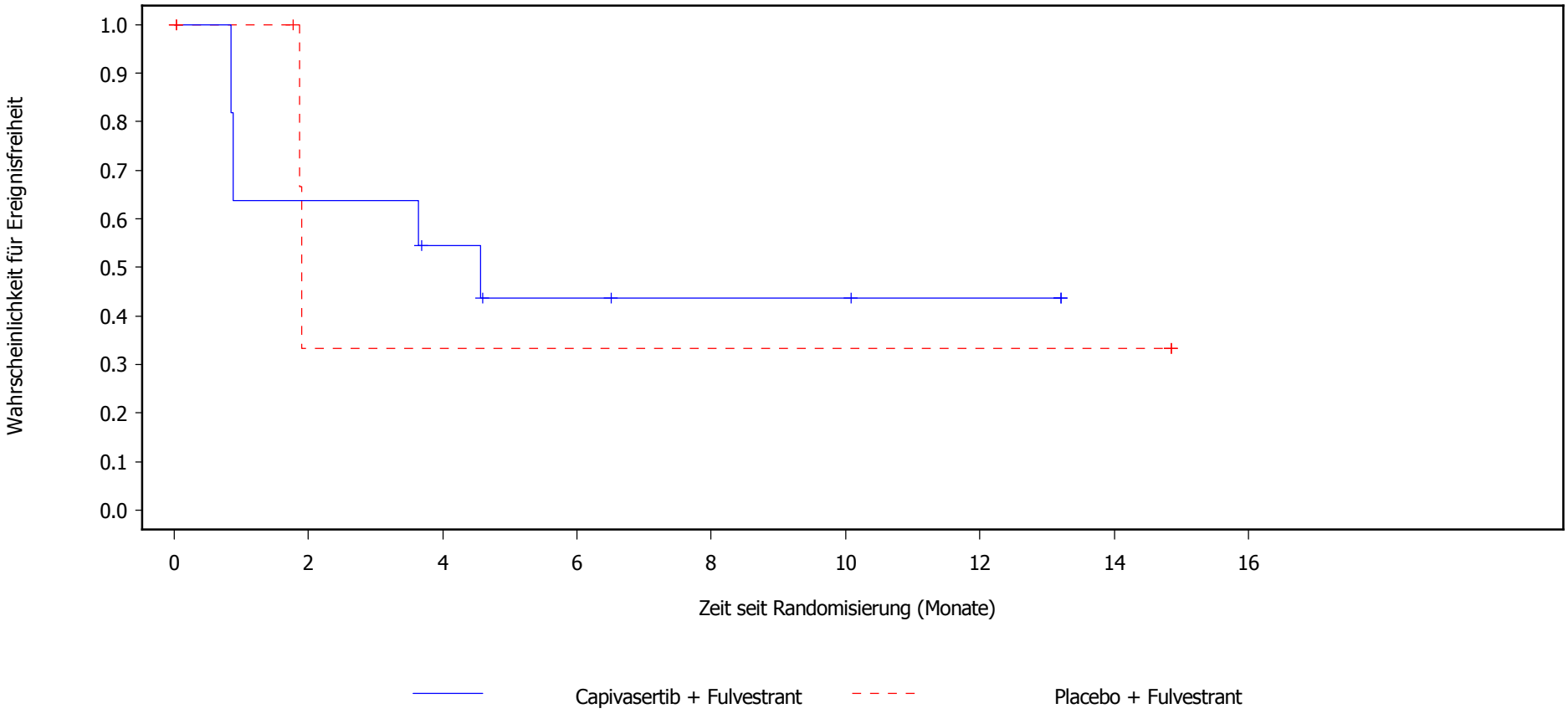


Anzahl an Patienten unter Risiko:

11	5	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.5 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

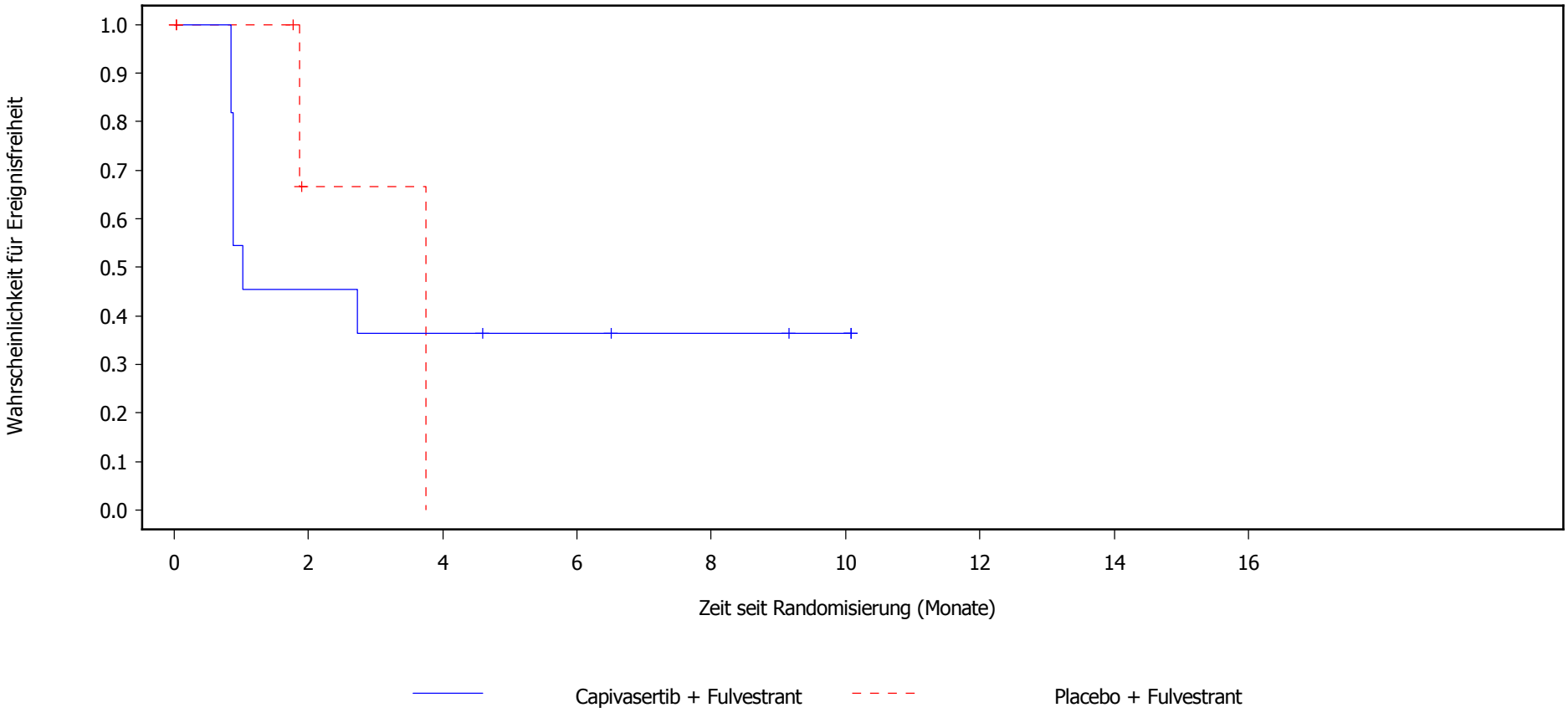


Anzahl an Patienten unter Risiko:

11	7	5	3	2	2	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.6 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

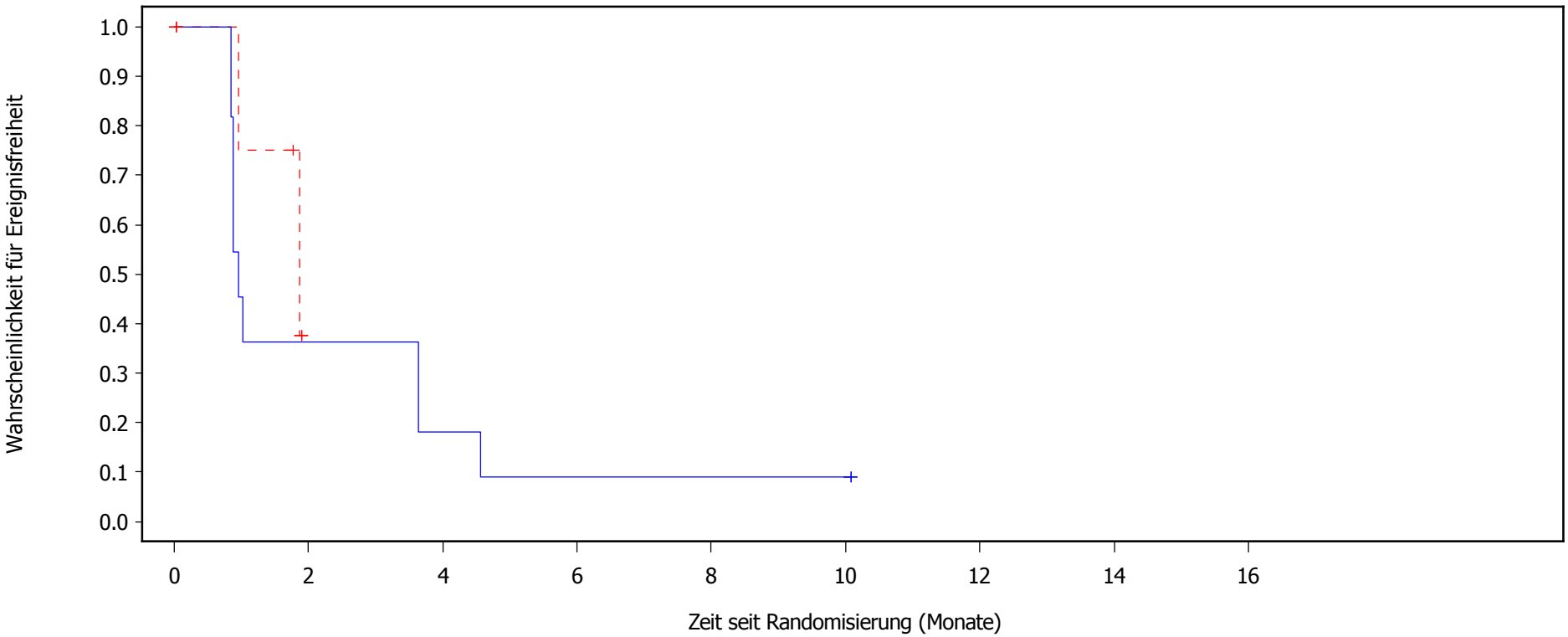


Anzahl an Patienten unter Risiko:

11	5	4	3	2	1	0	0	0	Capivasertib + Fulvestrant
6	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.7 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

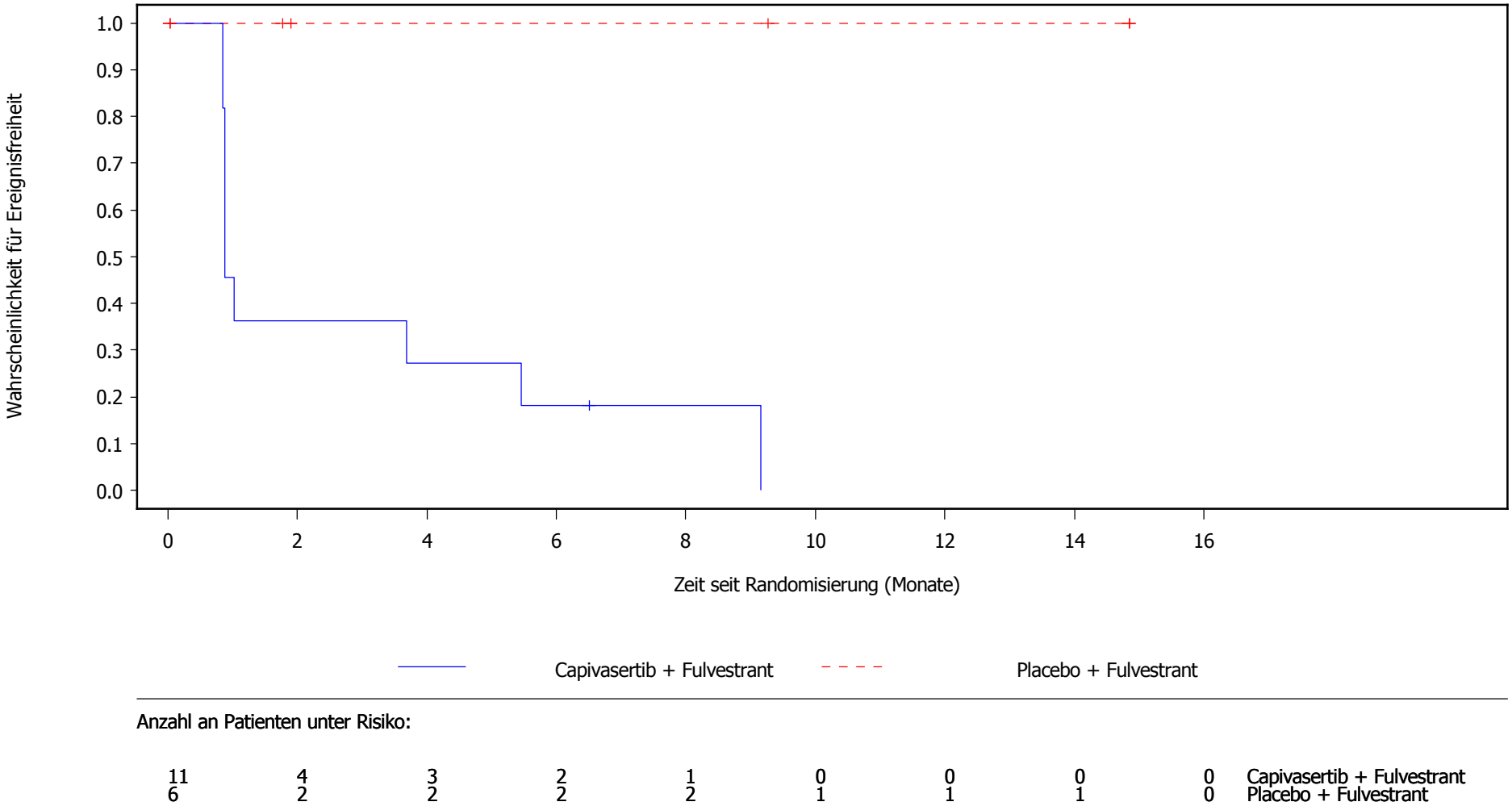


Anzahl an Patienten unter Risiko:

11	4	2	1	1	1	0	0	0	Capivasertib + Fulvestrant
6	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.8 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

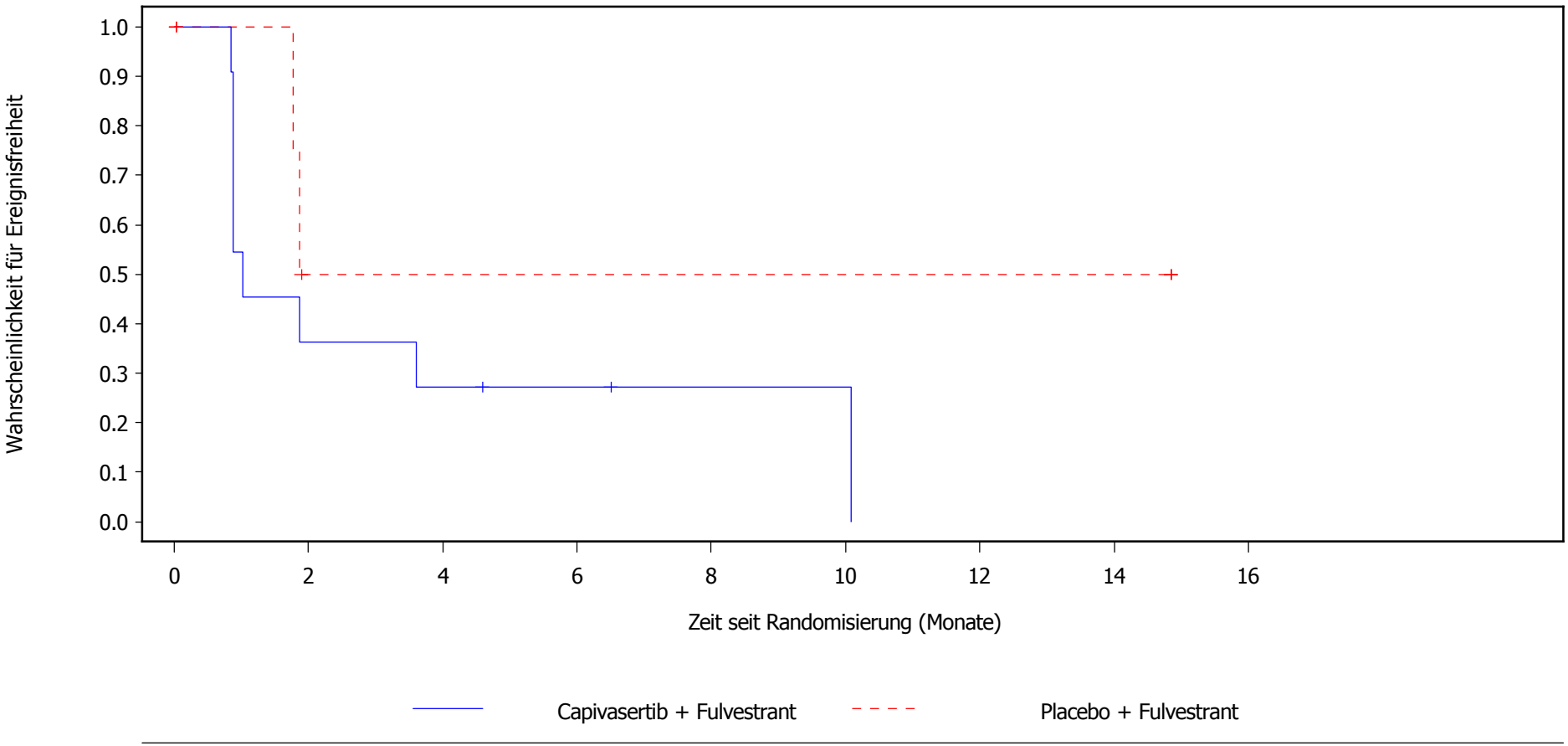


Anzahl an Patienten unter Risiko:

11	4	3	2	1	0	0	0	0	Capivasertib + Fulvestrant
6	2	2	2	2	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.9 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

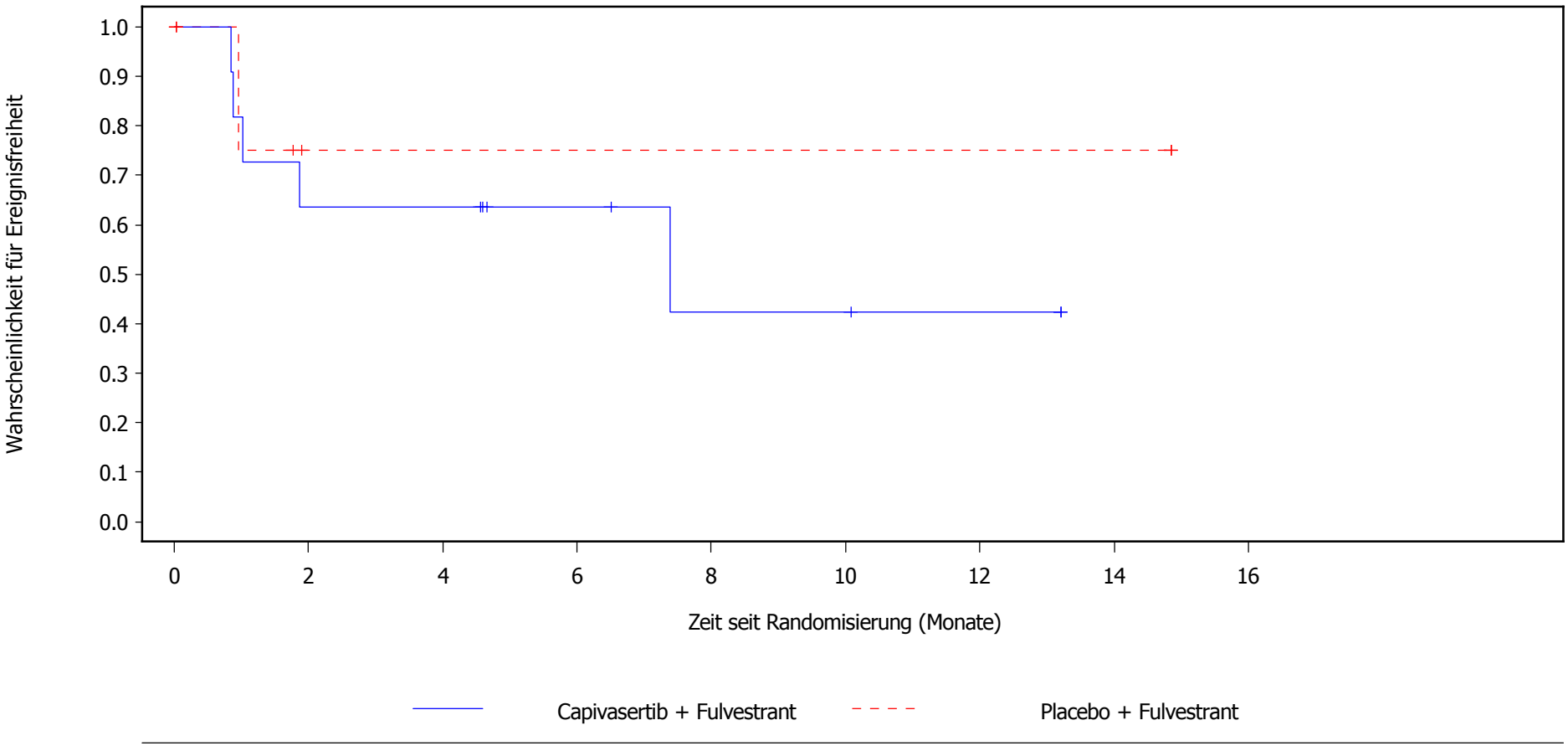


Anzahl an Patienten unter Risiko:

11	4	3	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.10 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

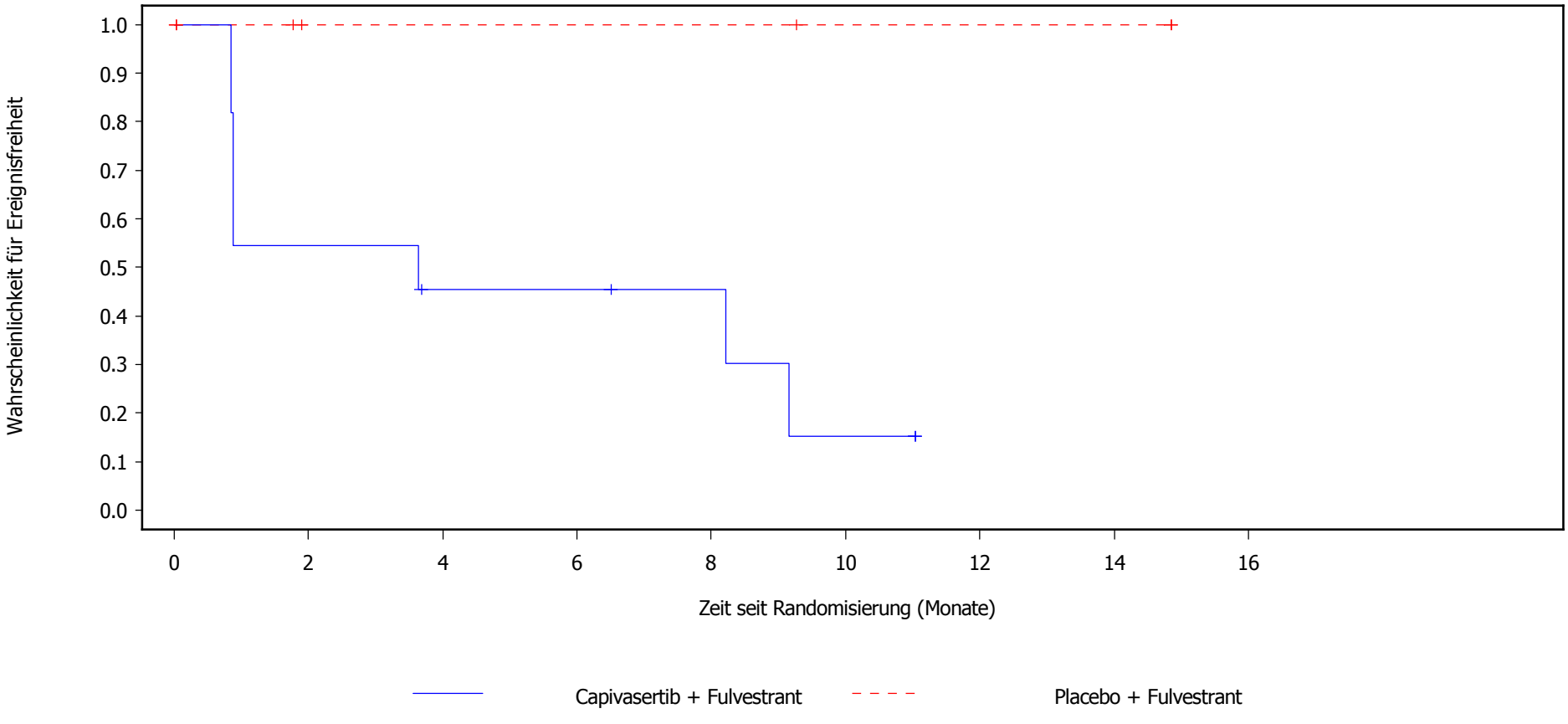


Anzahl an Patienten unter Risiko:

11	7	7	4	2	2	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.11 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Appetitverlust
Altered full analysis set DCO 08MAY2023

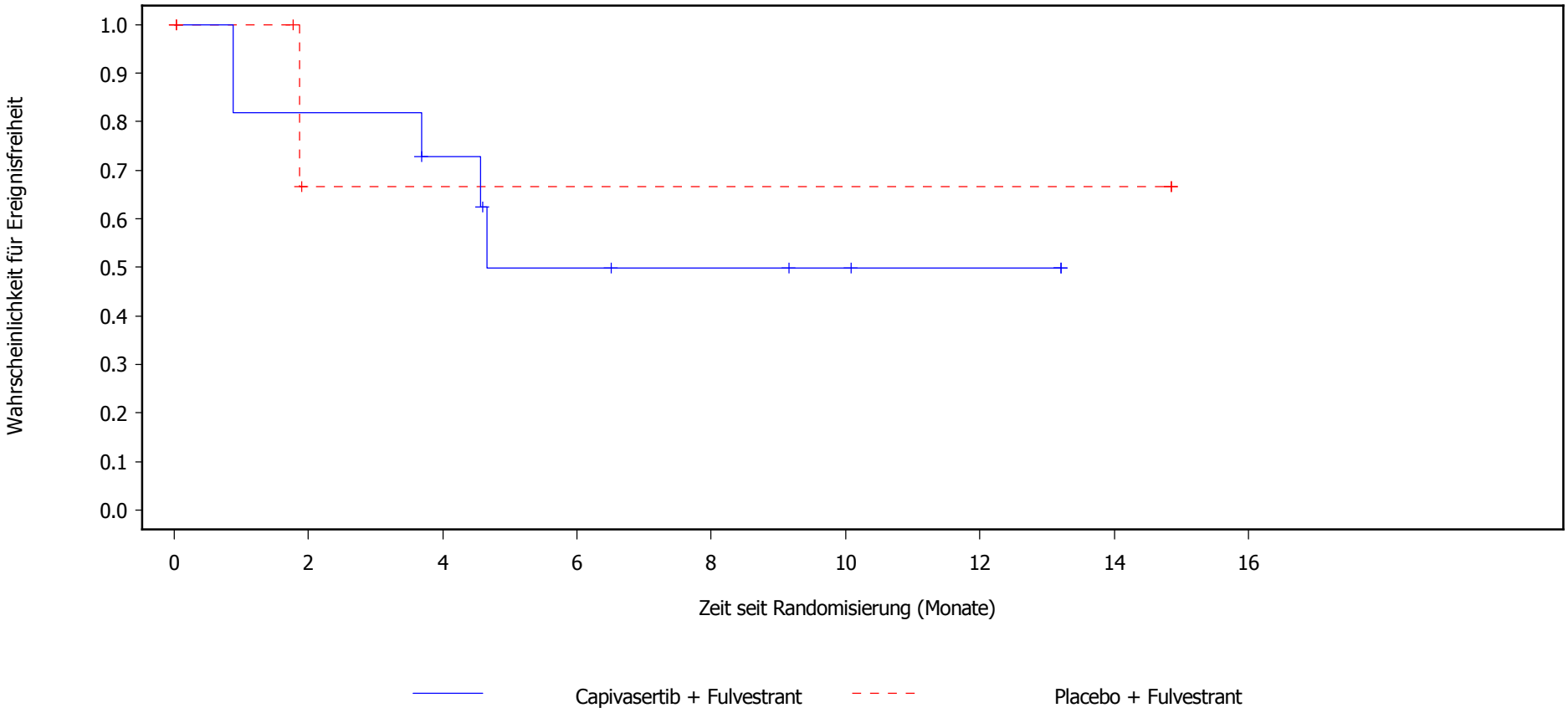


Anzahl an Patienten unter Risiko:

11	6	4	4	3	1	0	0	0	Capivasertib + Fulvestrant
6	2	2	2	2	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.12 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

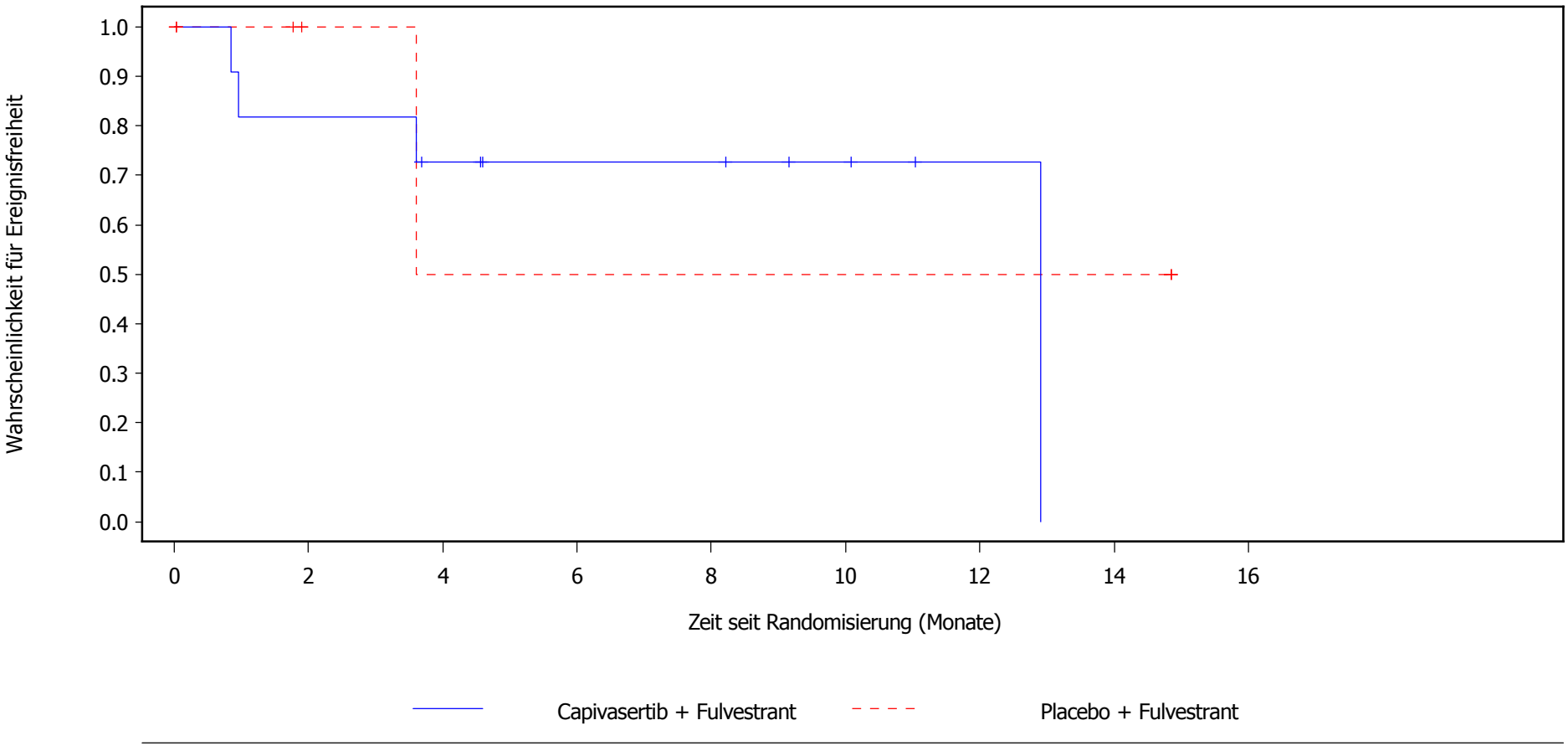


Anzahl an Patienten unter Risiko:

11	9	7	4	3	2	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.13 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

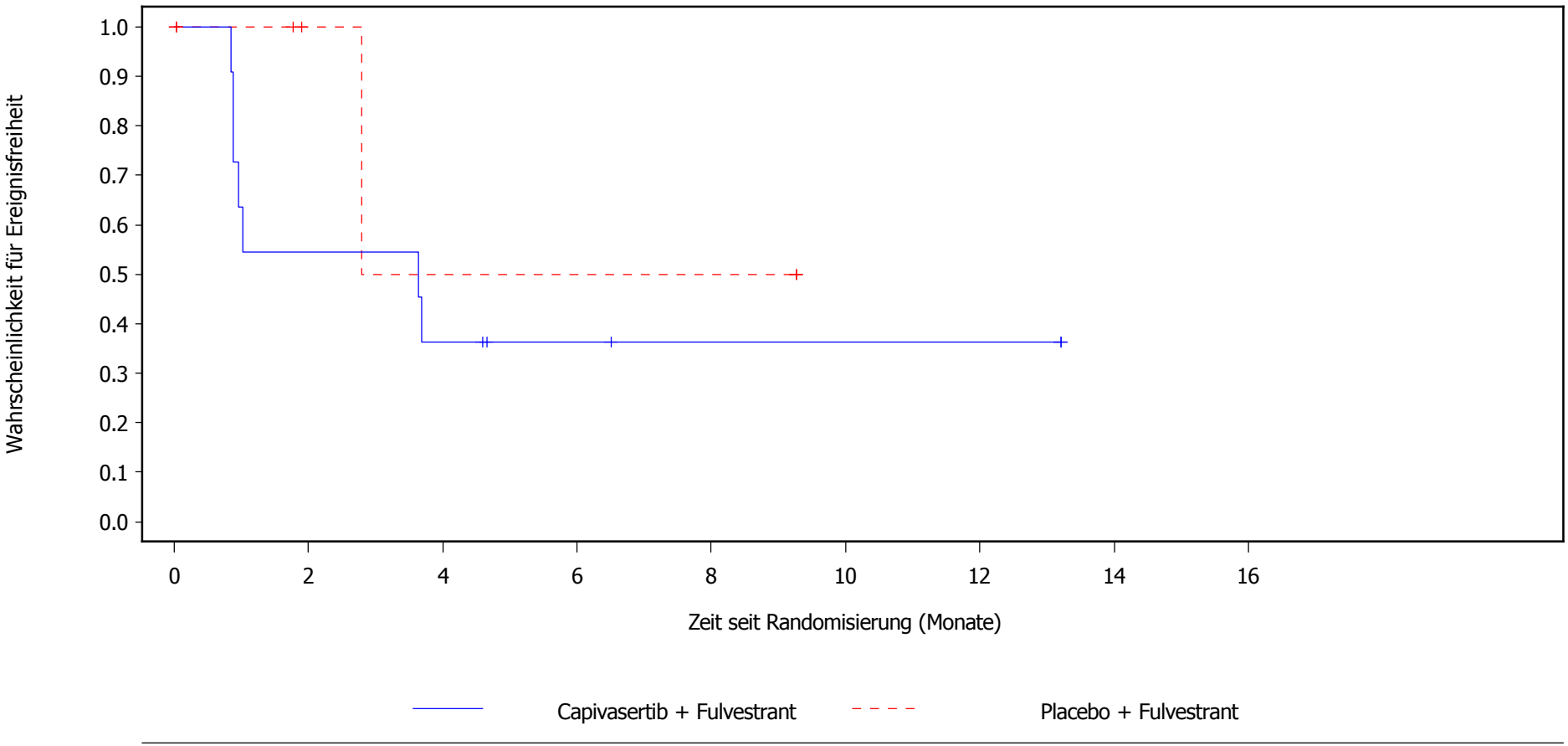


Anzahl an Patienten unter Risiko:

11	9	7	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.2.2.14 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	6	4	2	1	1	1	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.3.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild	117	42 (35,9)	13,7 [3,7; NE]	87	24 (27,6)	7,4 [4,6; NE]	1,07	[0,65; 1,82]	0,7961
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität	117	18 (15,4)	NE [NE; NE]	87	14 (16,1)	NE [NE; NE]	0,66	[0,32; 1,36]	0,2471
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex	117	7 (6,0)	4,7 [2,0; NE]	87	2 (2,3)	NE [NE; NE]	1,25	[0,28; 8,74]	0,7891
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven	117	38 (32,5)	11,9 [5,5; NE]	87	25 (28,7)	5,6 [3,7; NE]	0,82	[0,49; 1,40]	0,4617
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	117	49 (41,9)	5,8 [2,8;12,0]	87	26 (29,9)	6,4 [3,8; 9,1]	1,18	[0,73; 1,94]	0,5429
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich	117	29 (24,8)	NE [NE; NE]	87	19 (21,8)	NE [NE; NE]	0,63	[0,34; 1,19]	0,1490

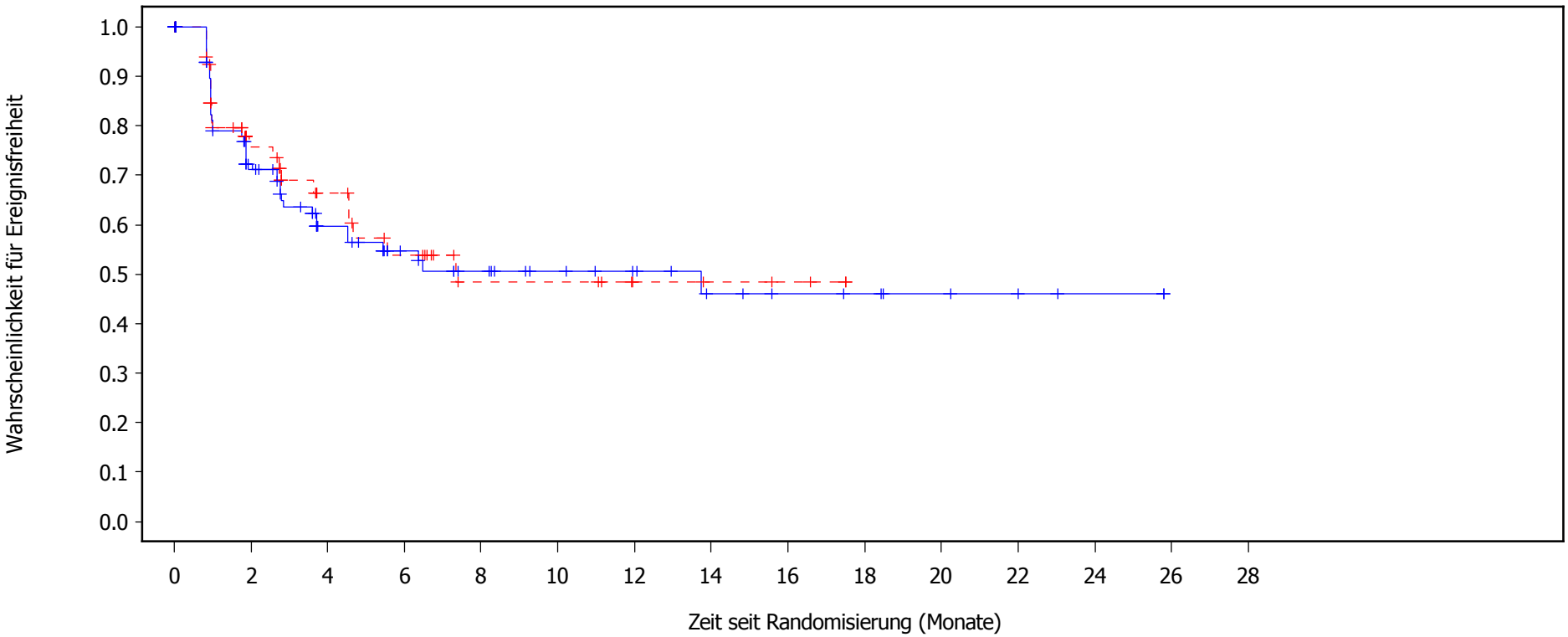
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.3.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich	117	53 (45,3)	4,6 [2,8;13,4]	87	32 (36,8)	4,5 [1,9; 5,6]	0,85	[0,54; 1,35]	0,4840
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall	117	8 (6,8)	7,3 [2,7; NE]	87	9 (10,3)	NE [NE; NE]	0,75	[0,27; 2,10]	0,5796

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.3.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

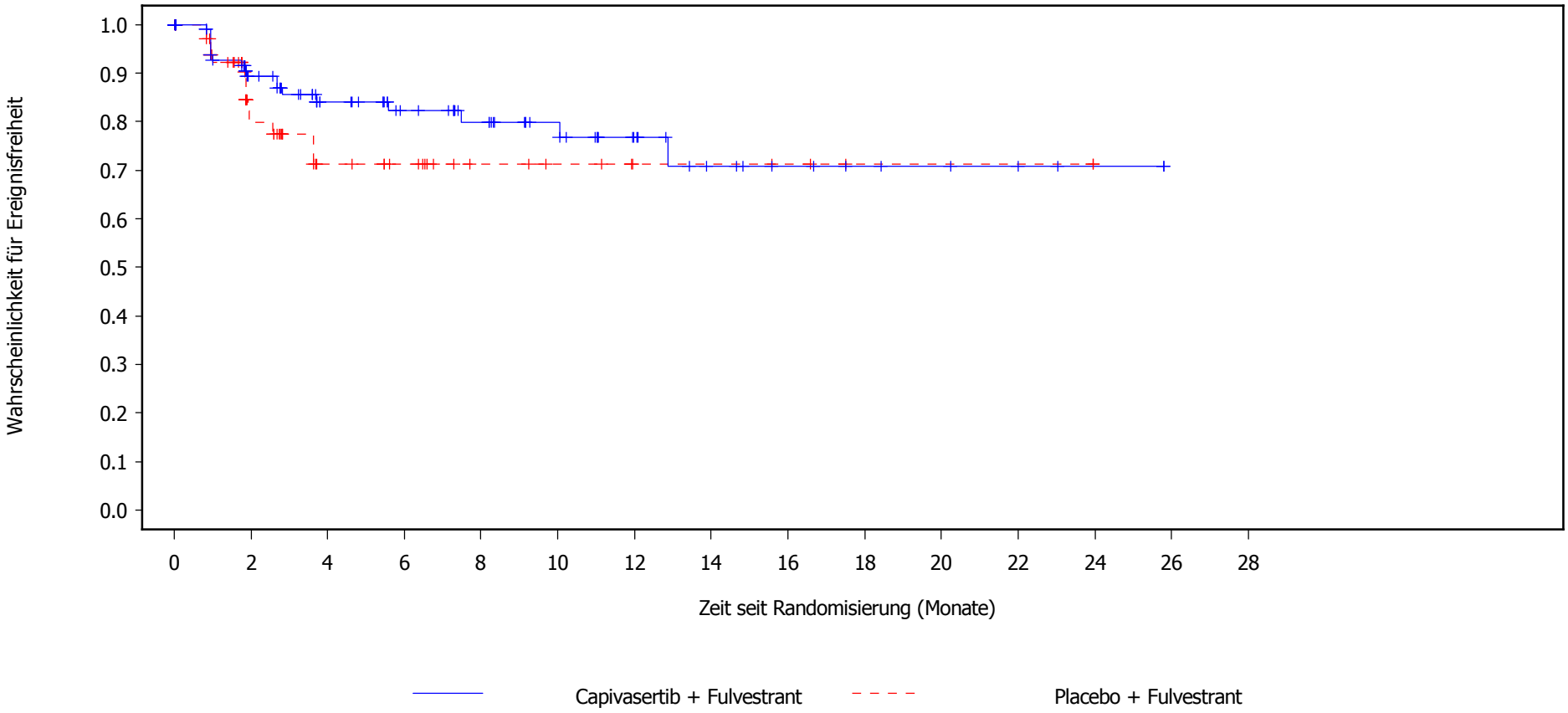


Anzahl an Patienten unter Risiko:

117	62	38	27	21	16	13	9	7	6	4	3	1	0	0	Capivasertib + Fulvestrant
87	35	23	16	8	8	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

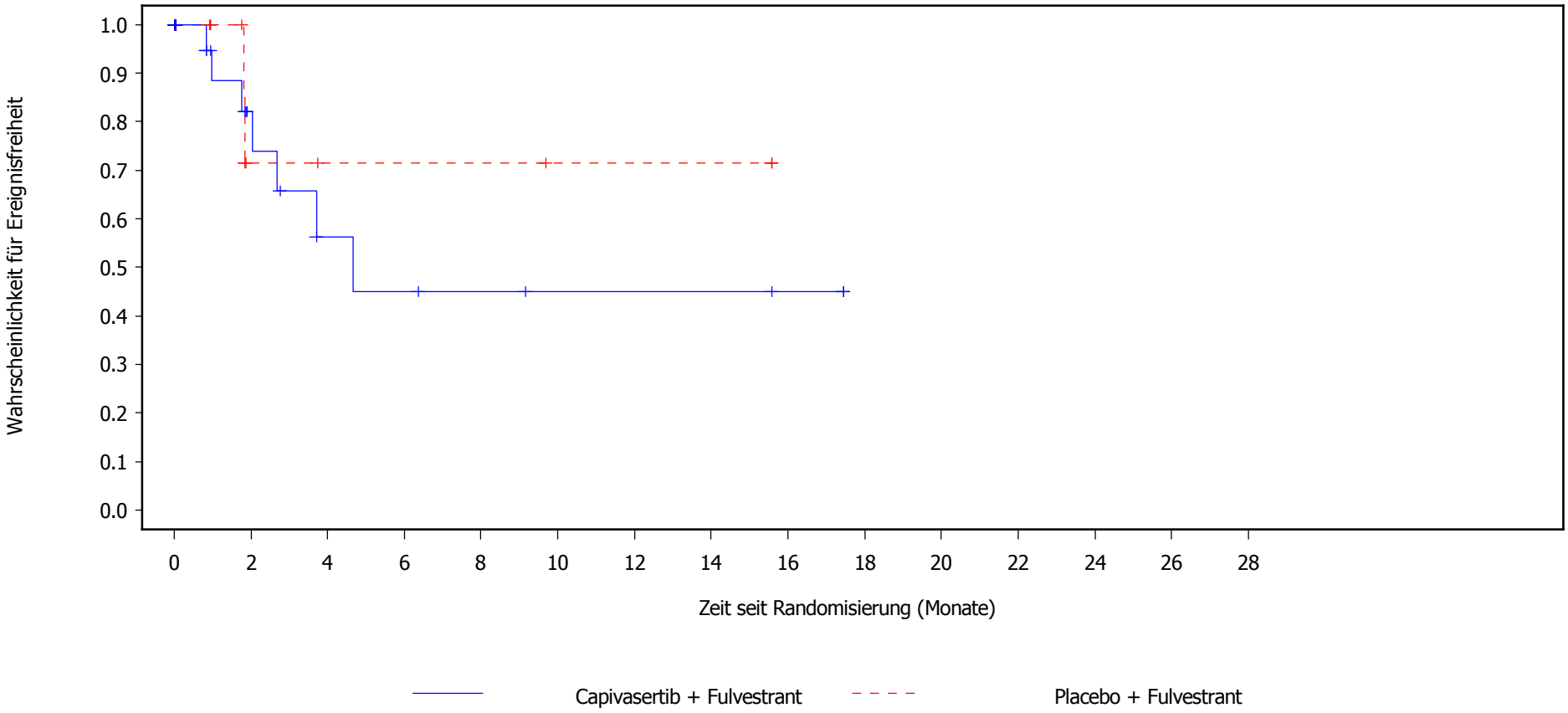


Anzahl an Patienten unter Risiko:

117	75	53	42	34	25	16	10	7	5	4	3	1	0	0	Capivasertib + Fulvestrant
87	34	20	16	9	7	4	4	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.3 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

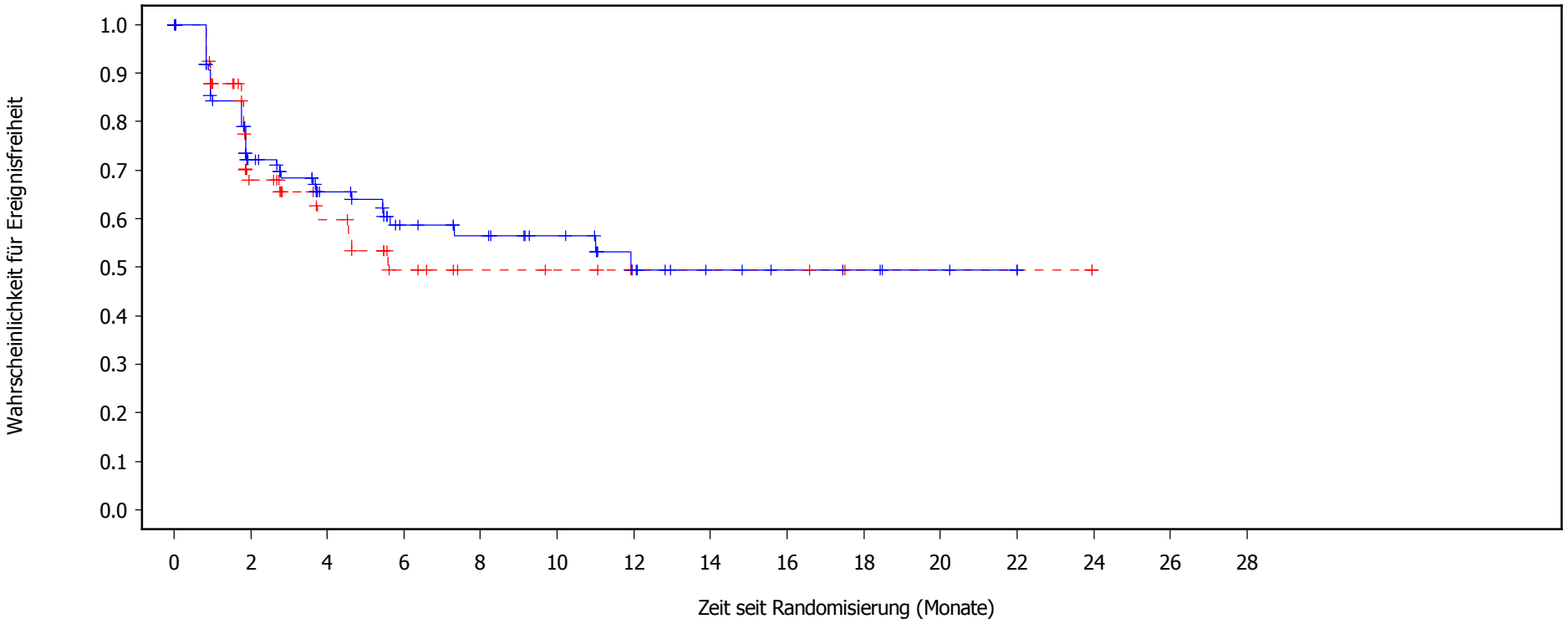


Anzahl an Patienten unter Risiko:

117	10	5	4	3	2	2	2	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
87	3	2	2	2	1	1	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.4 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

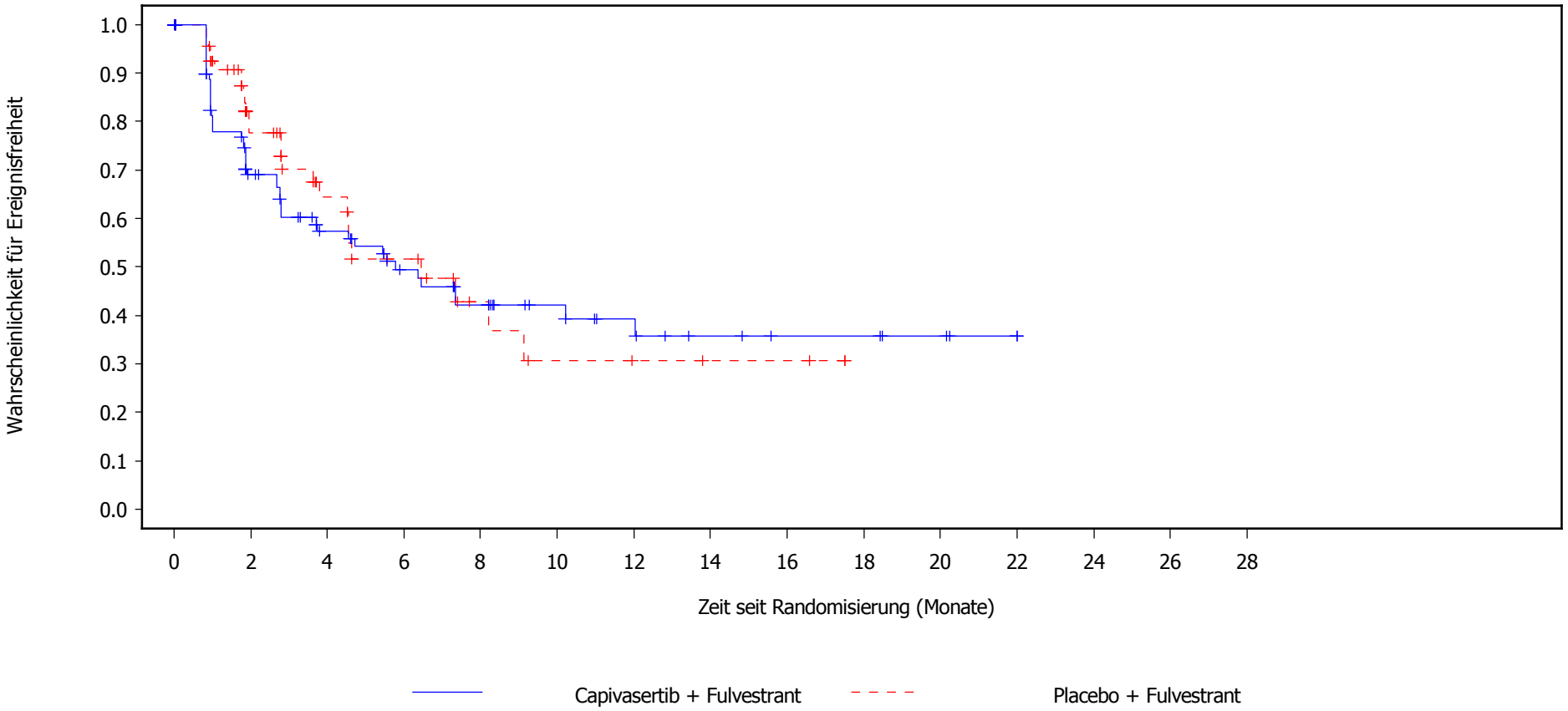


Anzahl an Patienten unter Risiko:

117	60	41	29	25	20	12	7	5	4	2	1	0	0	0	Capivasertib + Fulvestrant
87	31	20	11	7	6	3	3	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.5 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

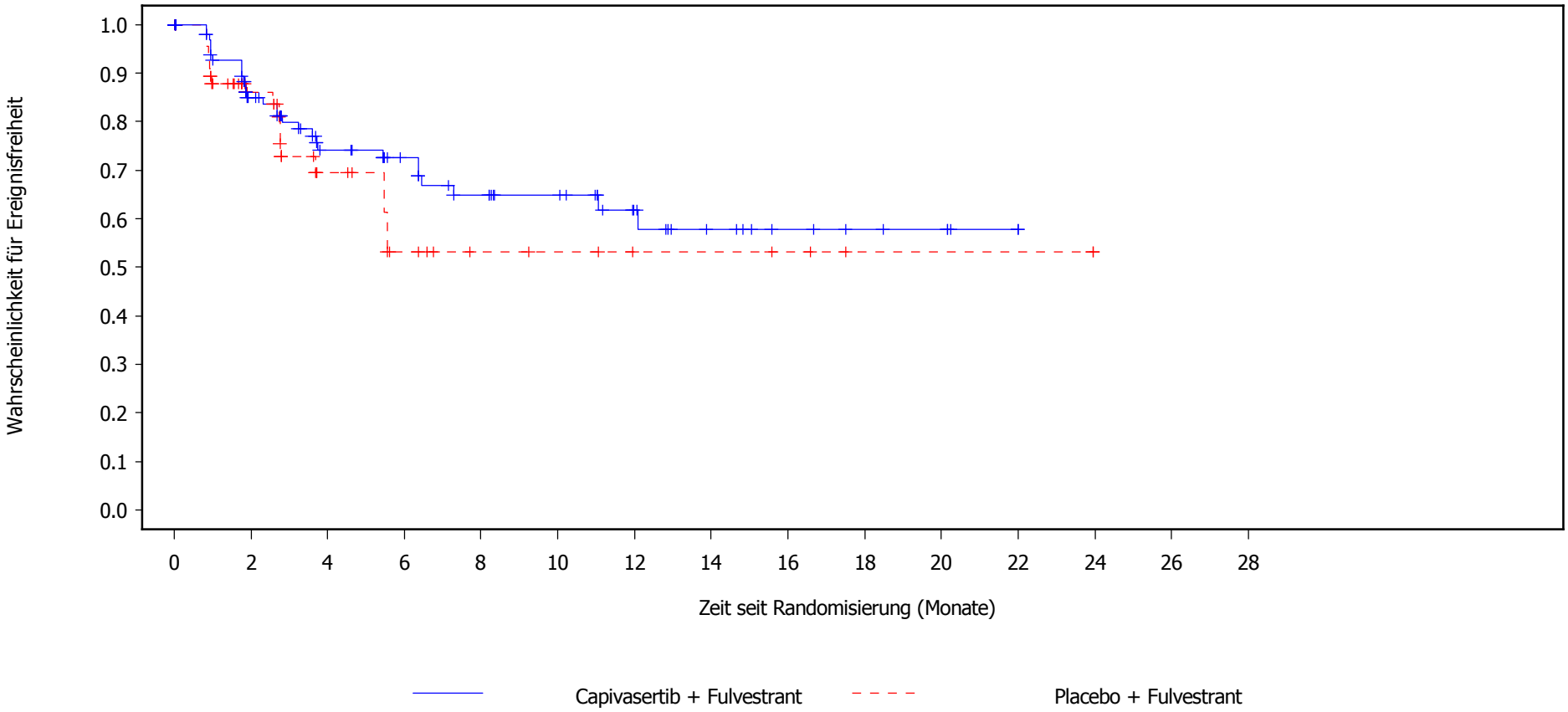


Anzahl an Patienten unter Risiko:

117	57	39	28	22	15	11	7	5	5	3	1	0	0	0	Capivasertib + Fulvestrant
87	35	21	14	7	4	3	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.6 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

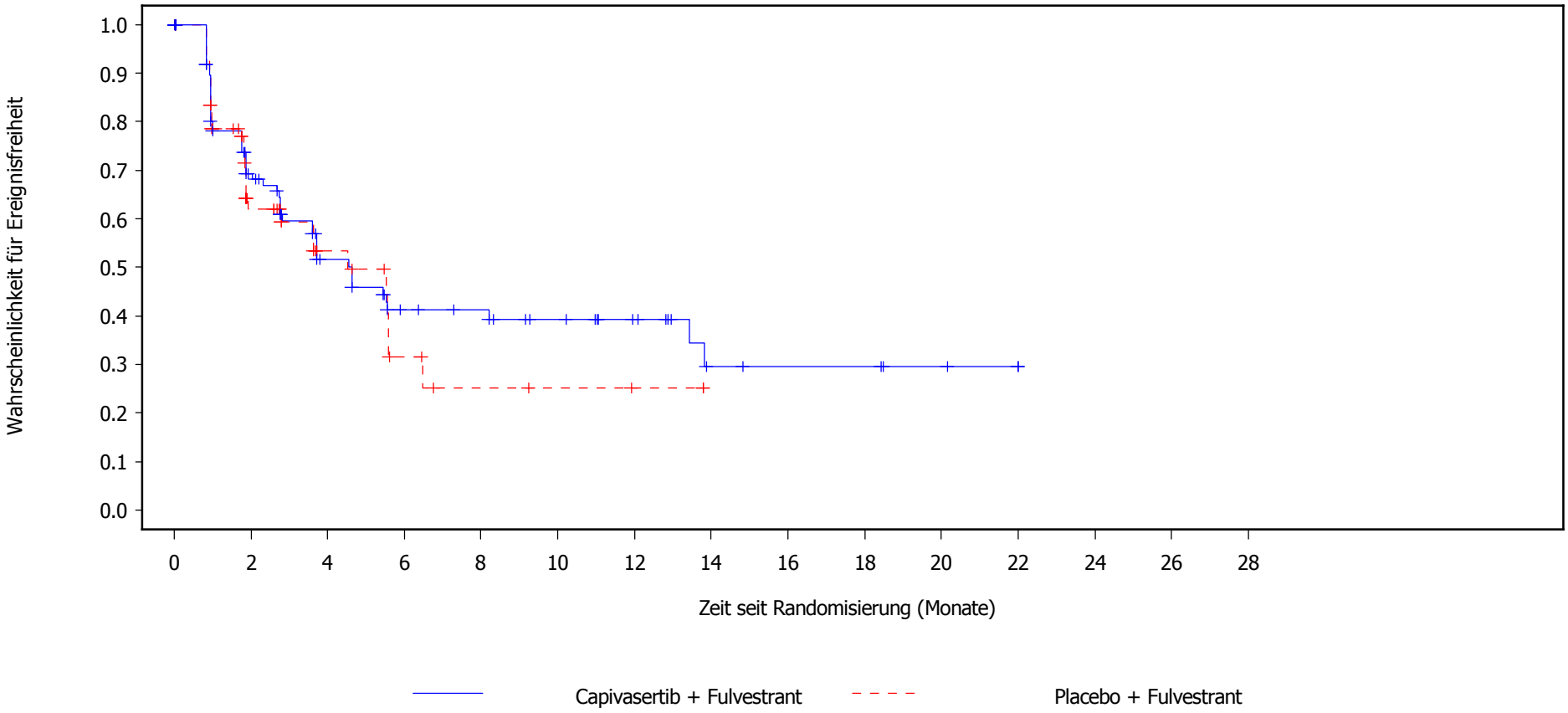


Anzahl an Patienten unter Risiko:

117	70	48	39	31	26	17	11	7	5	4	1	0	0	0	Capivasertib + Fulvestrant
87	36	19	11	7	6	4	4	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.7 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

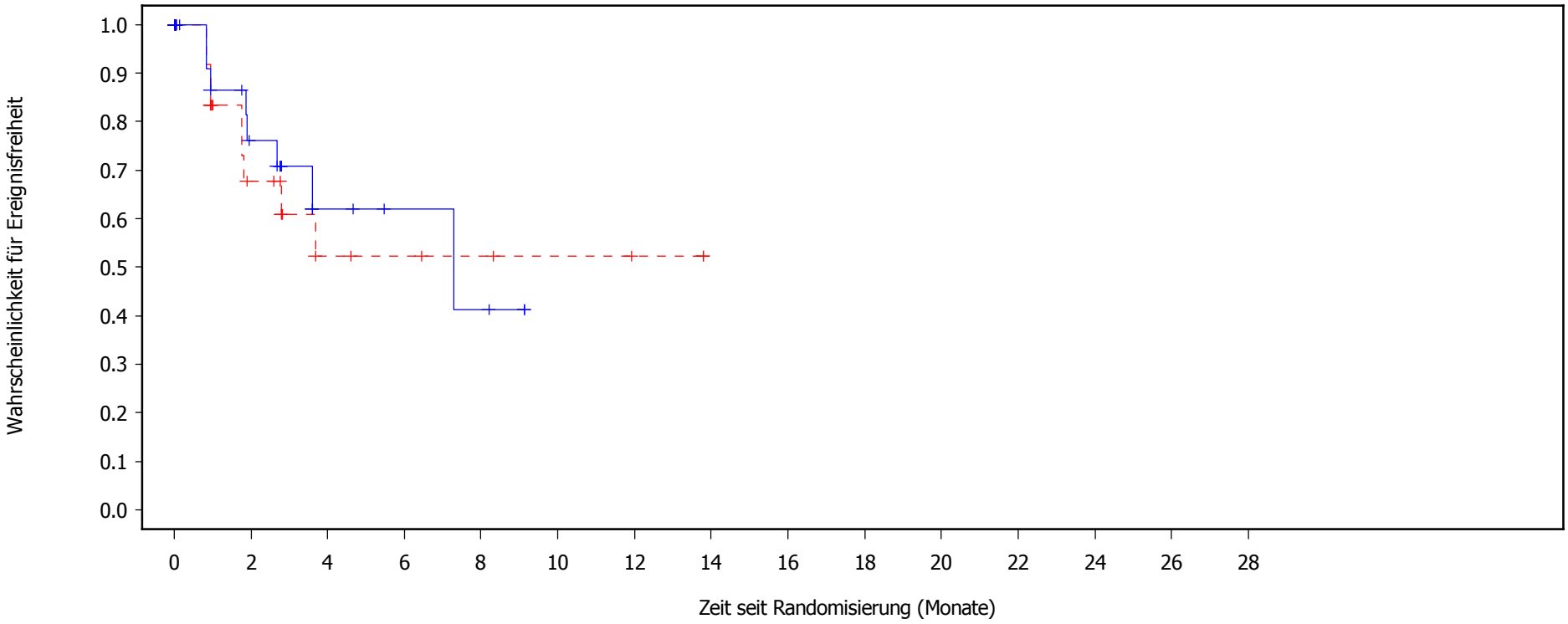


Anzahl an Patienten unter Risiko:

117	60	36	24	22	17	12	5	4	4	2	1	0	0	0	Capivasertib + Fulvestrant
87	28	14	6	3	2	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.3.2.8 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	14	5	3	2	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
87	12	5	4	3	2	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.4.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild	11	8 (72,7)	4,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	2,86	[0,45; 55,23]	0,3212
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven	11	5 (45,5)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	2,33	[0,34; 46,22]	0,4407
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	11	8 (72,7)	3,7 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	2,86	[0,45; 55,23]	0,3212
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	1,41	[0,13; 30,60]	0,7822

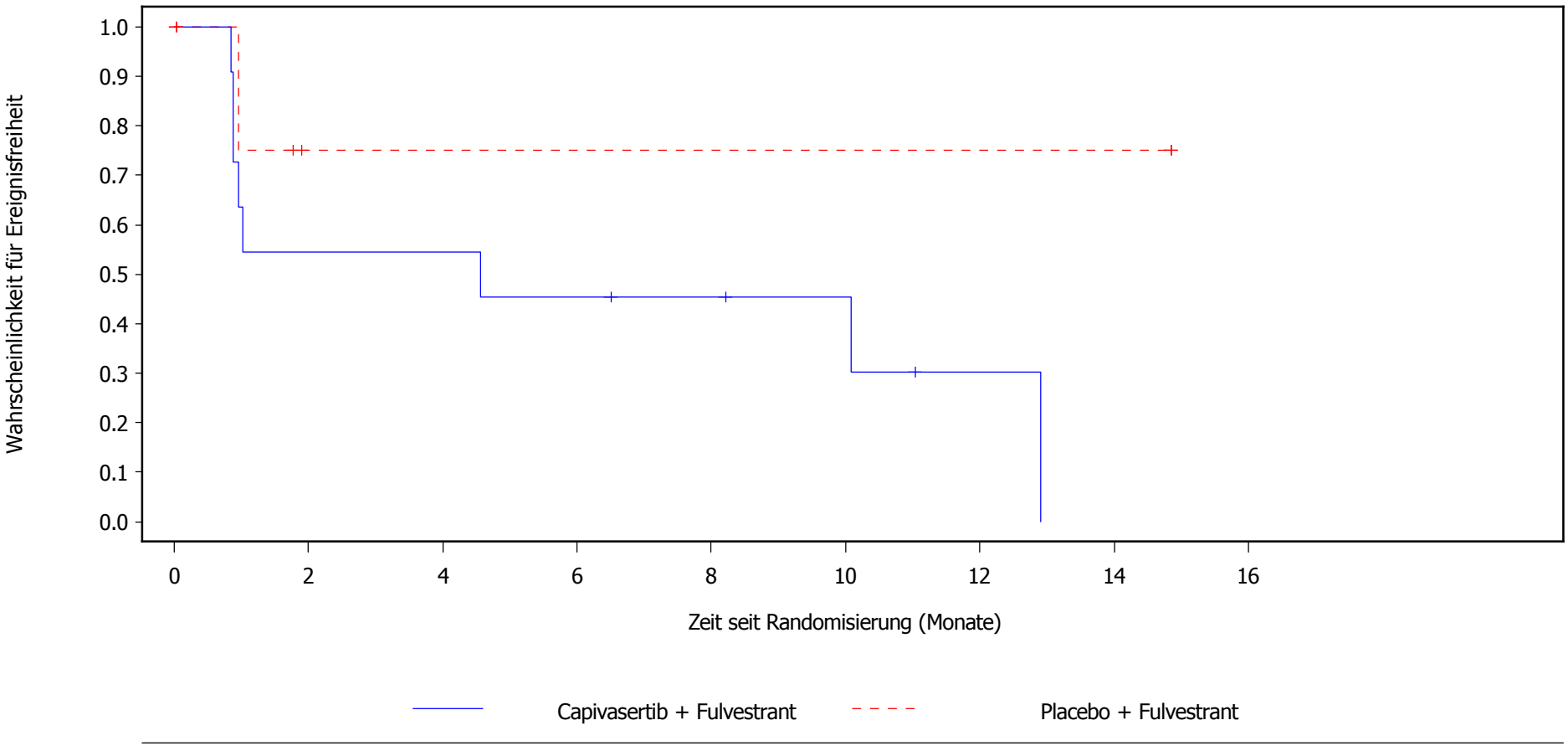
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.2.4.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich	11	8 (72,7)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	3,25	[0,51; 63,01]	0,2610
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	NC	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.4.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

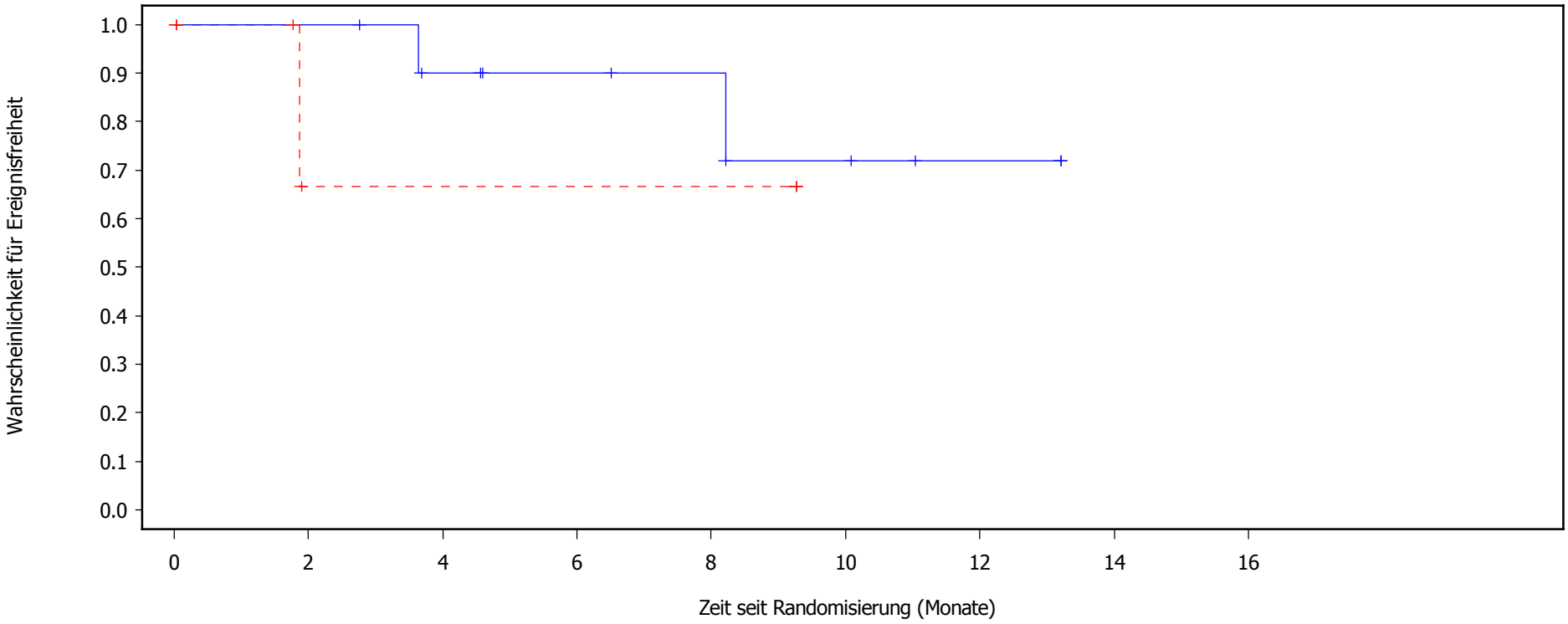


Anzahl an Patienten unter Risiko:

11	6	6	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.2 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

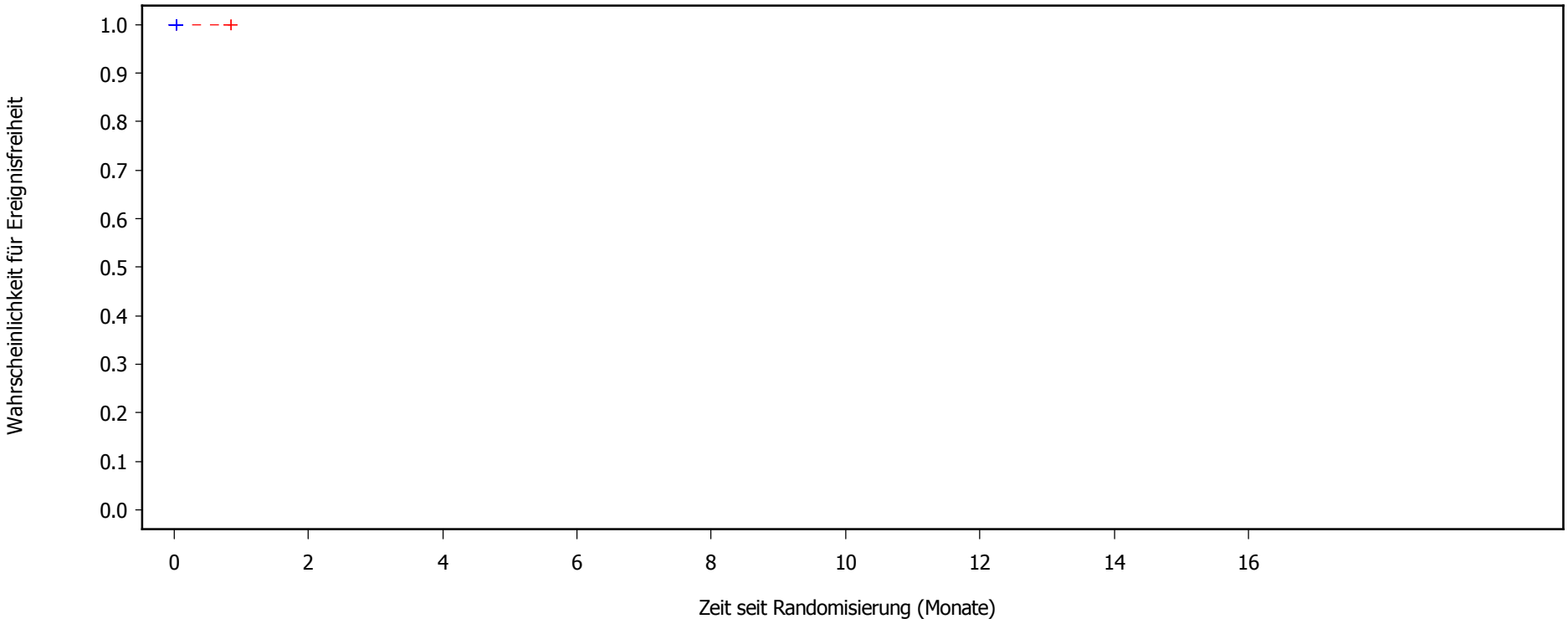


Anzahl an Patienten unter Risiko:

11	11	8	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.3 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 08MAY2023

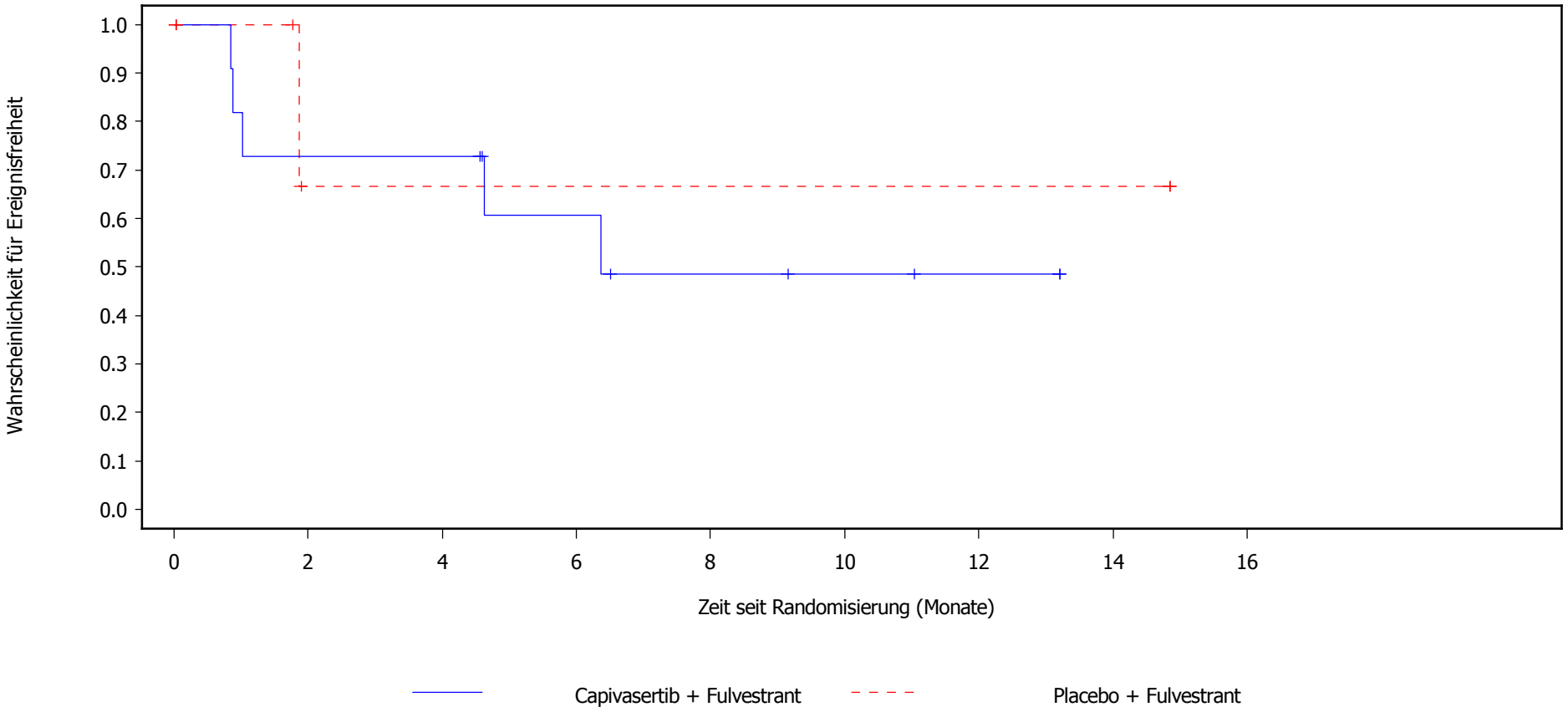


Anzahl an Patienten unter Risiko:

11	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
6	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.4 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

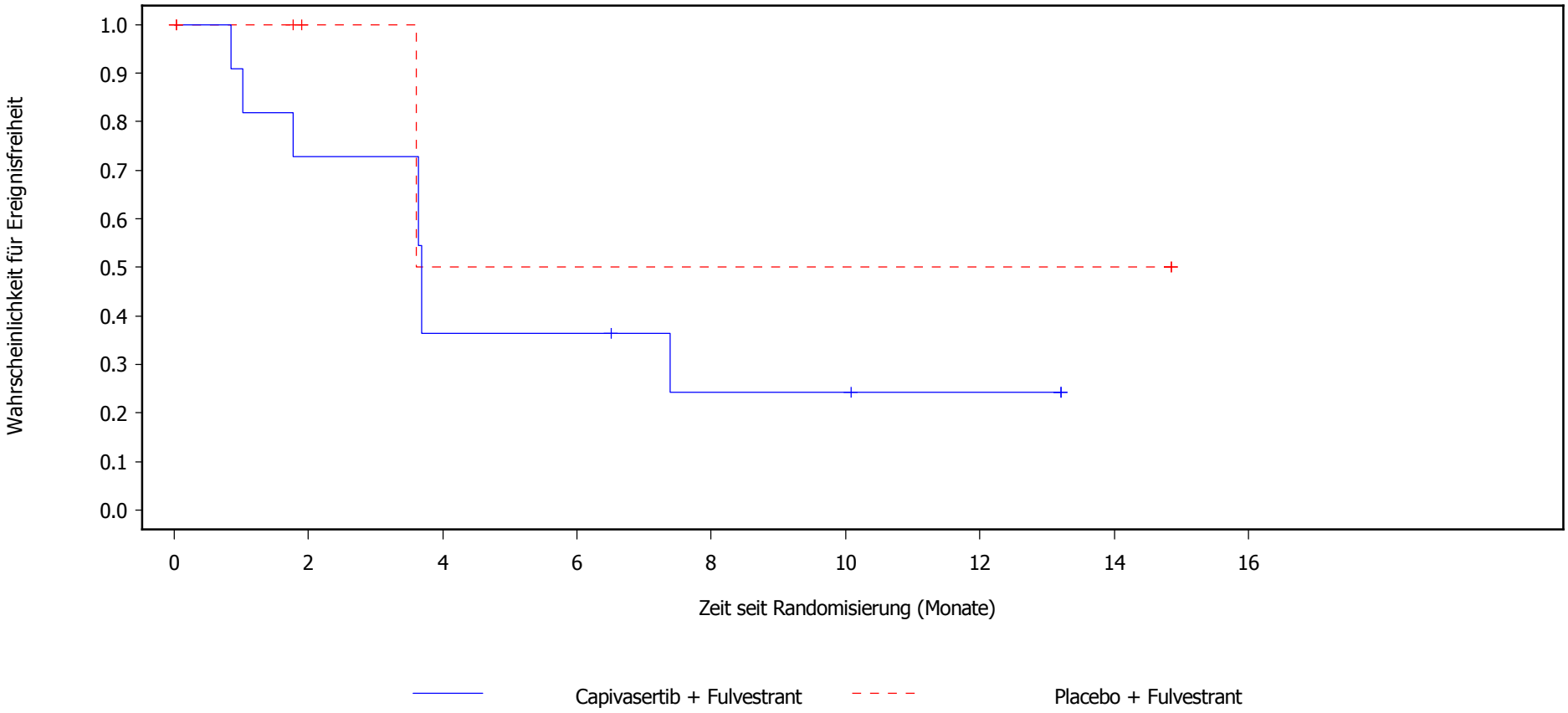


Anzahl an Patienten unter Risiko:

11	8	8	5	3	2	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.5 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

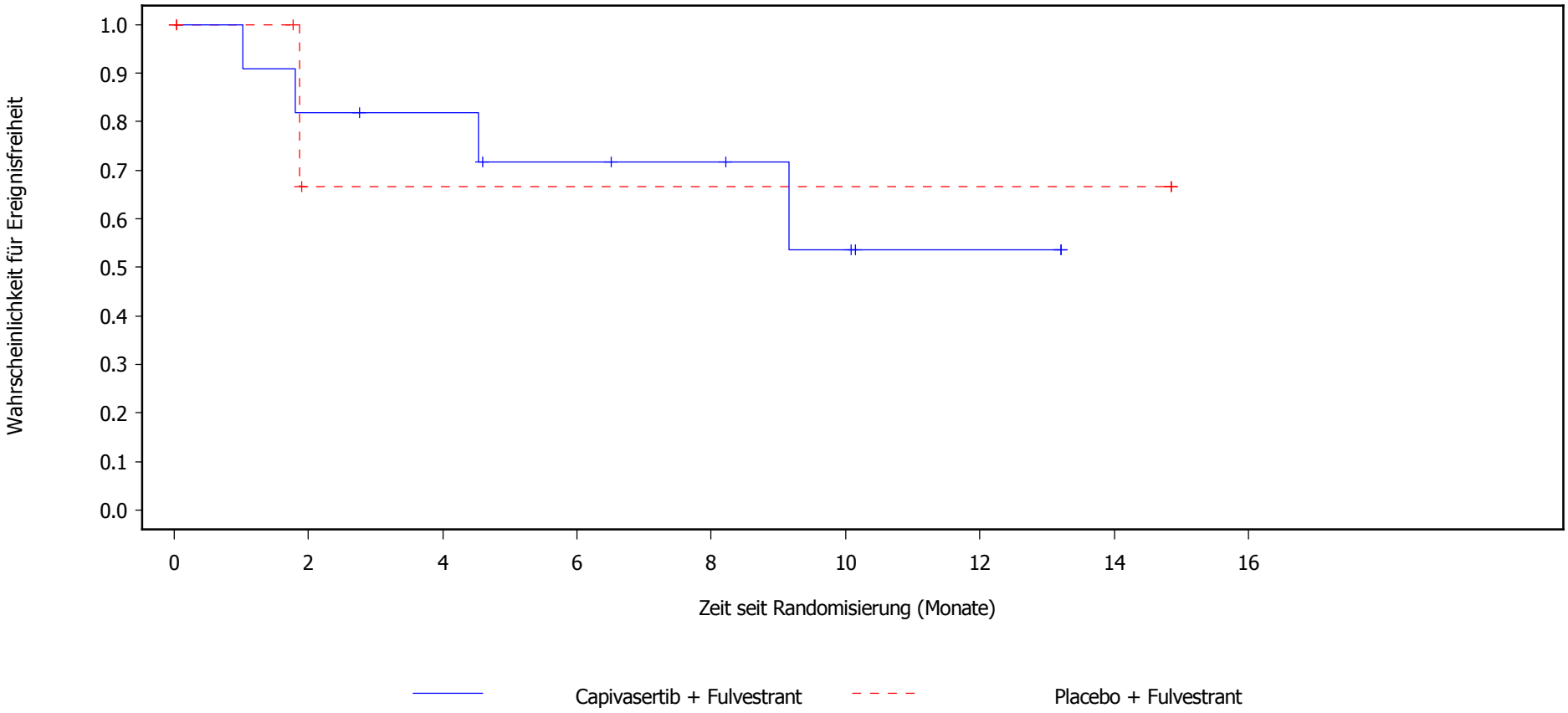


Anzahl an Patienten unter Risiko:

11	8	4	4	2	2	1	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.6 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

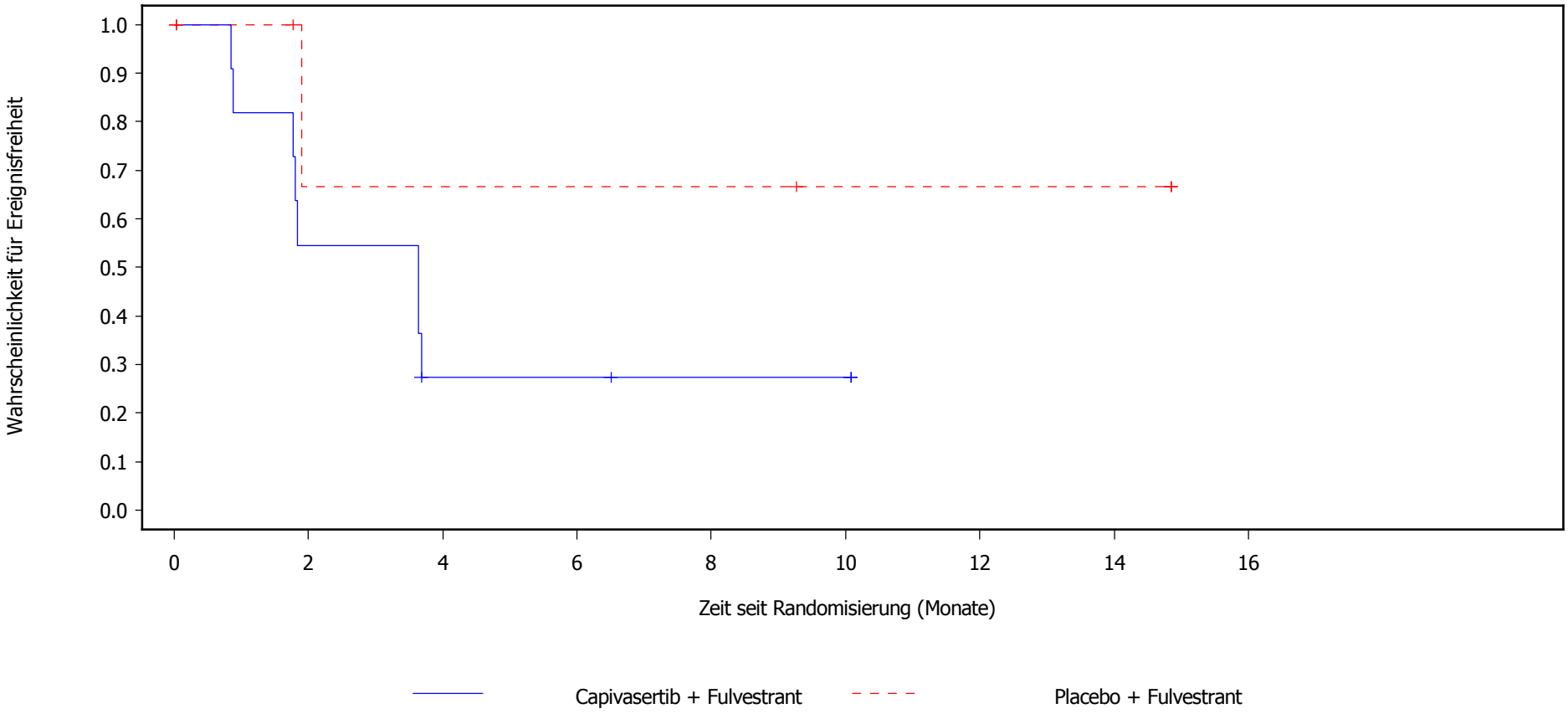


Anzahl an Patienten unter Risiko:

11	9	8	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.7 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

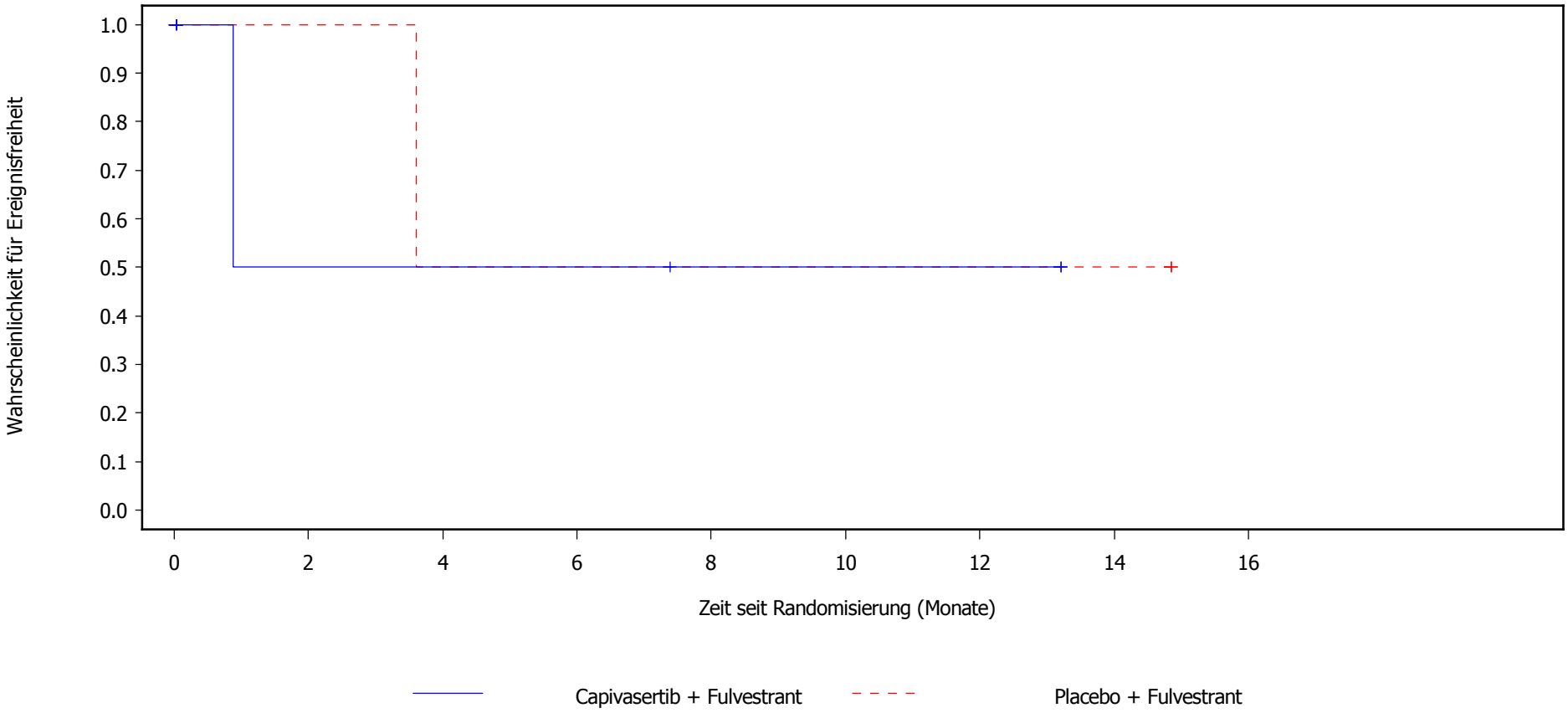


Anzahl an Patienten unter Risiko:

11	6	2	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	2	2	2	2	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.4.2.8 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	2	2	2	1	1	1	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	1	1	1	0	Placebo + Fulvestrant

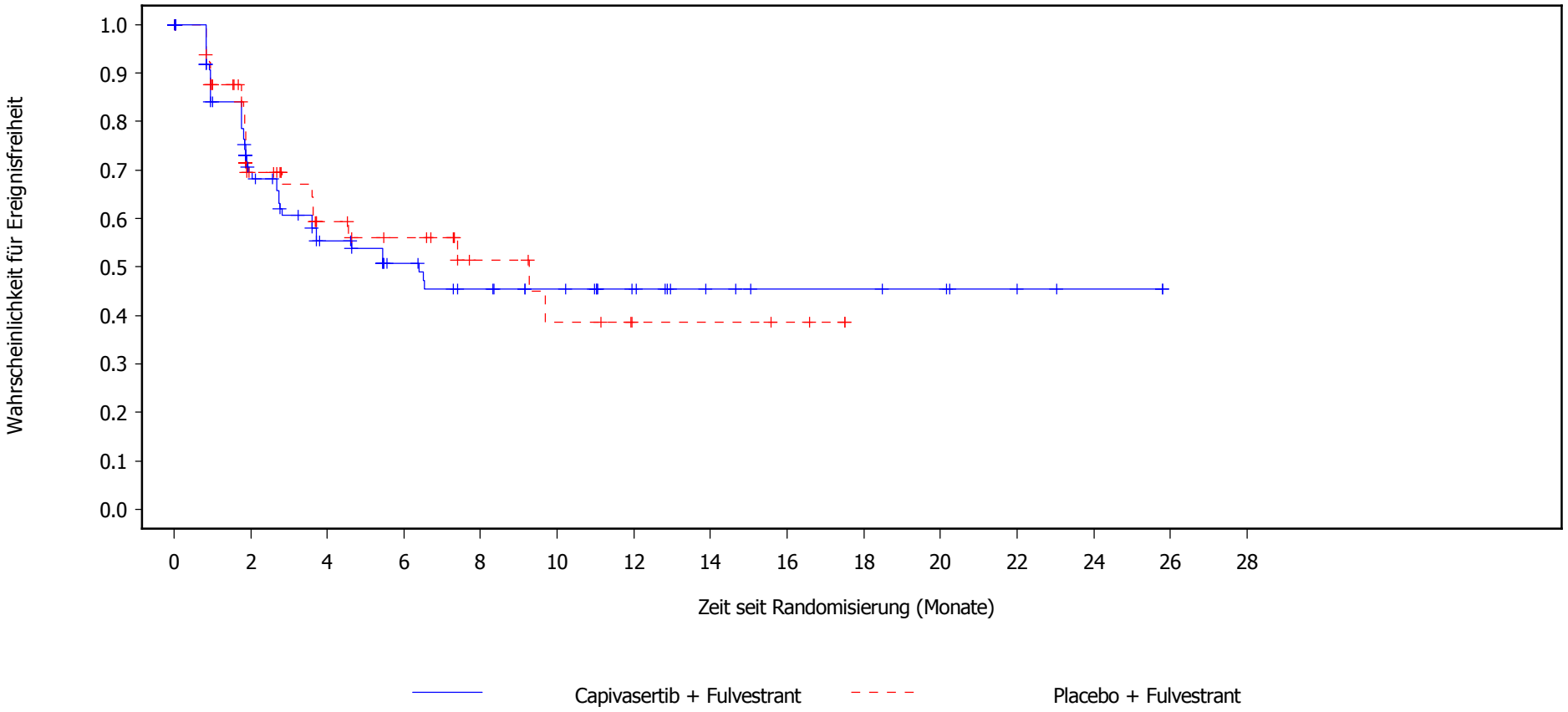
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.5.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in EQ-5D-5L Visual analogue scale
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala	117	45 (38,5)	6,4 [2,8; NE]	87	26 (29,9)	9,3 [3,6; NE]	1,04	[0,64; 1,71]	0,8995
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	113	42 (37,2)	6,5 [3,6; NE]	86	25 (29,1)	9,3 [3,6; NE]	1,00	[0,61; 1,67]	0,9964

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.5.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

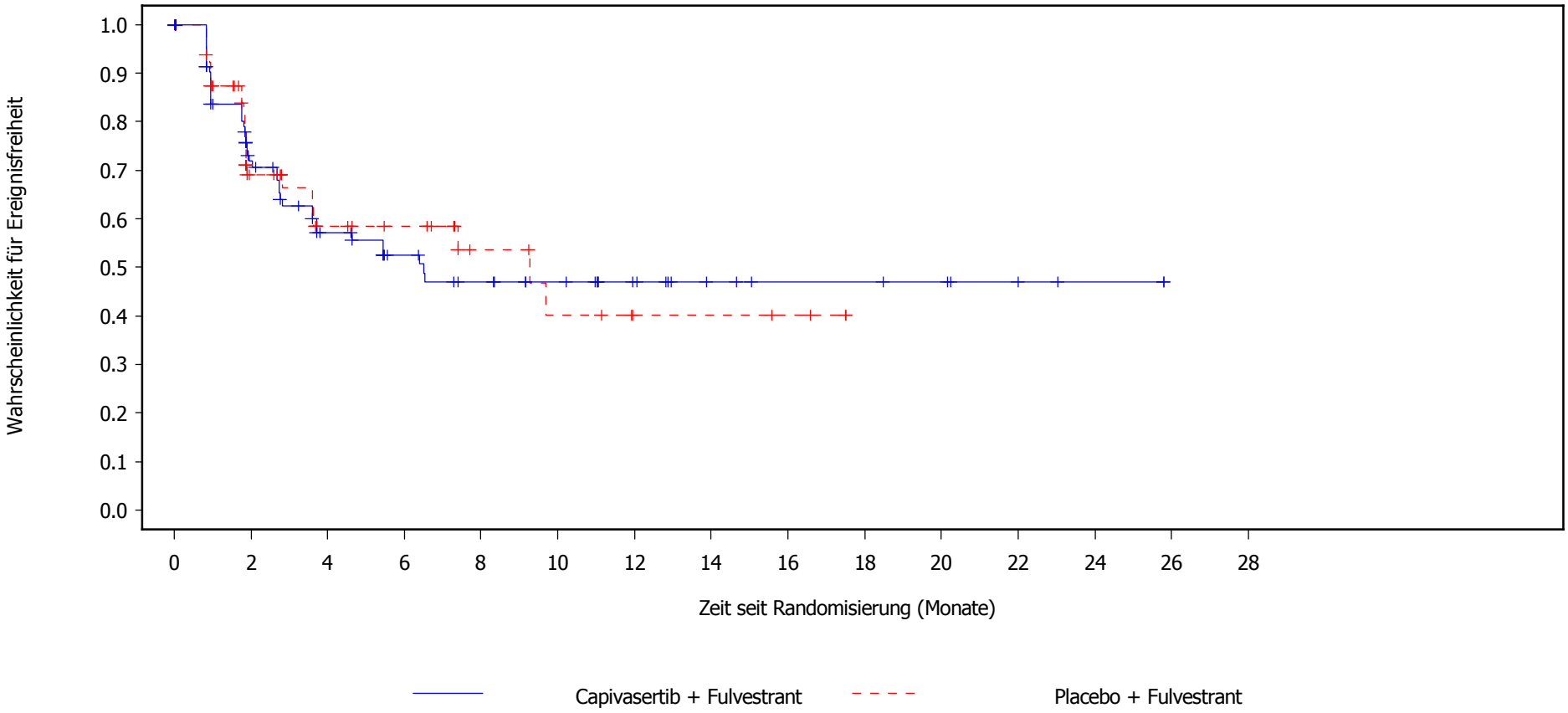


Anzahl an Patienten unter Risiko:

117	57	39	29	23	19	13	8	6	6	5	3	1	0	0	Capivasertib + Fulvestrant
87	32	20	16	9	6	3	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.5.2.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

113	57	39	29	23	19	13	8	6	6	5	3	1	0	0	Capivasertib + Fulvestrant
86	31	19	16	9	6	3	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

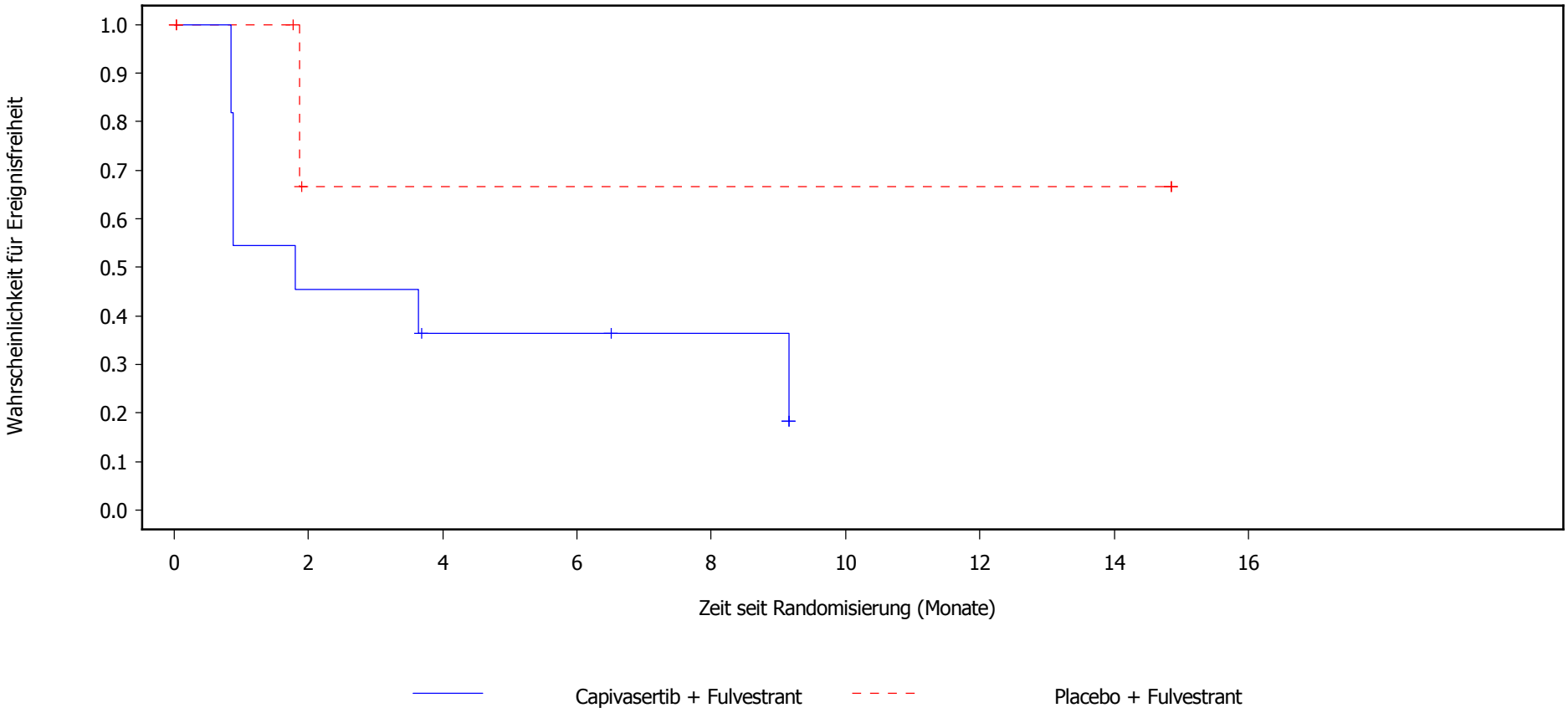
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.6.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in EQ-5D-5L Visual analogue scale
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	3,25	[0,51; 63,01]	0,2610

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.6.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	3	3	2	0	0	0	0	Capivasertib + Fulvestrant
6	1	1	1	1	1	1	1	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.4.1.1 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	Deterioration	Total	51 (43,6)	30 (34,5)
	Censored	Total	66 (56,4)	57 (65,5)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	38 (32,5)	34 (39,1)
		Missing 2 or more consecutive visits	8 (6,8)	2 (2,3)
		Death within 2 visits of the last evaluable PRO assessment	5 (4,3)	2 (2,3)
EORTC QLQ-C30 Funktionsskala: Körper	Deterioration	Total	49 (41,9)	37 (42,5)
	Censored	Total	68 (58,1)	50 (57,5)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	42 (35,9)	27 (31,0)
		Missing 2 or more consecutive visits	8 (6,8)	3 (3,4)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	1 (1,1)
EORTC QLQ-C30 Funktionsskala: Rolle	Deterioration	Total	62 (53,0)	43 (49,4)
	Censored	Total	55 (47,0)	44 (50,6)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	34 (29,1)	22 (25,3)
		Missing 2 or more consecutive visits	5 (4,3)	2 (2,3)
		Death within 2 visits of the last evaluable PRO assessment	1 (0,9)	1 (1,1)
EORTC QLQ-C30 Funktionsskala: Kognition	Deterioration	Total	47 (40,2)	37 (42,5)
	Censored	Total	70 (59,8)	50 (57,5)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	46 (39,3)	26 (29,9)
		Missing 2 or more consecutive visits	5 (4,3)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	1 (1,1)
EORTC QLQ-C30 Funktionsskala: Emotionalität	Deterioration	Total	45 (38,5)	32 (36,8)
	Censored	Total	72 (61,5)	55 (63,2)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.1 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	44 (37,6)	29 (33,3)
		Missing 2 or more consecutive visits	8 (6,8)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	5 (4,3)	3 (3,4)
EORTC QLQ-C30 Funktionsskala: Sozial	Deterioration	Total	70 (59,8)	32 (36,8)
	Censored	Total	47 (40,2)	55 (63,2)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	26 (22,2)	32 (36,8)
		Missing 2 or more consecutive visits	5 (4,3)	3 (3,4)
		Death within 2 visits of the last evaluable PRO assessment	1 (0,9)	1 (1,1)
EORTC QLQ-C30 Fatigue	Deterioration	Total	72 (61,5)	46 (52,9)
	Censored	Total	45 (38,5)	41 (47,1)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	22 (18,8)	20 (23,0)
		Missing 2 or more consecutive visits	5 (4,3)	1 (1,1)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	1 (1,1)
EORTC QLQ-C30 Übelkeit und Erbrechen	Deterioration	Total	70 (59,8)	35 (40,2)
	Censored	Total	47 (40,2)	52 (59,8)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	25 (21,4)	28 (32,2)
		Missing 2 or more consecutive visits	5 (4,3)	3 (3,4)
		Death within 2 visits of the last evaluable PRO assessment	2 (1,7)	2 (2,3)
EORTC QLQ-C30 Schmerzen	Deterioration	Total	58 (49,6)	38 (43,7)
	Censored	Total	59 (50,4)	49 (56,3)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	34 (29,1)	26 (29,9)
		Missing 2 or more consecutive visits	6 (5,1)	2 (2,3)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	2 (2,3)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.1 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
EORTC QLQ-C30 Dyspnoe	Deterioration	Total	45 (38,5)	29 (33,3)
	Censored	Total	72 (61,5)	58 (66,7)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	46 (39,3)	33 (37,9)
		Missing 2 or more consecutive visits	7 (6,0)	3 (3,4)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	3 (3,4)
EORTC QLQ-C30 Appetitverlust	Deterioration	Total	62 (53,0)	30 (34,5)
	Censored	Total	55 (47,0)	57 (65,5)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	33 (28,2)	32 (36,8)
		Missing 2 or more consecutive visits	4 (3,4)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	2 (2,3)
EORTC QLQ-C30 Schlaflosigkeit	Deterioration	Total	42 (35,9)	29 (33,3)
	Censored	Total	75 (64,1)	58 (66,7)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	46 (39,3)	33 (37,9)
		Missing 2 or more consecutive visits	9 (7,7)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	5 (4,3)	2 (2,3)
EORTC QLQ-C30 Verstopfung	Deterioration	Total	32 (27,4)	30 (34,5)
	Censored	Total	85 (72,6)	57 (65,5)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	58 (49,6)	34 (39,1)
		Missing 2 or more consecutive visits	8 (6,8)	2 (2,3)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	2 (2,3)
EORTC QLQ-C30 Diarrhö	Deterioration	Total	84 (71,8)	26 (29,9)
	Censored	Total	33 (28,2)	61 (70,1)
		No baseline or post-baseline score	15 (12,8)	19 (21,8)
		Last evaluable assessment without deterioration [a]	13 (11,1)	32 (36,8)
		Missing 2 or more consecutive visits	4 (3,4)	4 (4,6)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.1 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
Death within 2 visits of the last evaluable PRO assessment	1 (0,9)	6 (6,9)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.2 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
EORTC QLQ-BR23 Körperbild	Deterioration	Total	42 (35,9)	24 (27,6)
	Censored	Total	75 (64,1)	63 (72,4)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	47 (40,2)	38 (43,7)
		Missing 2 or more consecutive visits	6 (5,1)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	2 (2,3)
EORTC QLQ-BR23 Sexuelle Aktivität	Deterioration	Total	18 (15,4)	14 (16,1)
	Censored	Total	99 (84,6)	73 (83,9)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	68 (58,1)	43 (49,4)
		Missing 2 or more consecutive visits	7 (6,0)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	6 (5,1)	7 (8,0)
EORTC QLQ-BR23 Freude an Sex	Deterioration	Total	7 (6,0)	2 (2,3)
	Censored	Total	110 (94,0)	85 (97,7)
		No baseline or post-baseline score	96 (82,1)	75 (86,2)
		Last evaluable assessment without deterioration [a]	9 (7,7)	8 (9,2)
		Missing 2 or more consecutive visits	5 (4,3)	2 (2,3)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Zukunftsperspektiven	Deterioration	Total	38 (32,5)	25 (28,7)
	Censored	Total	79 (67,5)	62 (71,3)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	51 (43,6)	34 (39,1)
		Missing 2 or more consecutive visits	7 (6,0)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	4 (4,6)
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Deterioration	Total	49 (41,9)	26 (29,9)
	Censored	Total	68 (58,1)	61 (70,1)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	40 (34,2)	34 (39,1)
		Missing 2 or more consecutive visits	7 (6,0)	4 (4,6)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.2 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	4 (4,6)
EORTC QLQ-BR23 Symptome im Brustbereich	Deterioration	Total	29 (24,8)	19 (21,8)
	Censored	Total	88 (75,2)	68 (78,2)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	58 (49,6)	38 (43,7)
		Missing 2 or more consecutive visits	6 (5,1)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	6 (5,1)	7 (8,0)
EORTC QLQ-BR23 Symptome im Armbereich	Deterioration	Total	53 (45,3)	32 (36,8)
	Censored	Total	64 (54,7)	55 (63,2)
		No baseline or post-baseline score	18 (15,4)	19 (21,8)
		Last evaluable assessment without deterioration [a]	36 (30,8)	26 (29,9)
		Missing 2 or more consecutive visits	7 (6,0)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	3 (2,6)	5 (5,7)
EORTC QLQ-BR23 Belastung durch Haarausfall	Deterioration	Total	8 (6,8)	9 (10,3)
	Censored	Total	109 (93,2)	78 (89,7)
		No baseline or post-baseline score	88 (75,2)	60 (69,0)
		Last evaluable assessment without deterioration [a]	11 (9,4)	14 (16,1)
		Missing 2 or more consecutive visits	10 (8,5)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.3 CAPItello-291 (Global B2): Summary of status at time of first deterioration in EQ-5D-5L VAS
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
EQ-5D-5L Visuelle Analogskala	Deterioration	Total	45 (38,5)	26 (29,9)
	Censored	Total	72 (61,5)	61 (70,1)
		No baseline or post-baseline score	18 (15,4)	20 (23,0)
		Last evaluable assessment without deterioration [a]	45 (38,5)	33 (37,9)
		Missing 2 or more consecutive visits	7 (6,0)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	2 (1,7)	3 (3,4)
EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	Deterioration	Total	42 (35,9)	25 (28,7)
	Censored	Total	71 (60,7)	61 (70,1)
		No baseline or post-baseline score	17 (14,5)	20 (23,0)
		Last evaluable assessment without deterioration [a]	45 (38,5)	33 (37,9)
		Missing 2 or more consecutive visits	7 (6,0)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	2 (1,7)	3 (3,4)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.1 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	Deterioration	Total	8 (72,7)	2 (33,3)
	Censored	Total	3 (27,3)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Körper	Deterioration	Total	8 (72,7)	3 (50,0)
	Censored	Total	3 (27,3)	3 (50,0)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	1 (16,7)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Rolle	Deterioration	Total	9 (81,8)	3 (50,0)
	Censored	Total	2 (18,2)	3 (50,0)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	2 (18,2)	1 (16,7)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Kognition	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Emotionalität	Deterioration	Total	6 (54,5)	2 (33,3)
	Censored	Total	5 (45,5)	4 (66,7)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.1 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	5 (45,5)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Sozial	Deterioration	Total	7 (63,6)	2 (33,3)
	Censored	Total	4 (36,4)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	4 (36,4)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Fatigue	Deterioration	Total	10 (90,9)	2 (33,3)
	Censored	Total	1 (9,1)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	1 (9,1)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Übelkeit und Erbrechen	Deterioration	Total	10 (90,9)	0
	Censored	Total	1 (9,1)	6 (100,0)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	1 (9,1)	4 (66,7)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Schmerzen	Deterioration	Total	9 (81,8)	2 (33,3)
	Censored	Total	2 (18,2)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	2 (18,2)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.1 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
EORTC QLQ-C30 Dyspnoe	Deterioration	Total	5 (45,5)	1 (16,7)
	Censored	Total	6 (54,5)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	6 (54,5)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Appetitverlust	Deterioration	Total	8 (72,7)	0
	Censored	Total	3 (27,3)	6 (100,0)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	4 (66,7)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Schlaflosigkeit	Deterioration	Total	5 (45,5)	1 (16,7)
	Censored	Total	6 (54,5)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	6 (54,5)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Verstopfung	Deterioration	Total	4 (36,4)	1 (16,7)
	Censored	Total	7 (63,6)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	7 (63,6)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Diarrhö	Deterioration	Total	7 (63,6)	1 (16,7)
	Censored	Total	4 (36,4)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	4 (36,4)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.1 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.2 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
EORTC QLQ-BR23 Körperbild	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Sexuelle Aktivität	Deterioration	Total	2 (18,2)	1 (16,7)
	Censored	Total	9 (81,8)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	9 (81,8)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Freude an Sex	Deterioration	Total	0	0
	Censored	Total	11 (100,0)	6 (100,0)
		No baseline or post-baseline score	11 (100,0)	5 (83,3)
		Last evaluable assessment without deterioration [a]	0	1 (16,7)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Zukunftsperspektiven	Deterioration	Total	5 (45,5)	1 (16,7)
	Censored	Total	6 (54,5)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	6 (54,5)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.2 CAPItello-291 (China B2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Symptome im Brustbereich	Deterioration	Total	4 (36,4)	1 (16,7)
	Censored	Total	7 (63,6)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	7 (63,6)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Symptome im Armbereich	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Belastung durch Haarausfall	Deterioration	Total	2 (18,2)	1 (16,7)
	Censored	Total	9 (81,8)	5 (83,3)
		No baseline or post-baseline score	5 (45,5)	3 (50,0)
		Last evaluable assessment without deterioration [a]	2 (18,2)	1 (16,7)
		Missing 2 or more consecutive visits	2 (18,2)	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0

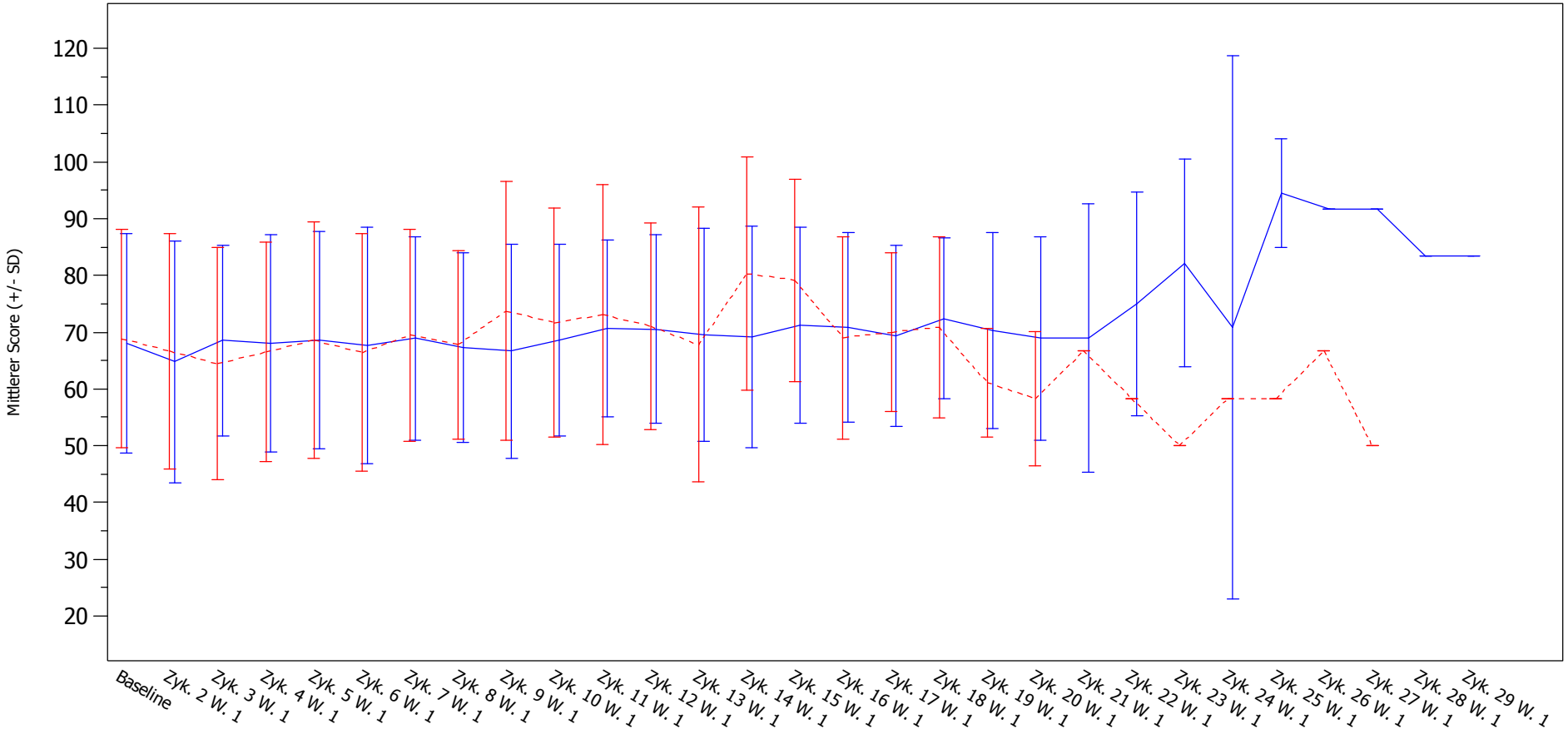
[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.3 CAPItello-291 (China B2): Summary of status at time of first deterioration in EQ-5D-5L VAS
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
EQ-5D-5L Visuelle Analogskala	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	Deterioration	Total	8 (72,7)	1 (16,7)
	Censored	Total	3 (27,3)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	3 (50,0)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

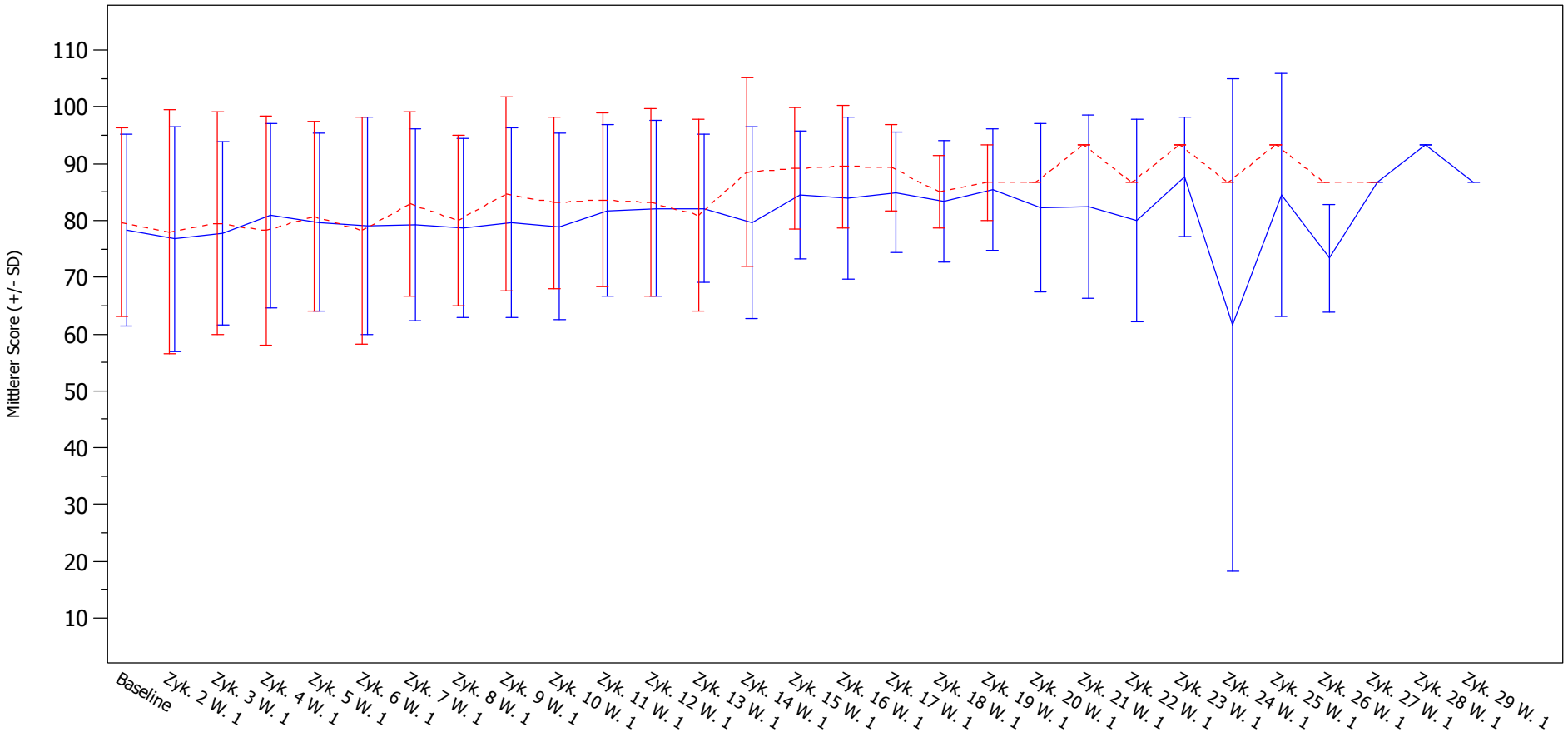
Figure 2.5.1.1.1 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

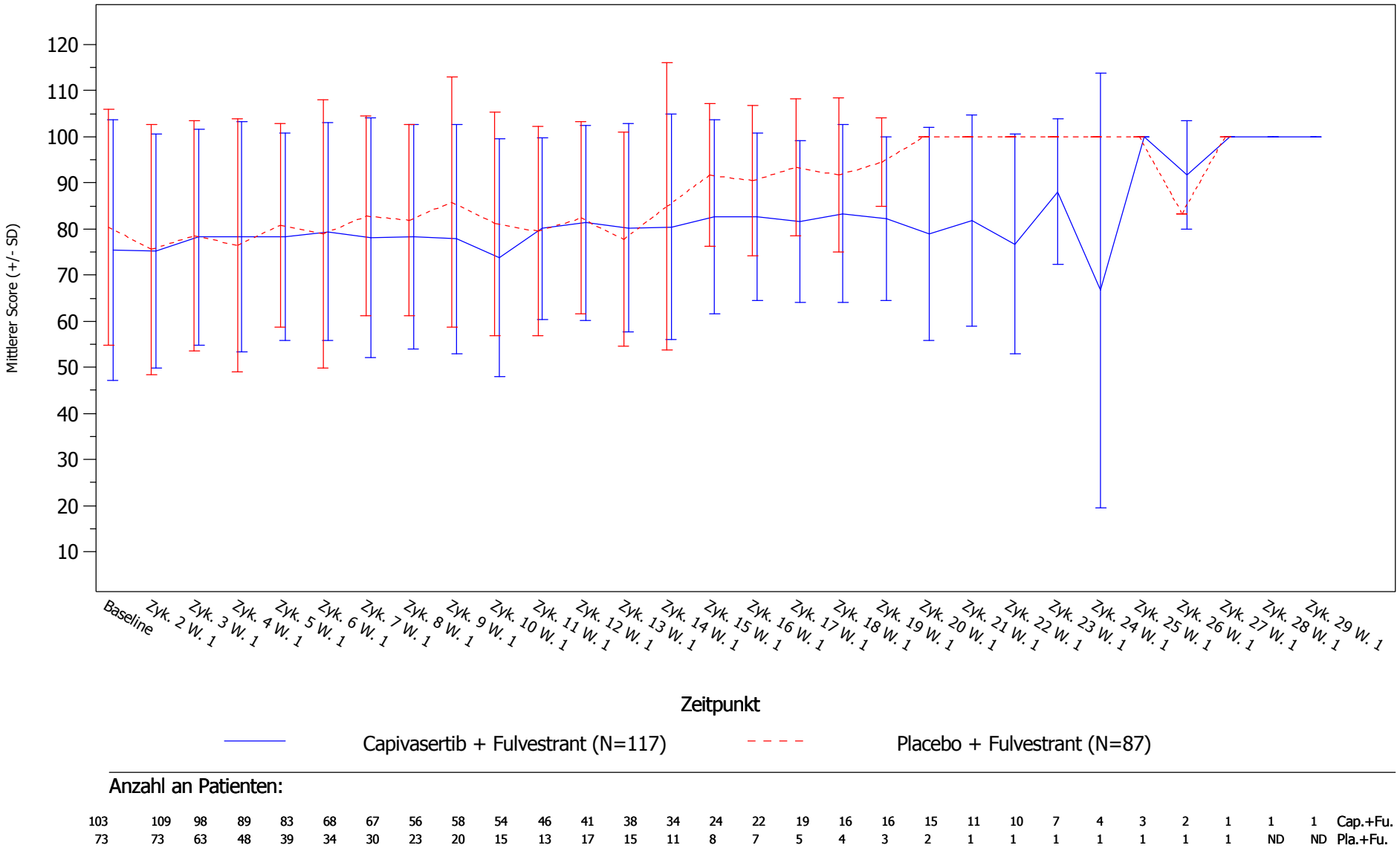
Figure 2.5.1.1.2 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Körper across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

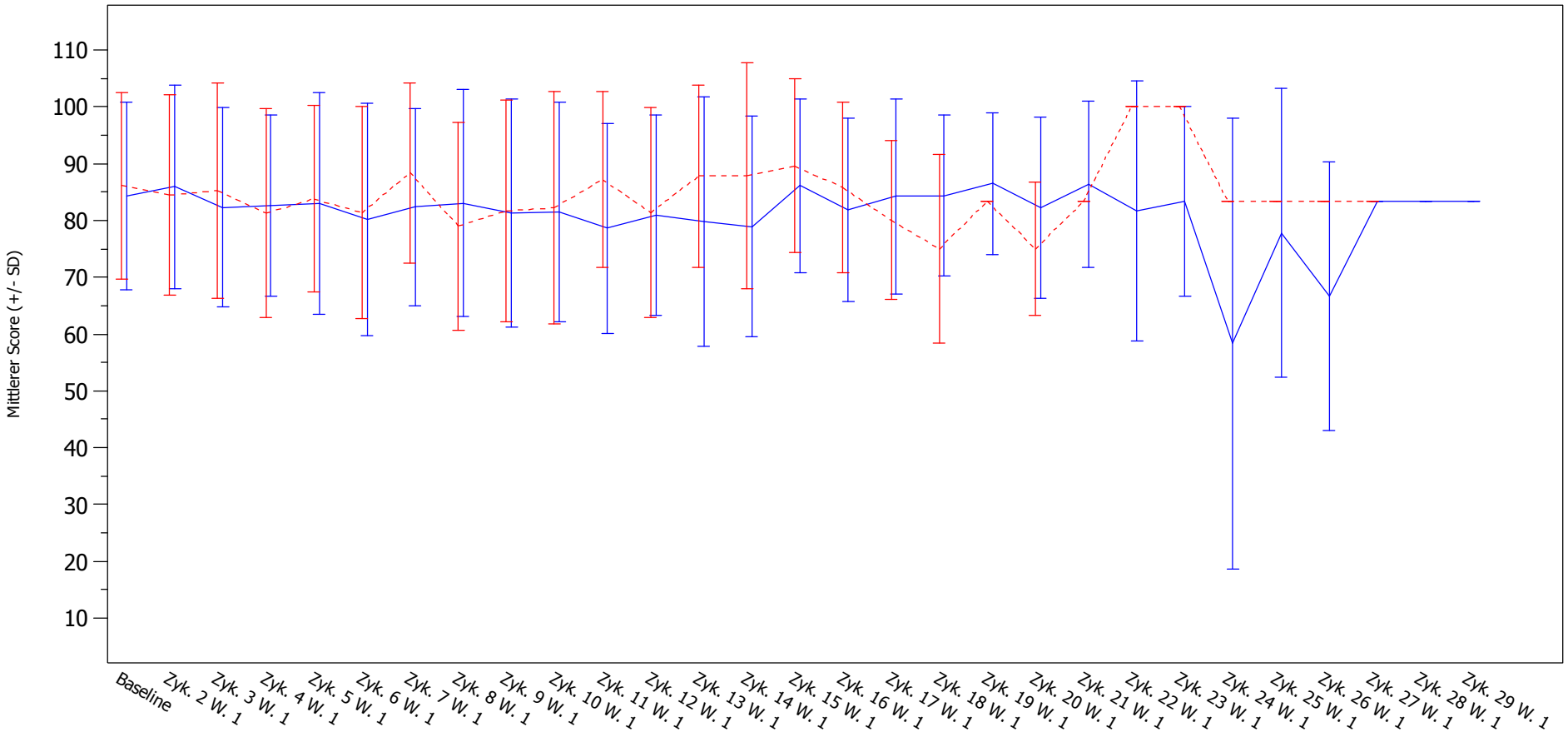
Figure 2.5.1.1.3 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Rolle across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

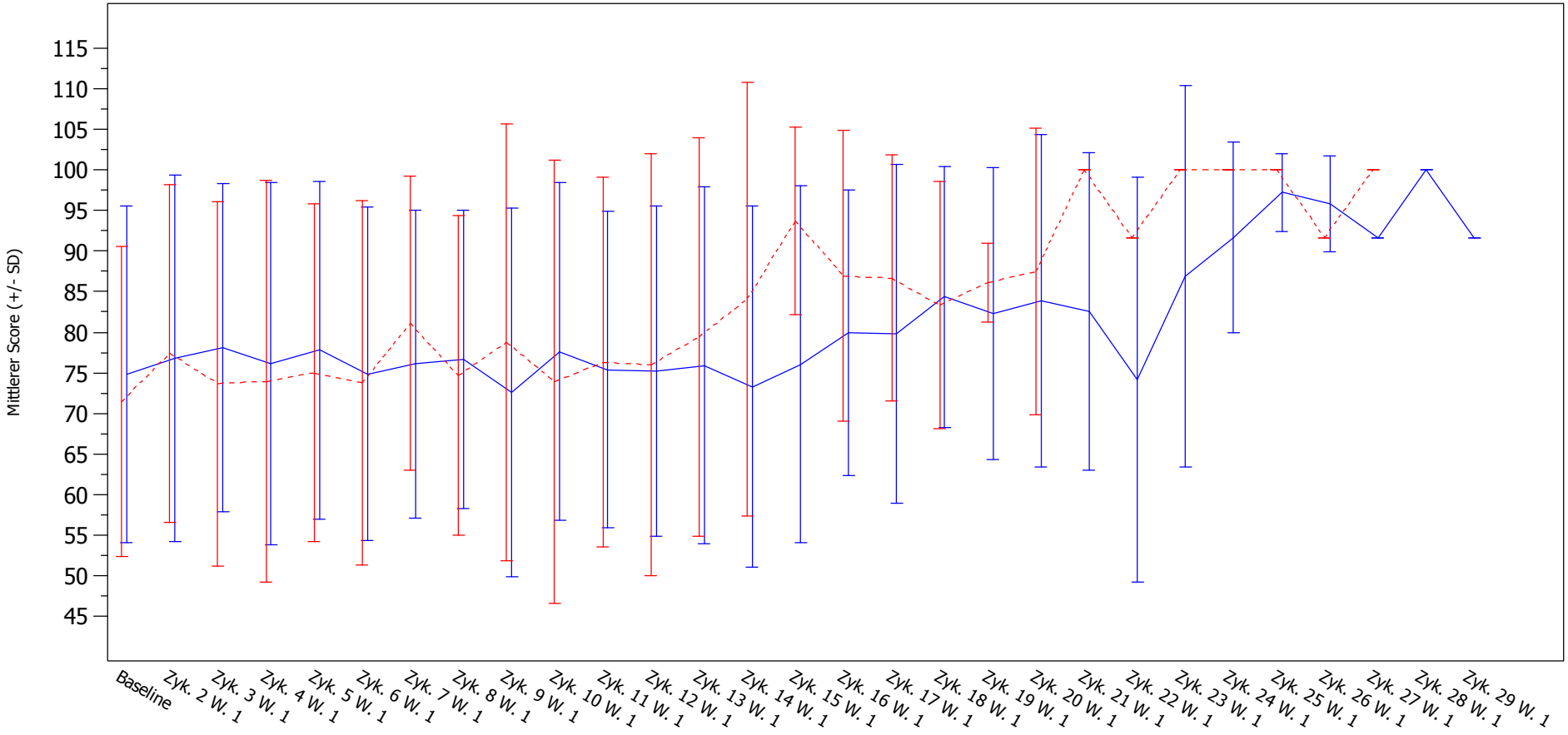
Figure 2.5.1.1.4 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Kognition across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

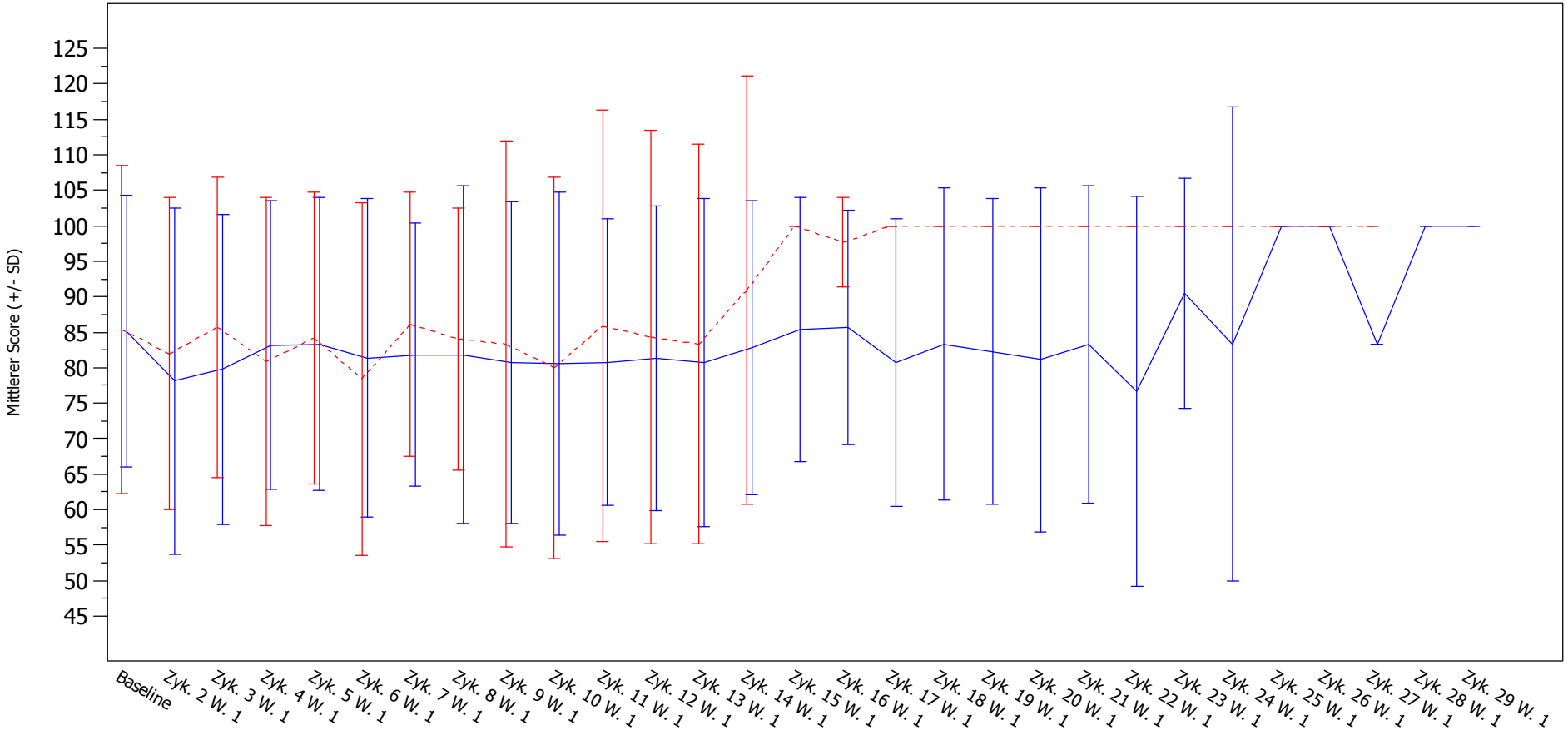
Figure 2.5.1.1.5 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Emotionalität across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

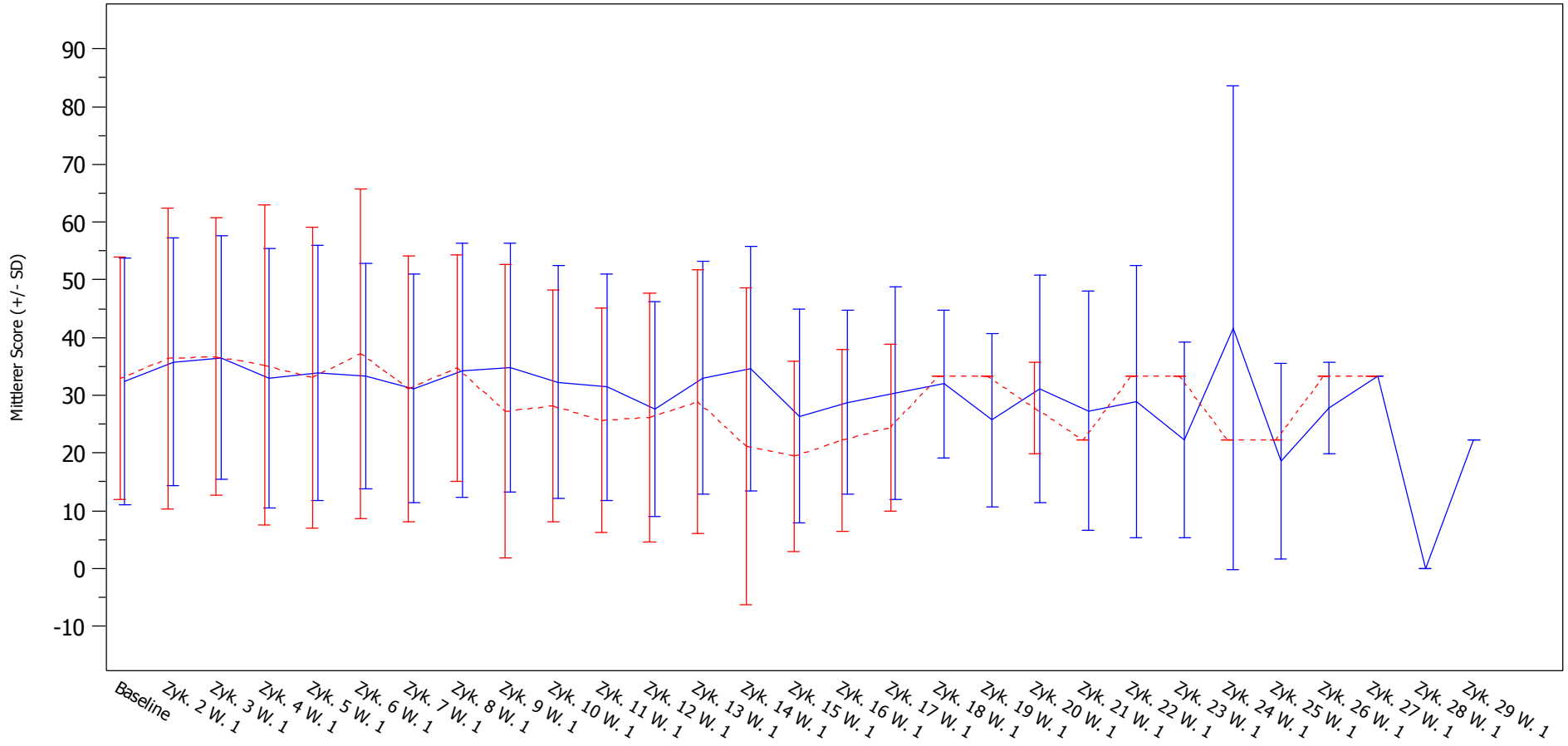
Figure 2.5.1.1.6 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Sozial across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

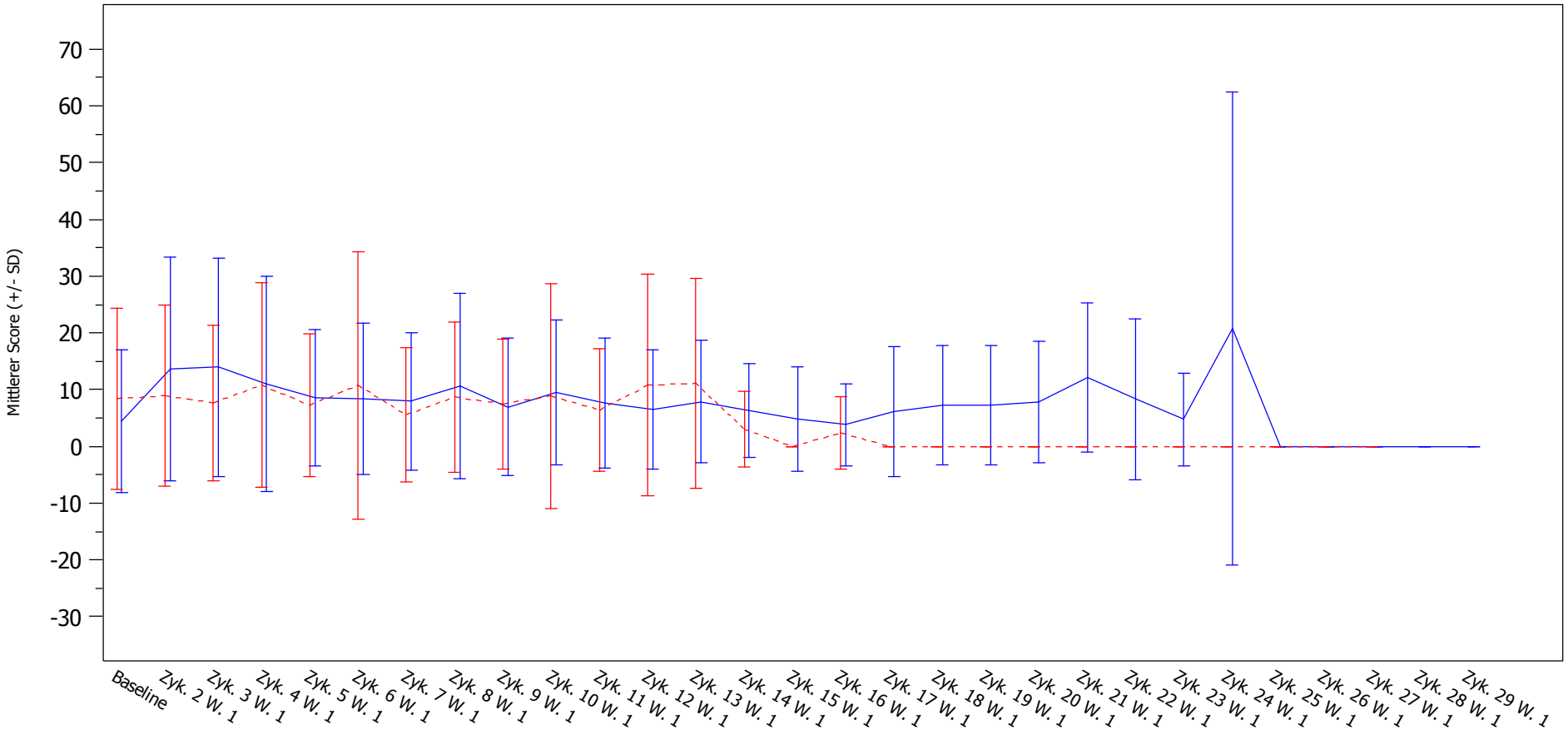
Figure 2.5.1.1.7 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Fatigue across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

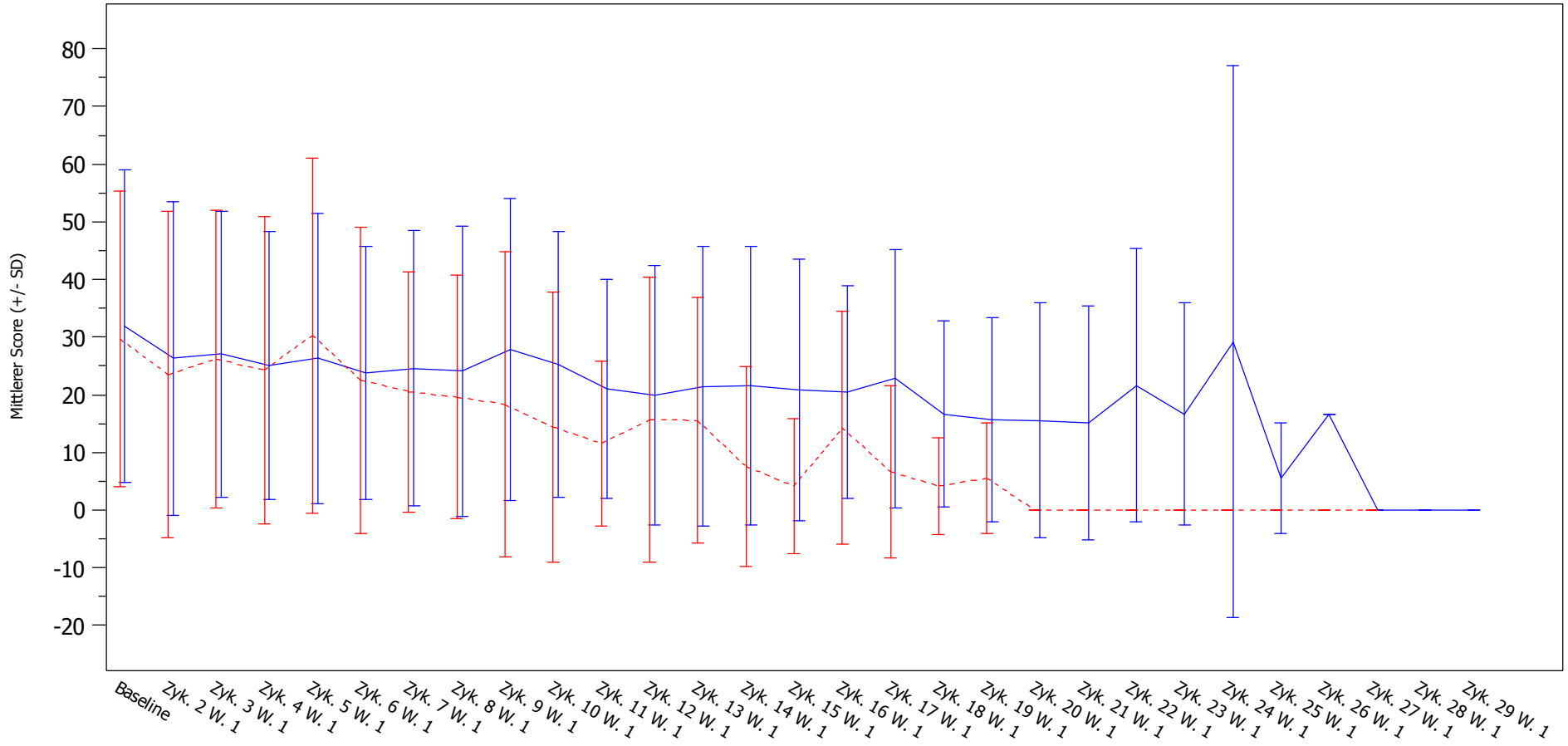
Figure 2.5.1.1.8 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Übelkeit und Erbrechen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	Pla.+Fu.

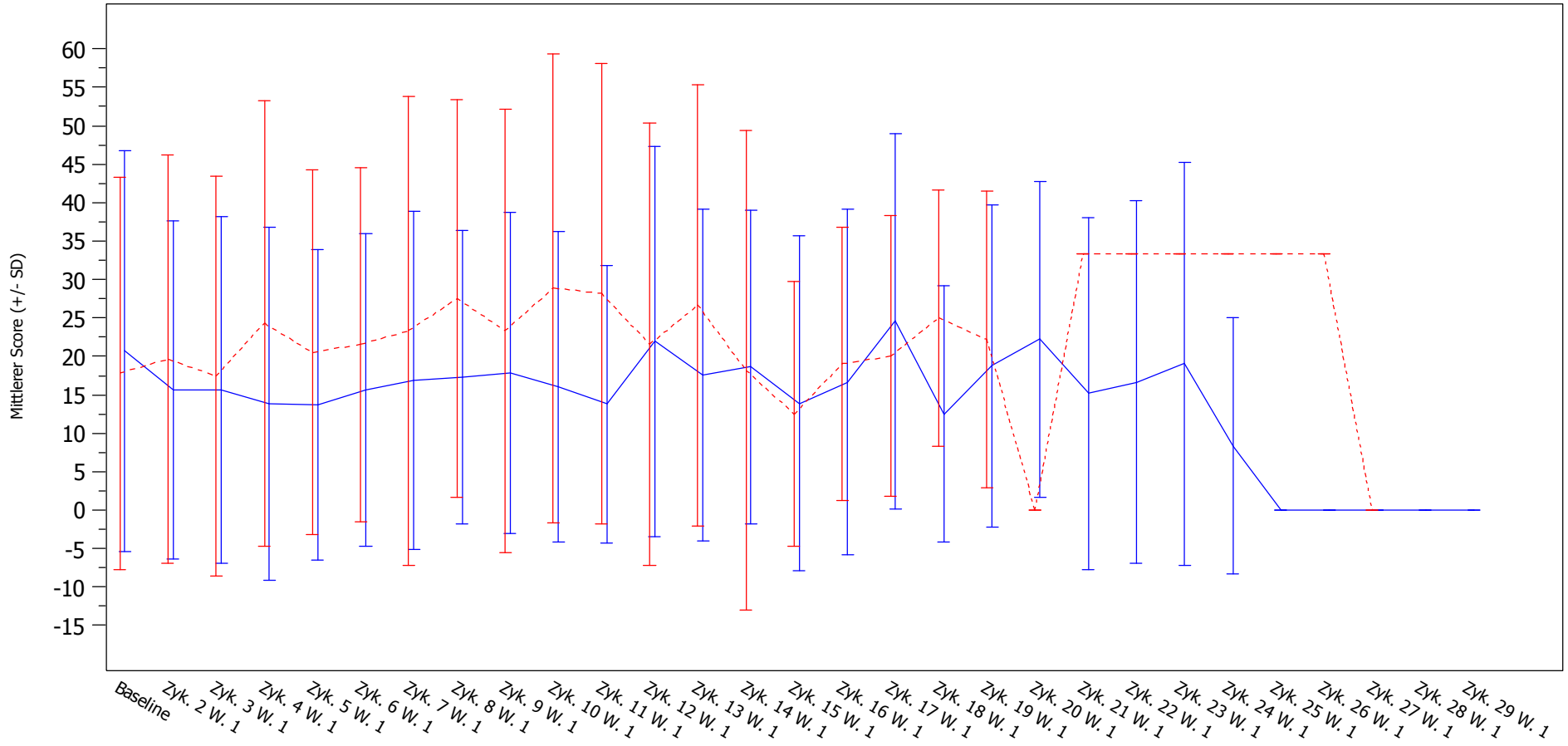
Figure 2.5.1.1.9 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Schmerzen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

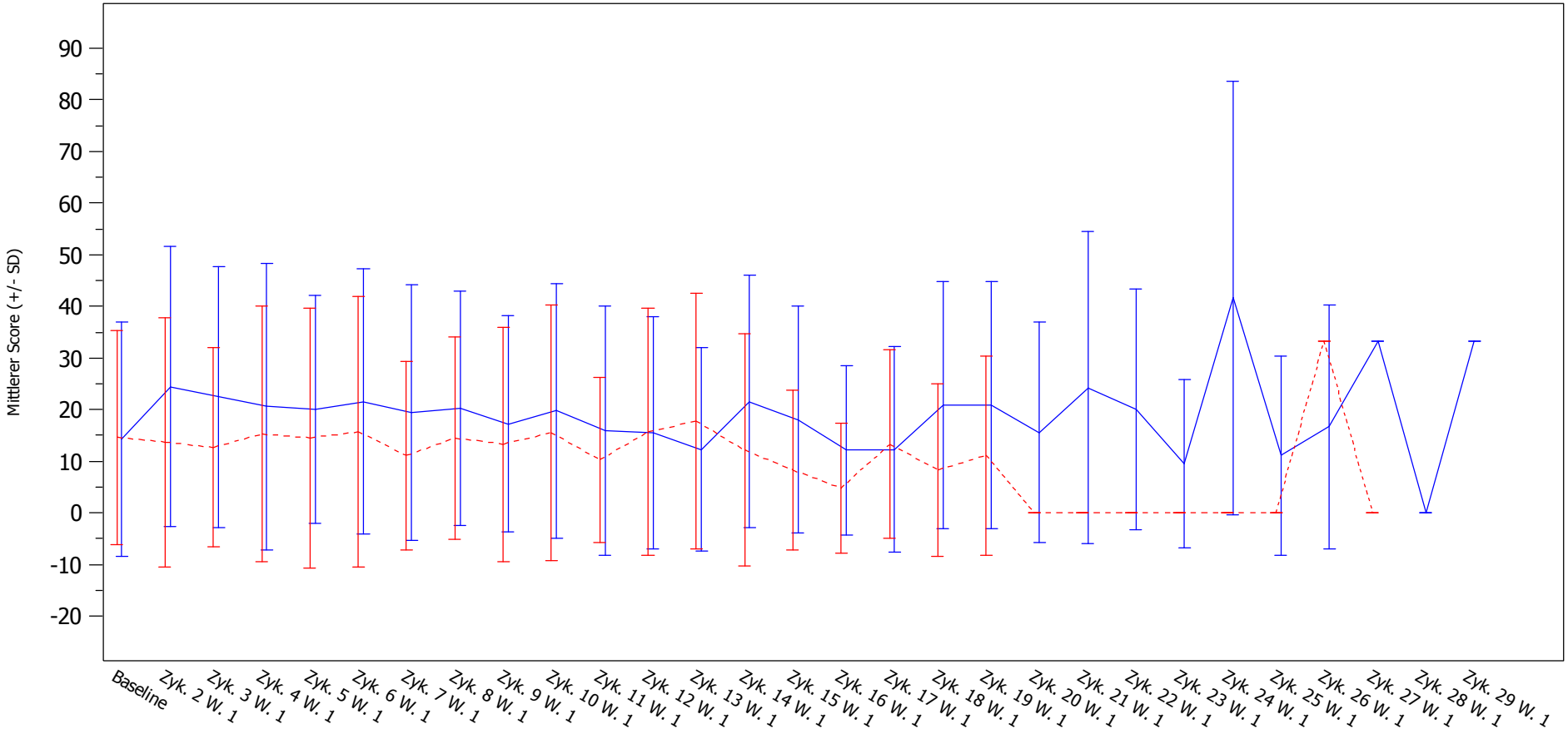
Figure 2.5.1.1.10 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Dyspnoe across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

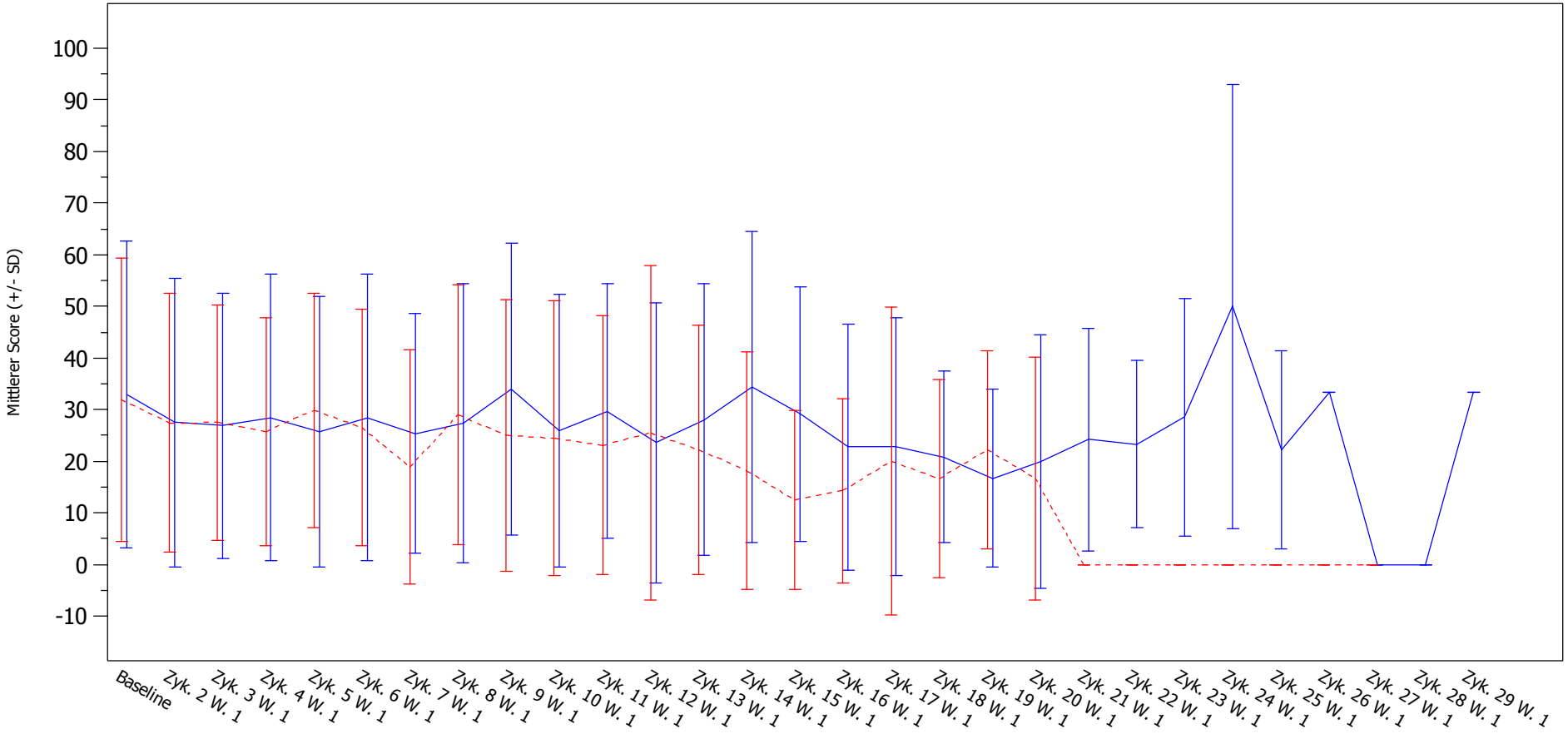
Figure 2.5.1.1.11 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Appetitverlust across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	Pla.+Fu.

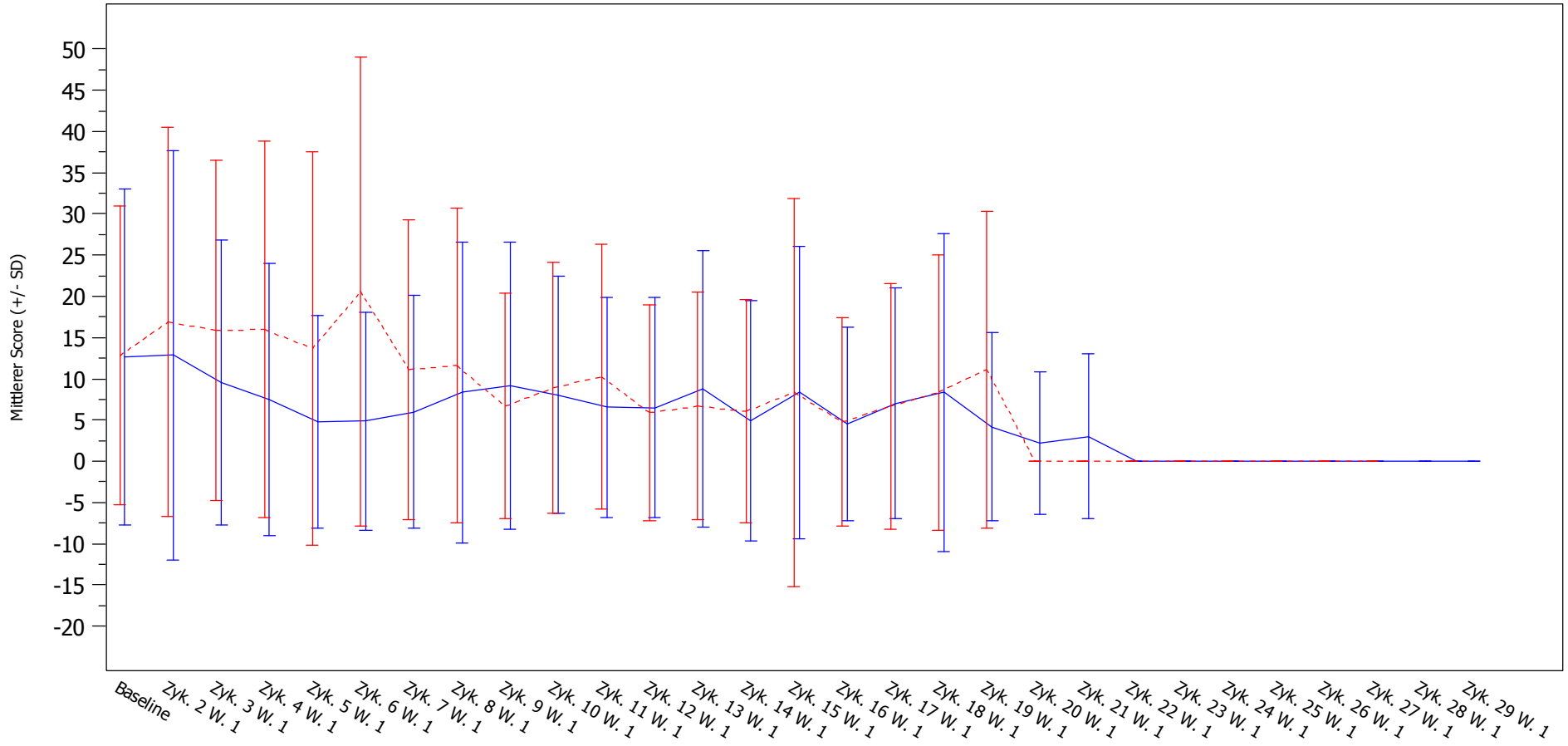
Figure 2.5.1.1.12 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Schlaflosigkeit across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

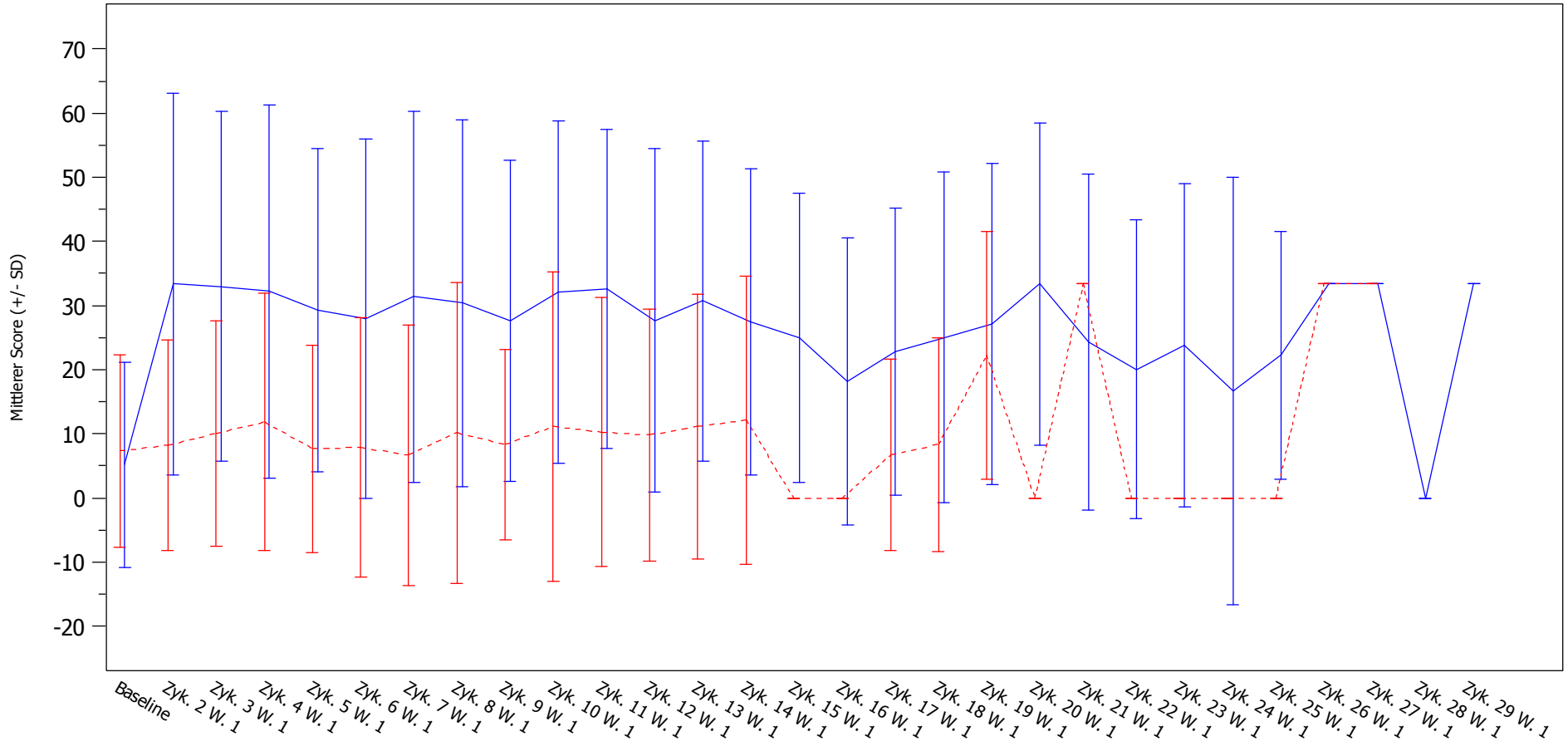
Figure 2.5.1.1.13 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Verstopfung across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

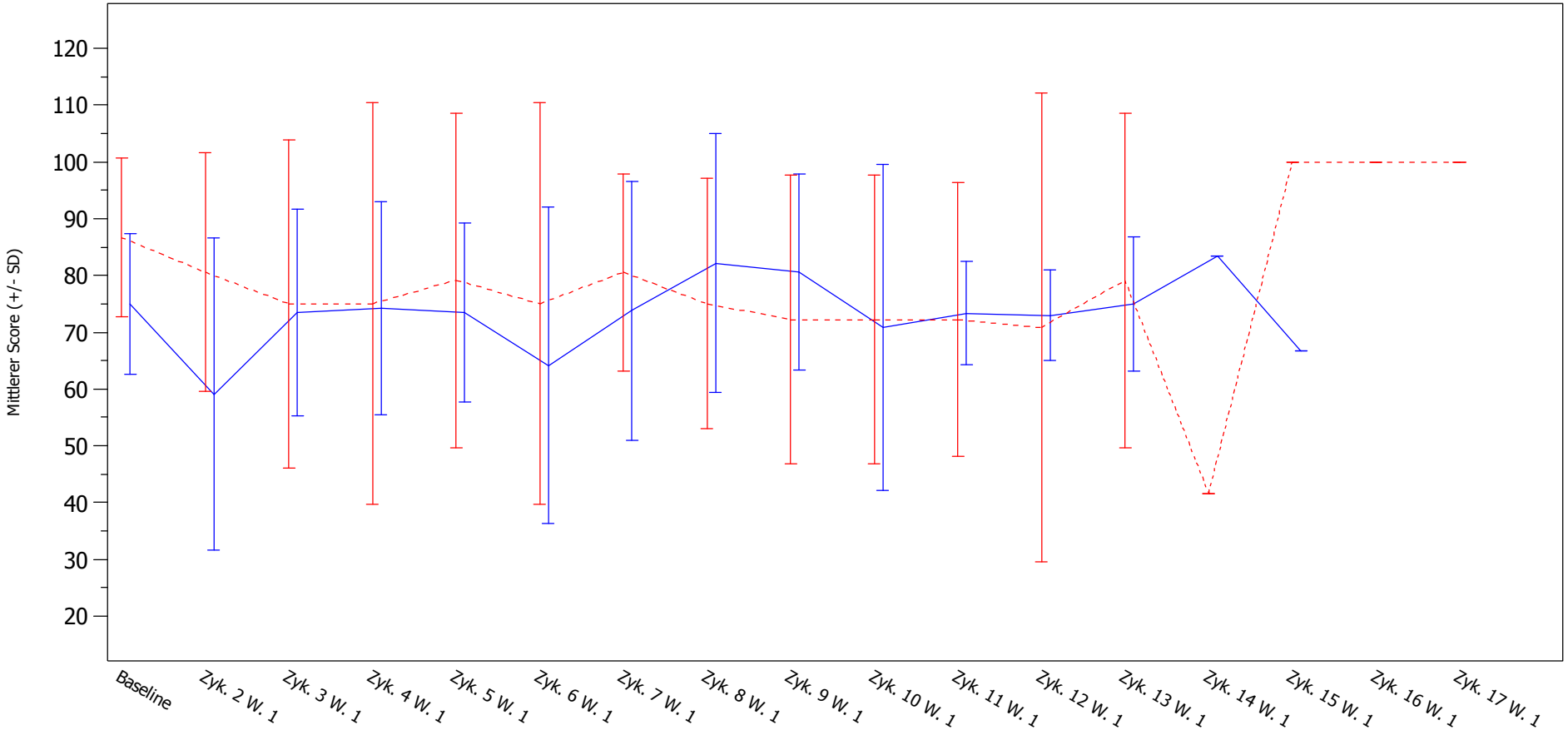
Figure 2.5.1.1.14 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-C30 Diarrhö across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

103	109	98	89	83	68	67	56	58	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
73	73	63	48	39	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

Figure 2.5.1.2.1 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

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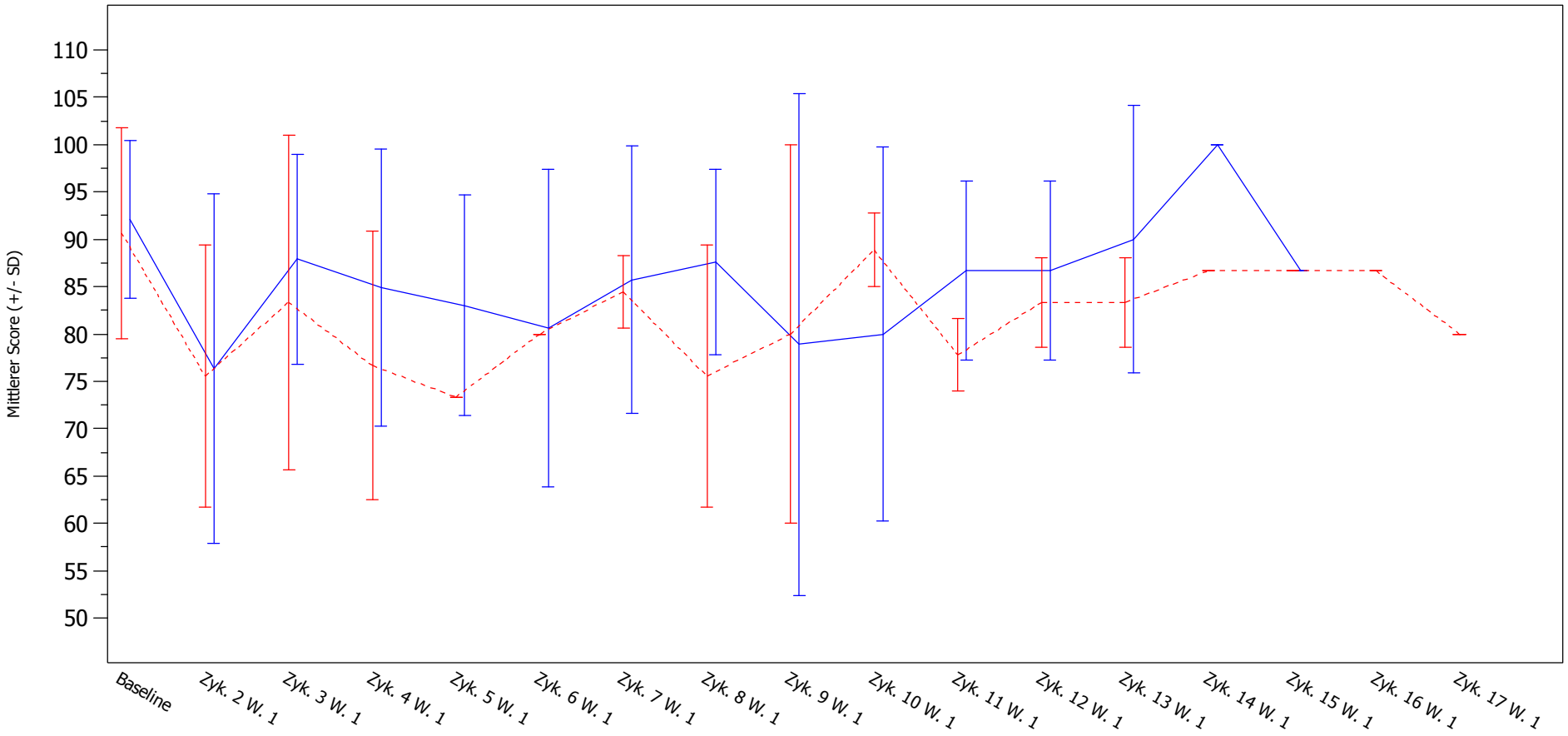
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

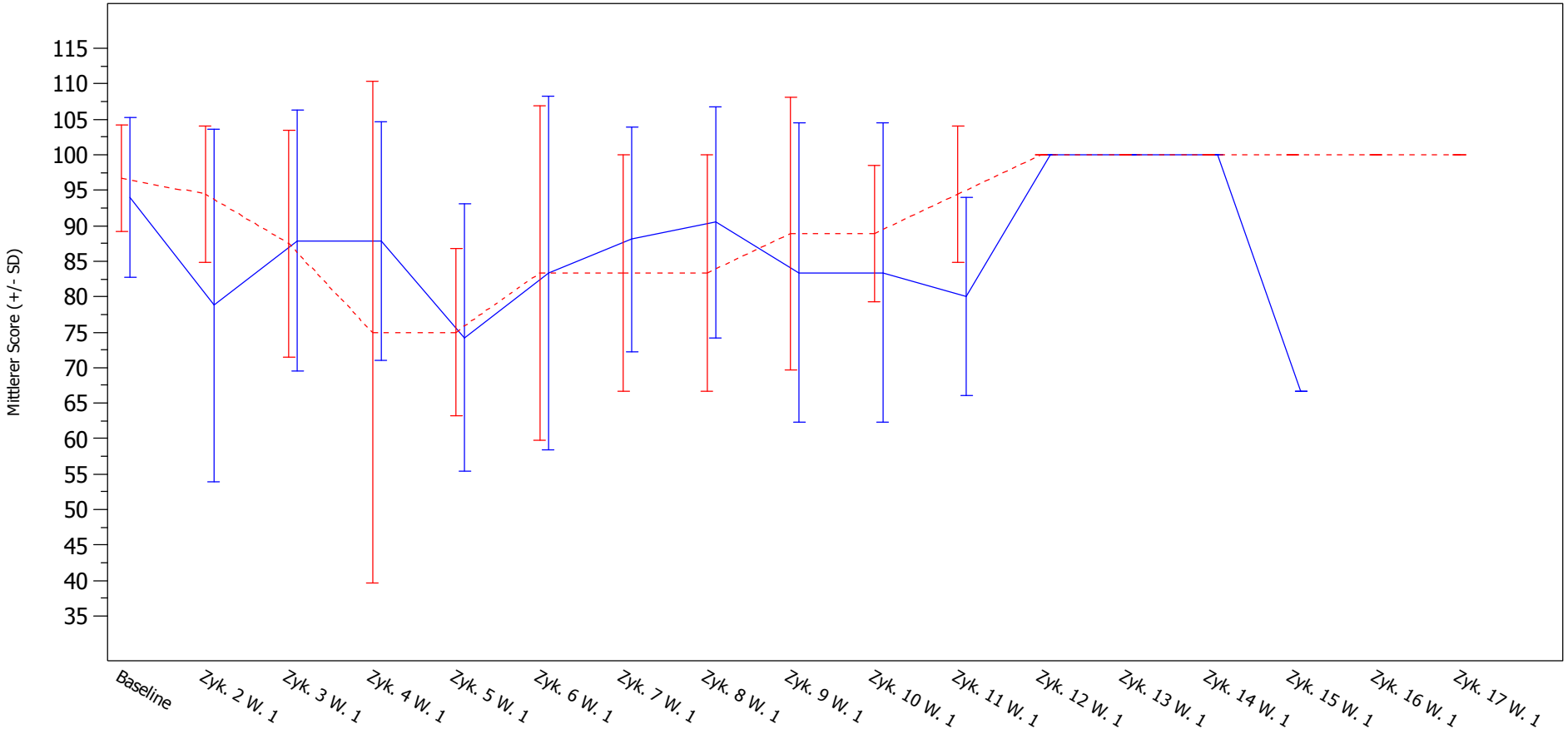
Figure 2.5.1.2.2 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Körper across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

Figure 2.5.1.2.3 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Rolle across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

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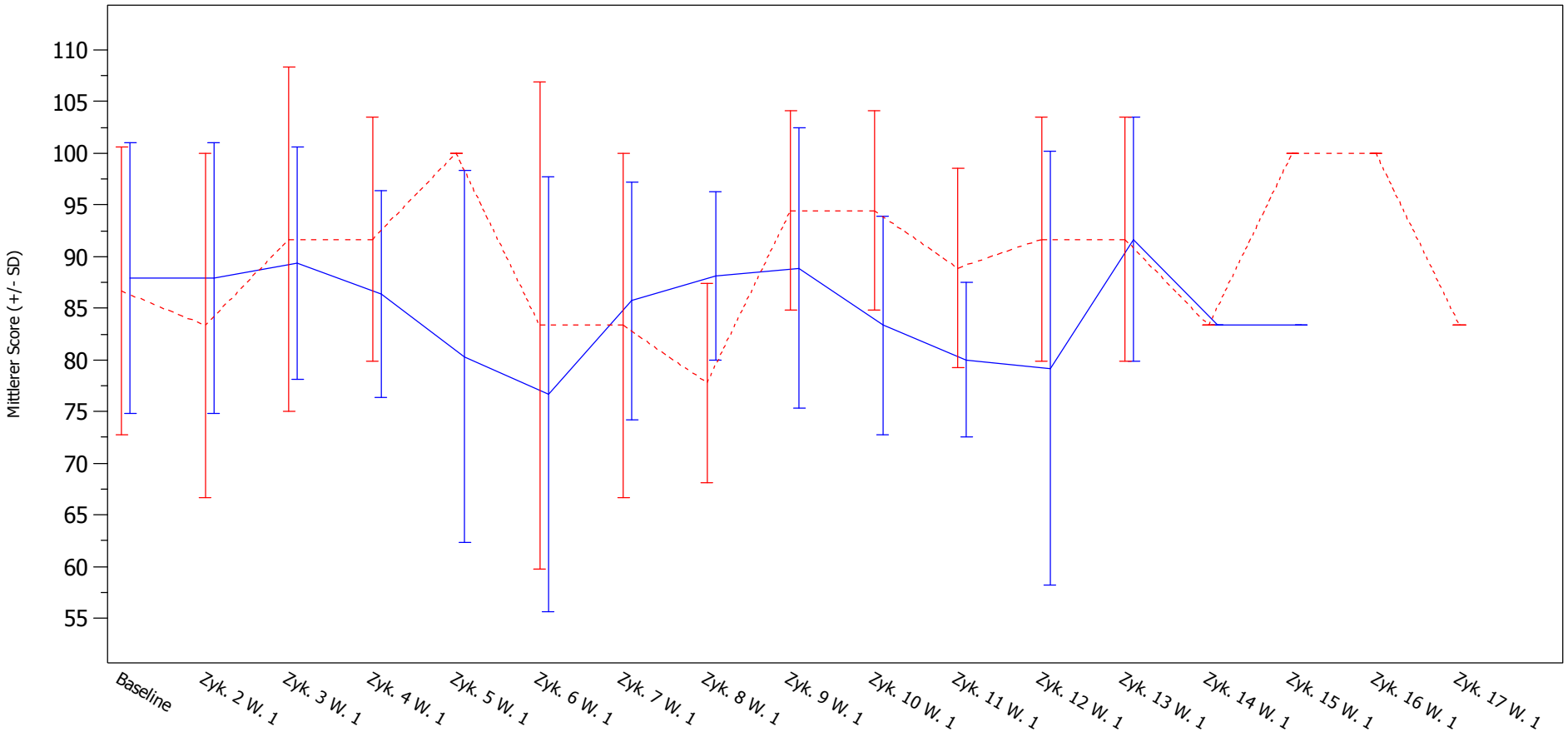
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

Figure 2.5.1.2.4 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Kognition across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

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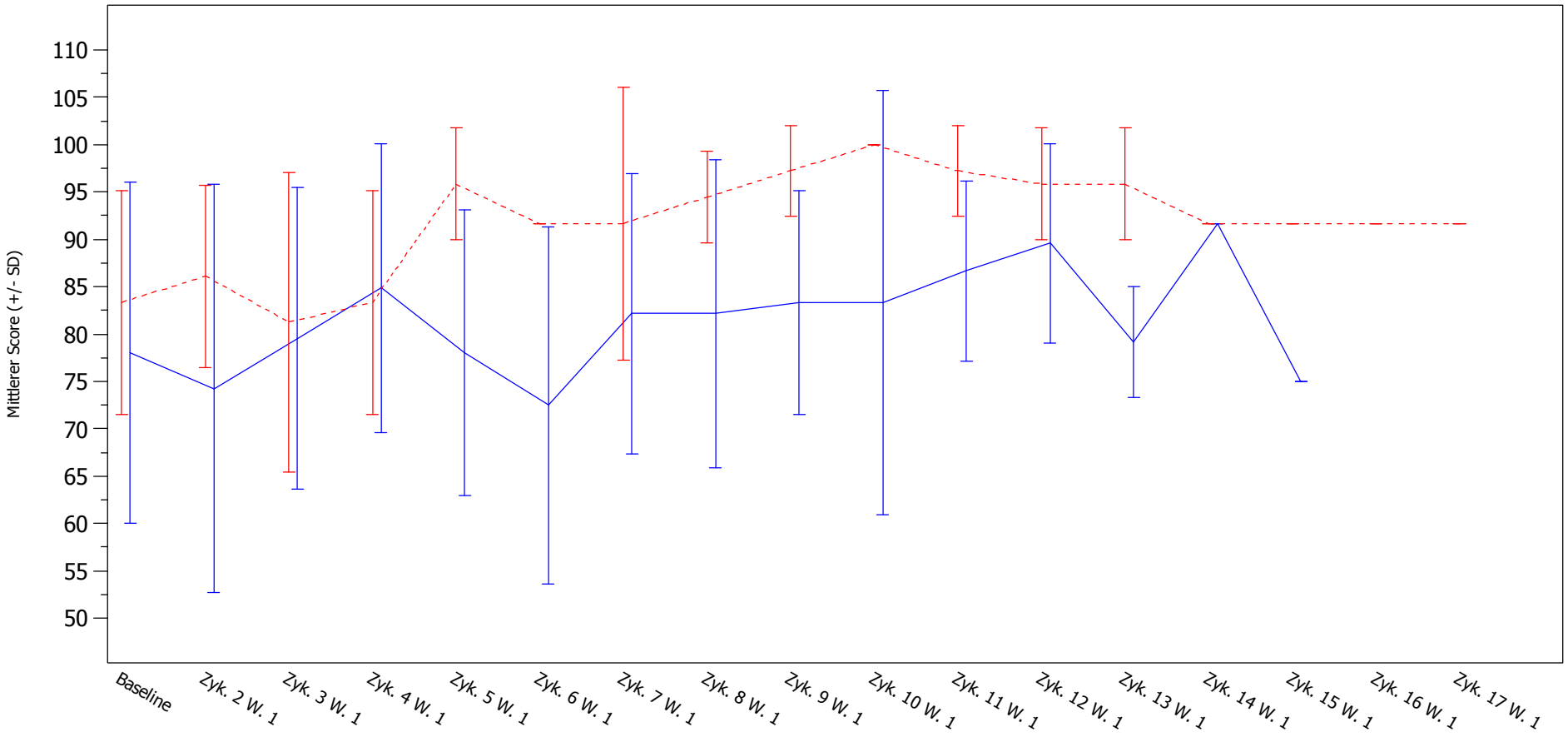
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

Figure 2.5.1.2.5 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Emotionalität across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
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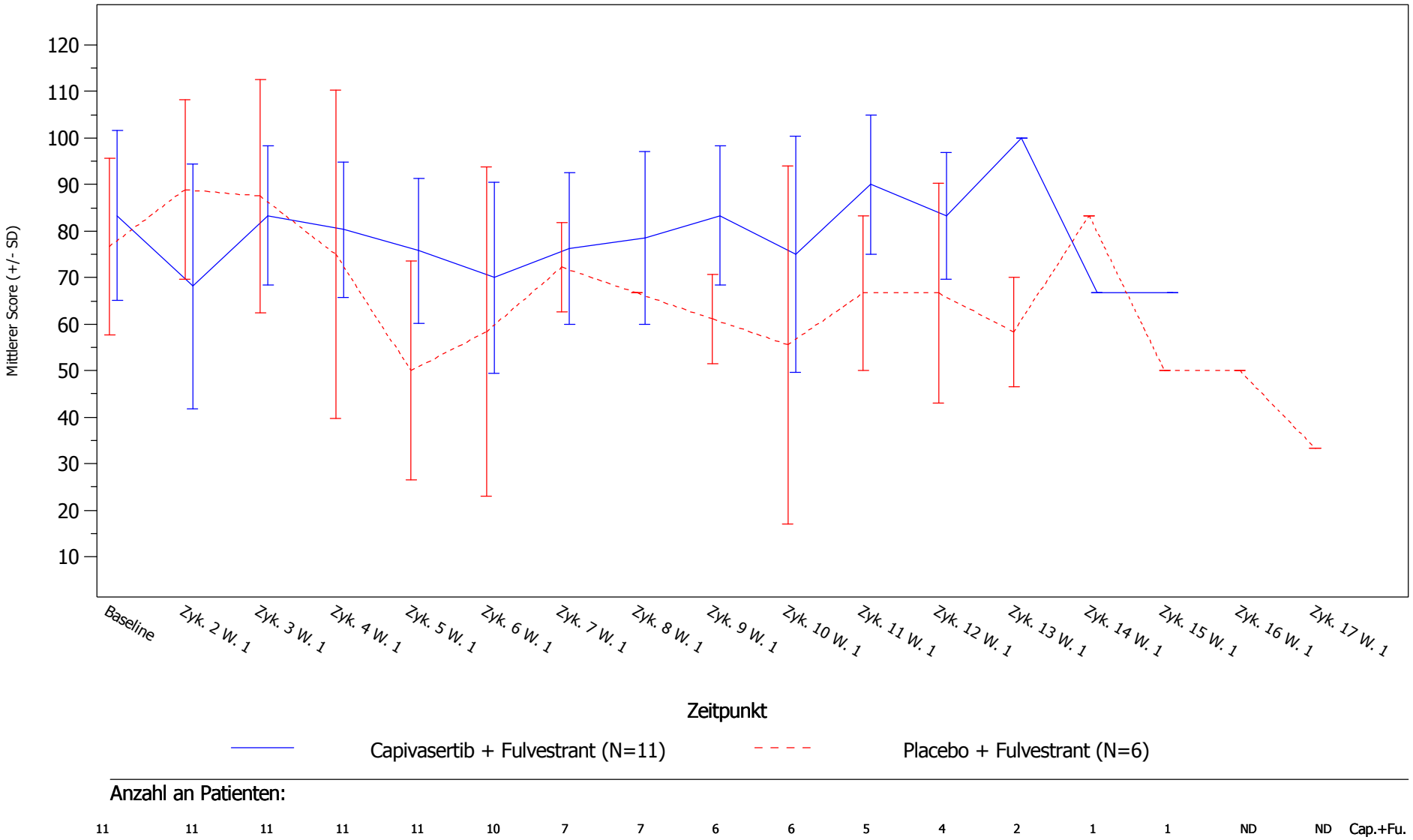
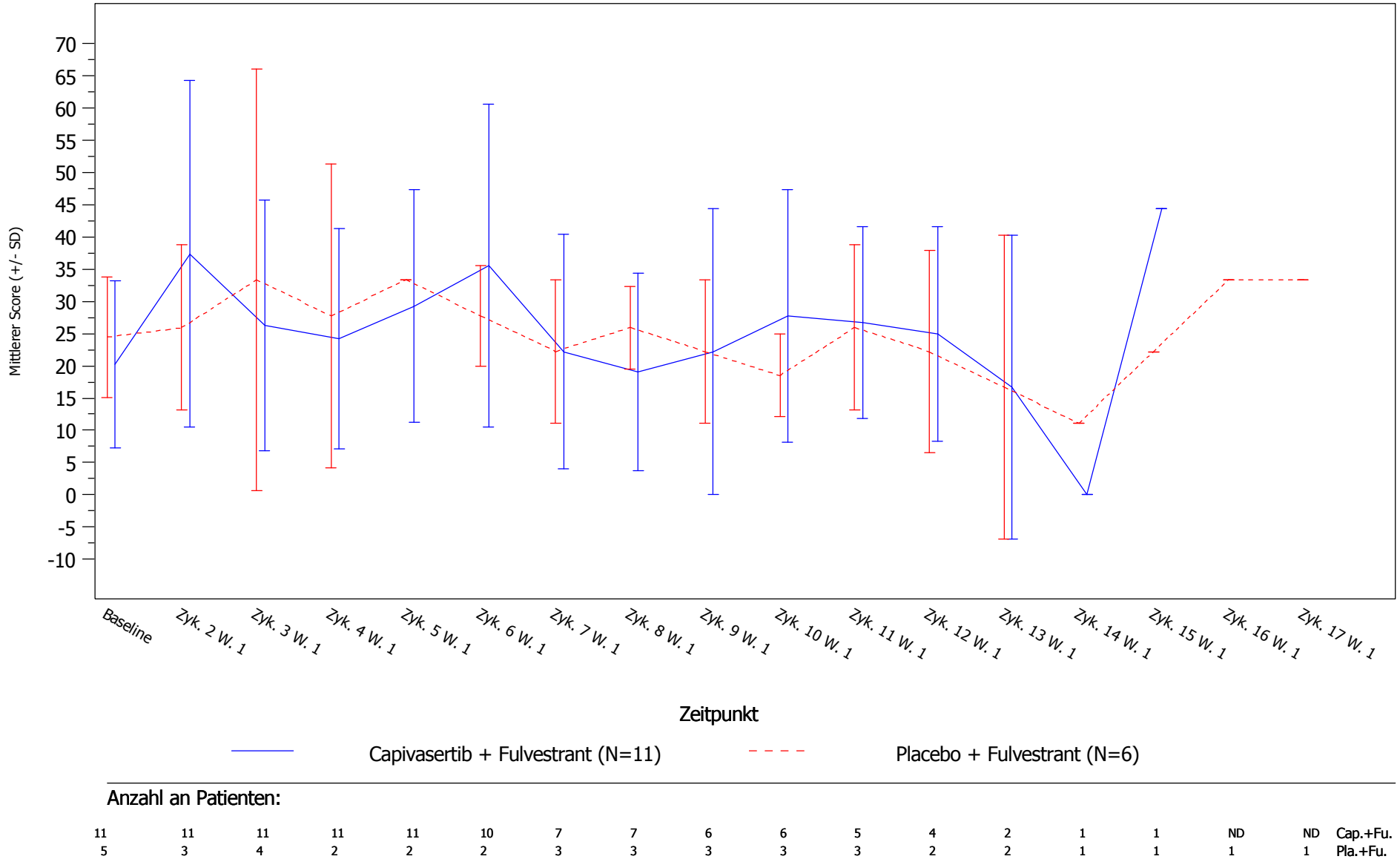
Figure 2.5.1.2.6 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Sozial across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

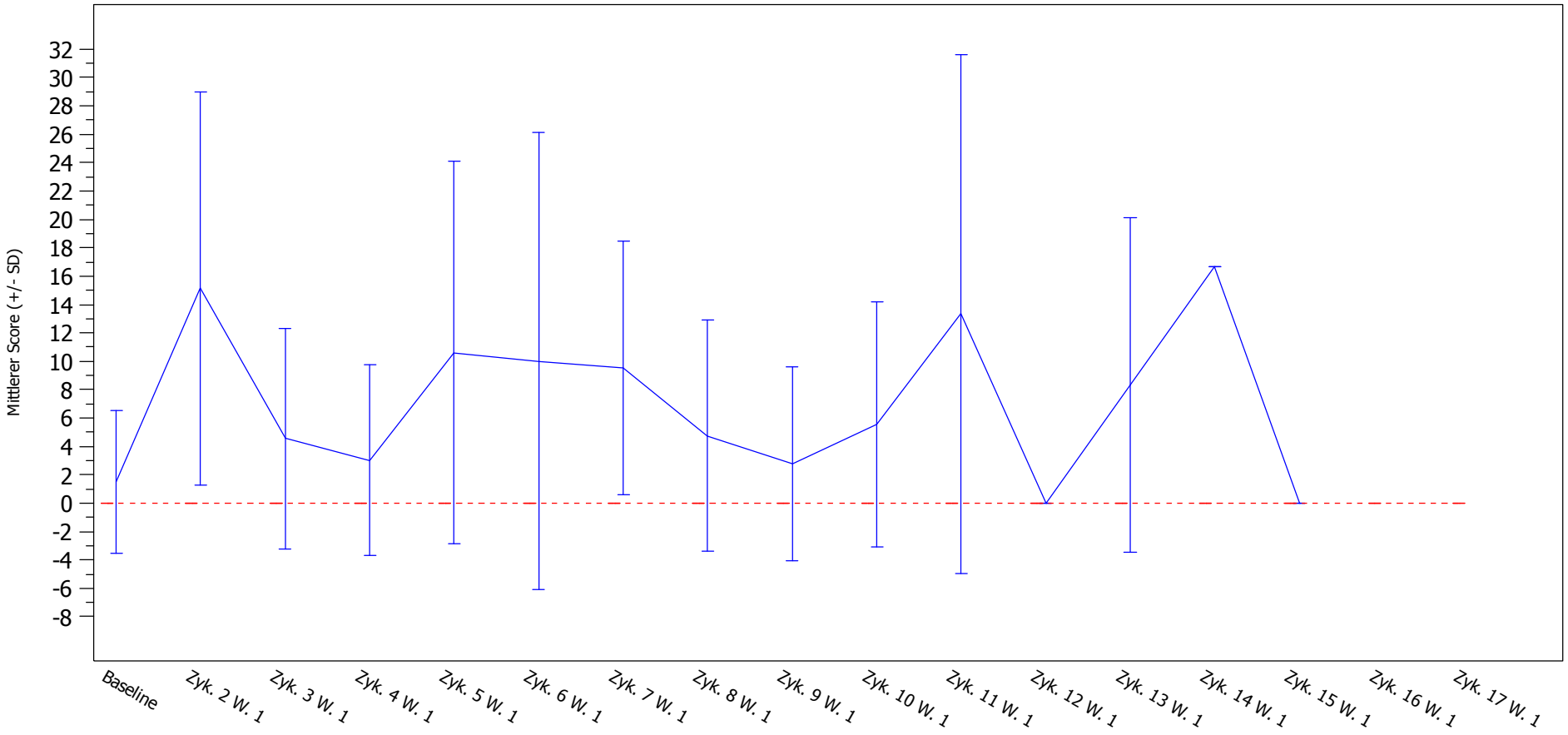
Figure 2.5.1.2.7 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Fatigue across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

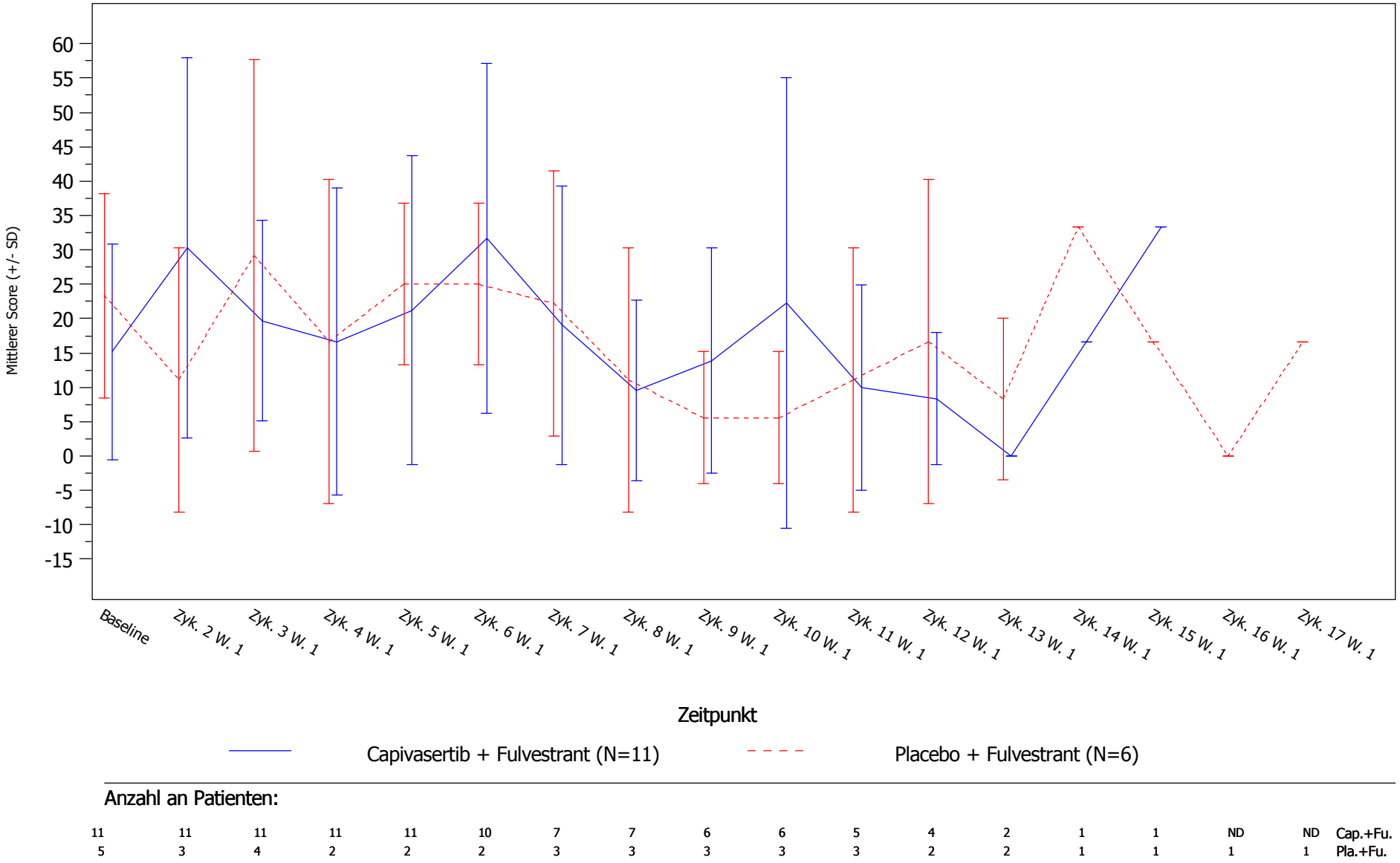
Figure 2.5.1.2.8 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Übelkeit und Erbrechen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

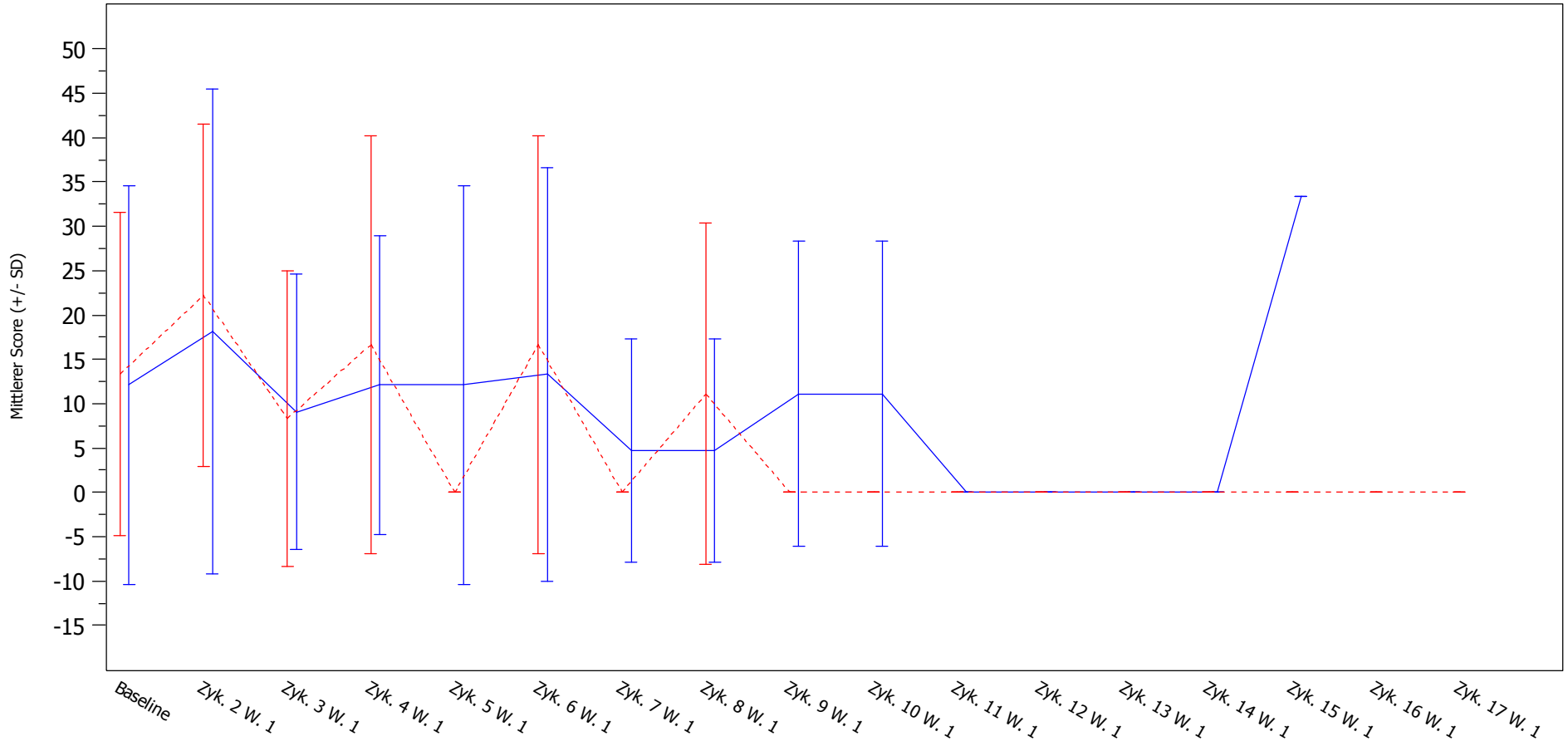
Figure 2.5.1.2.9 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Schmerzen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

Figure 2.5.1.2.10 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Dyspnoe across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

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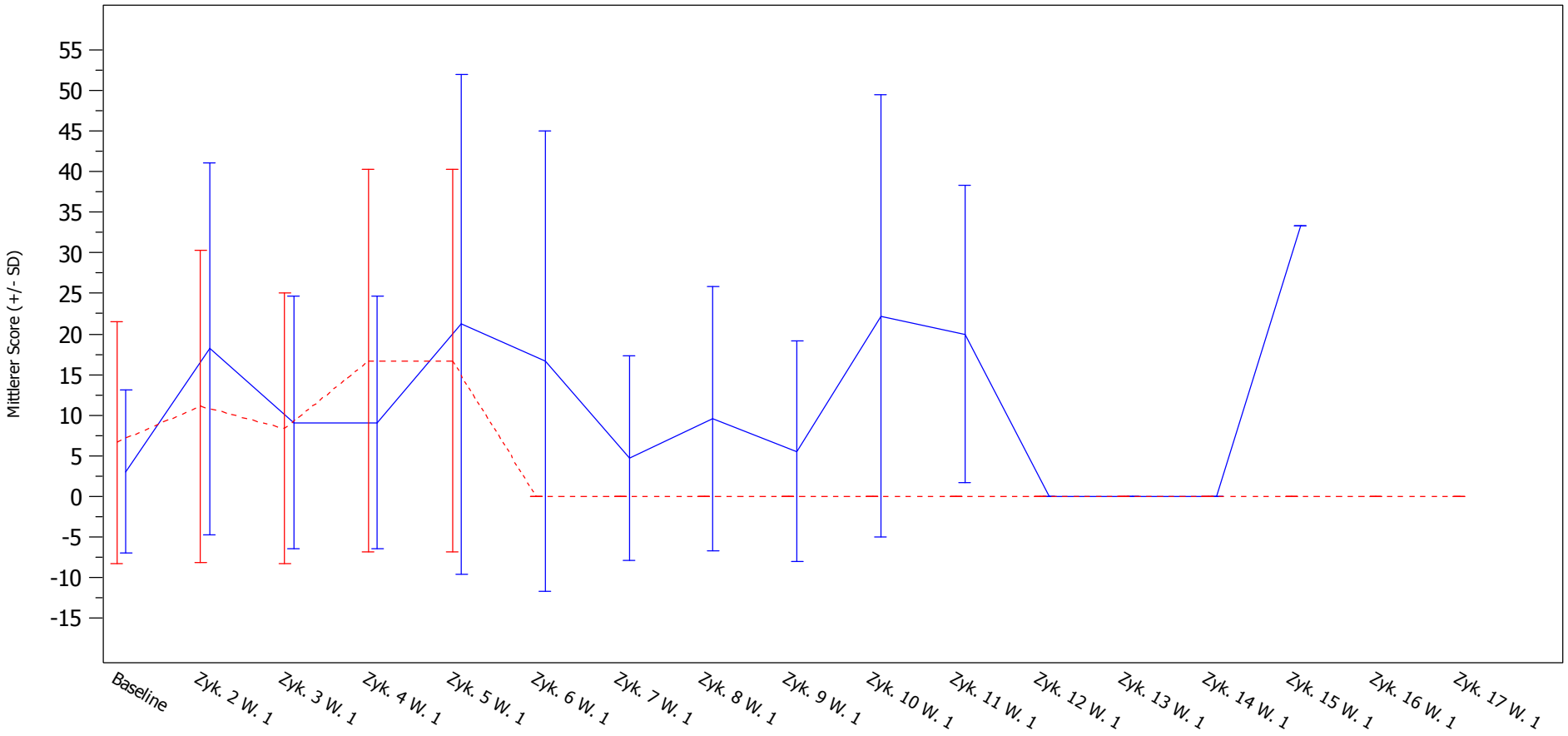
Figure 2.5.1.2.11 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Appetitverlust across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

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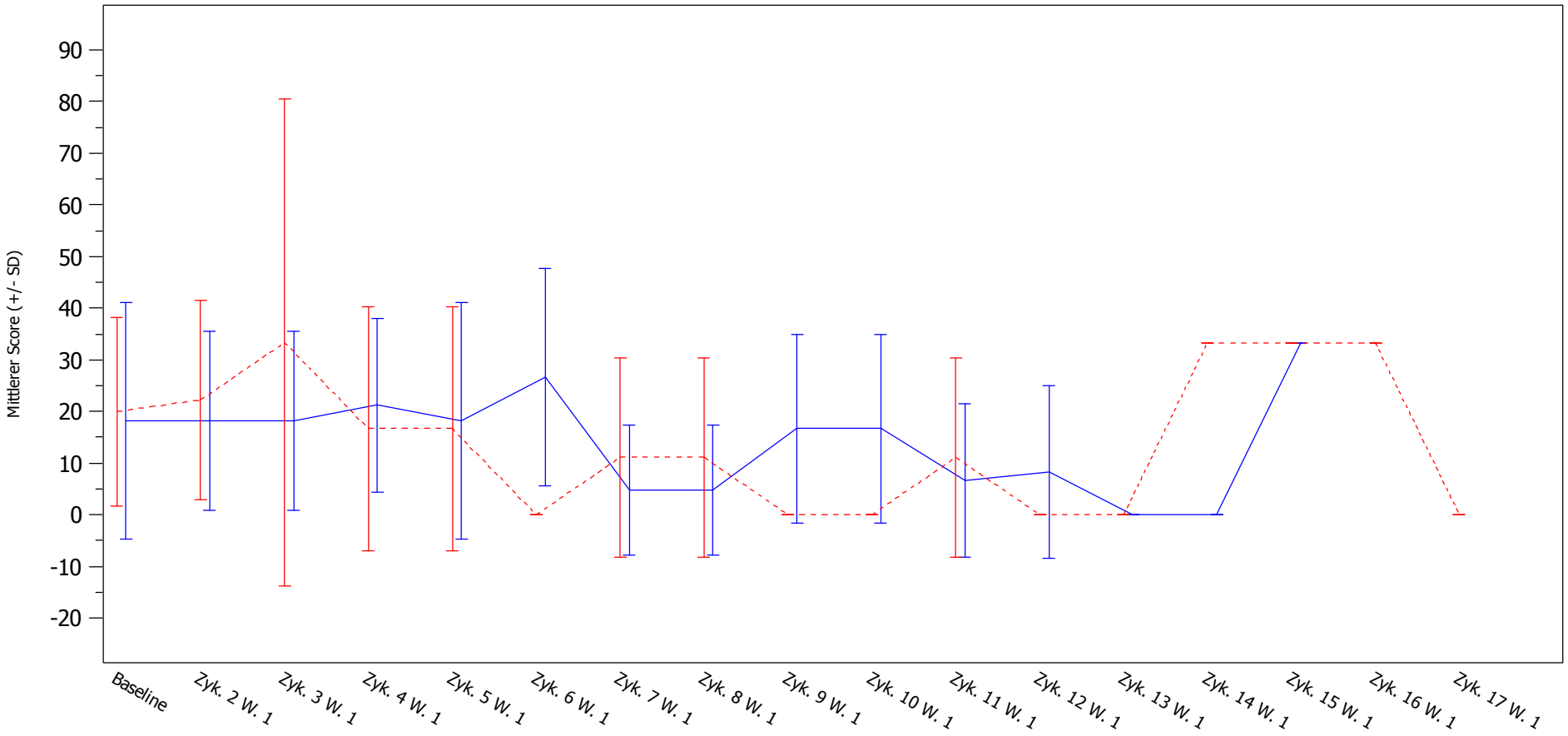
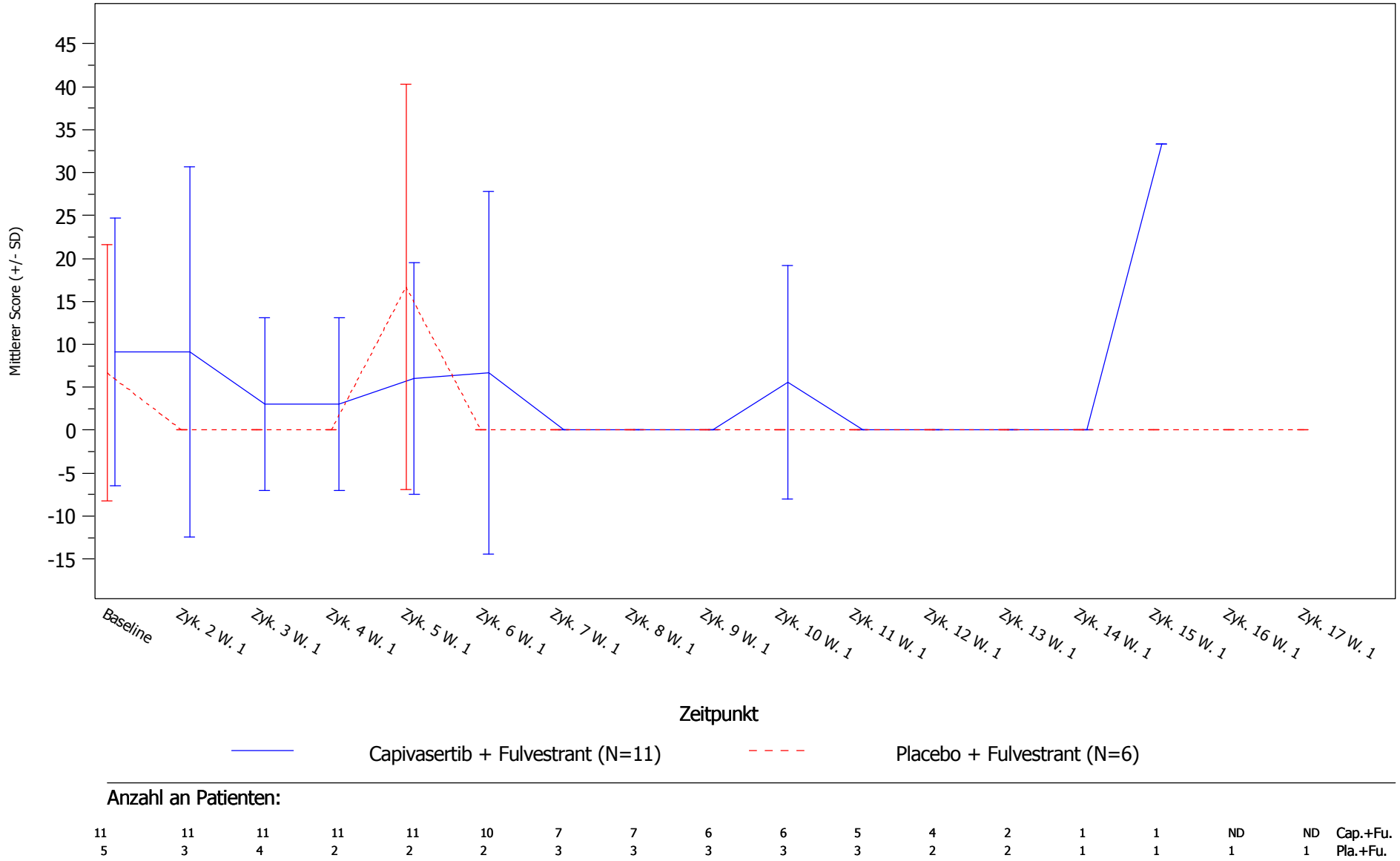
Figure 2.5.1.2.12 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Schlaflosigkeit across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

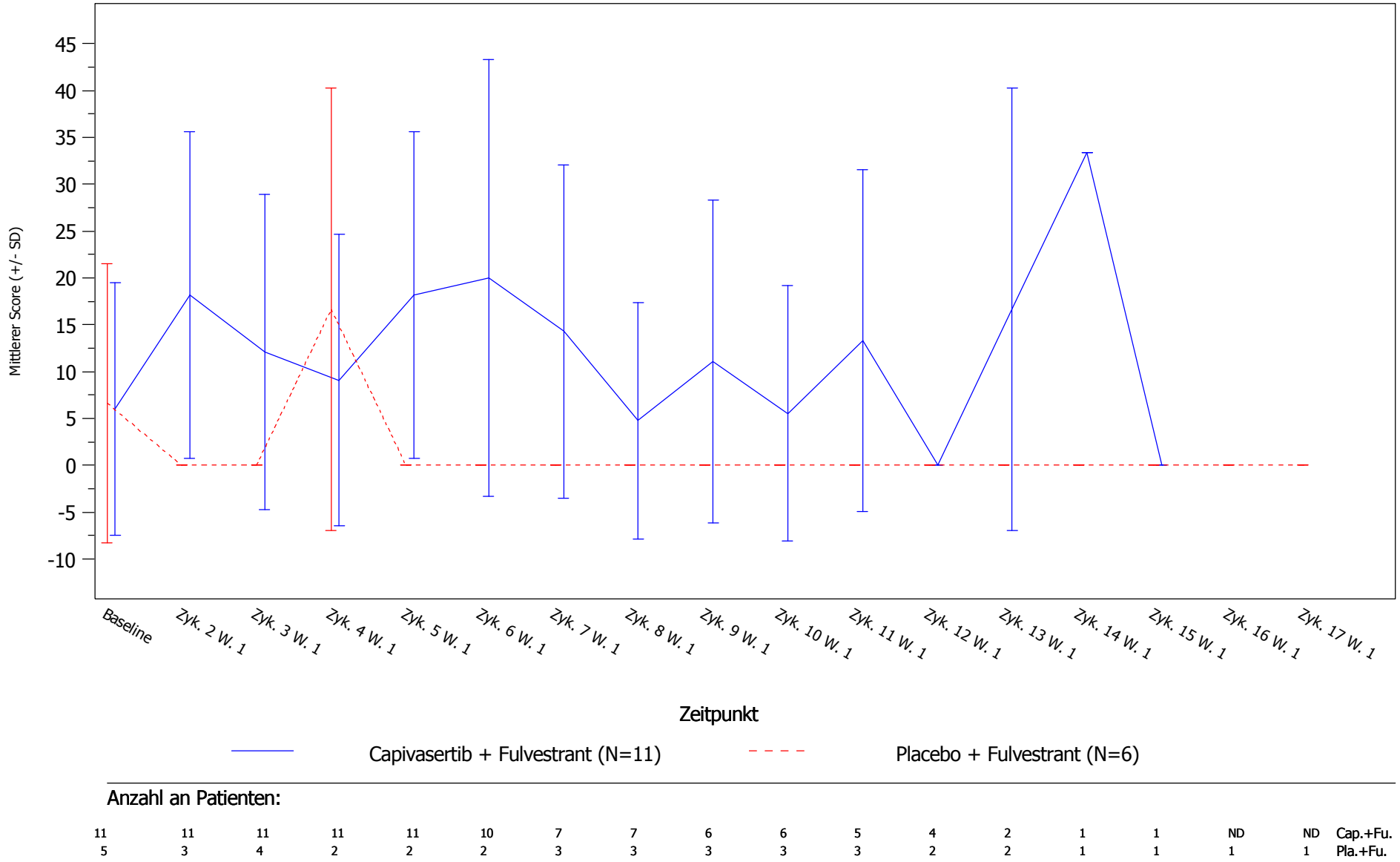
Figure 2.5.1.2.13 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Verstopfung across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

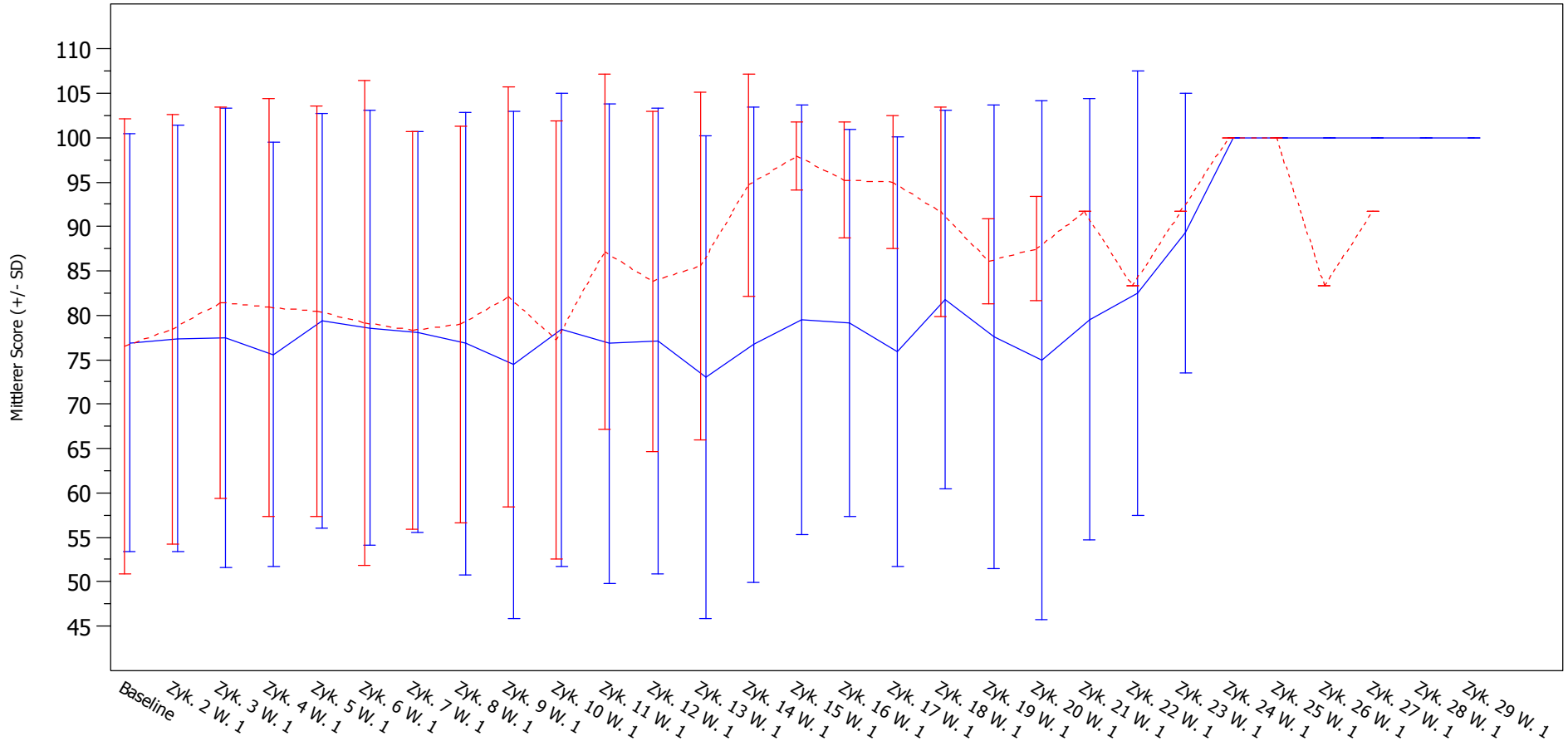
Figure 2.5.1.2.14 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-C30 Diarrhö across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	11	11	11	10	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

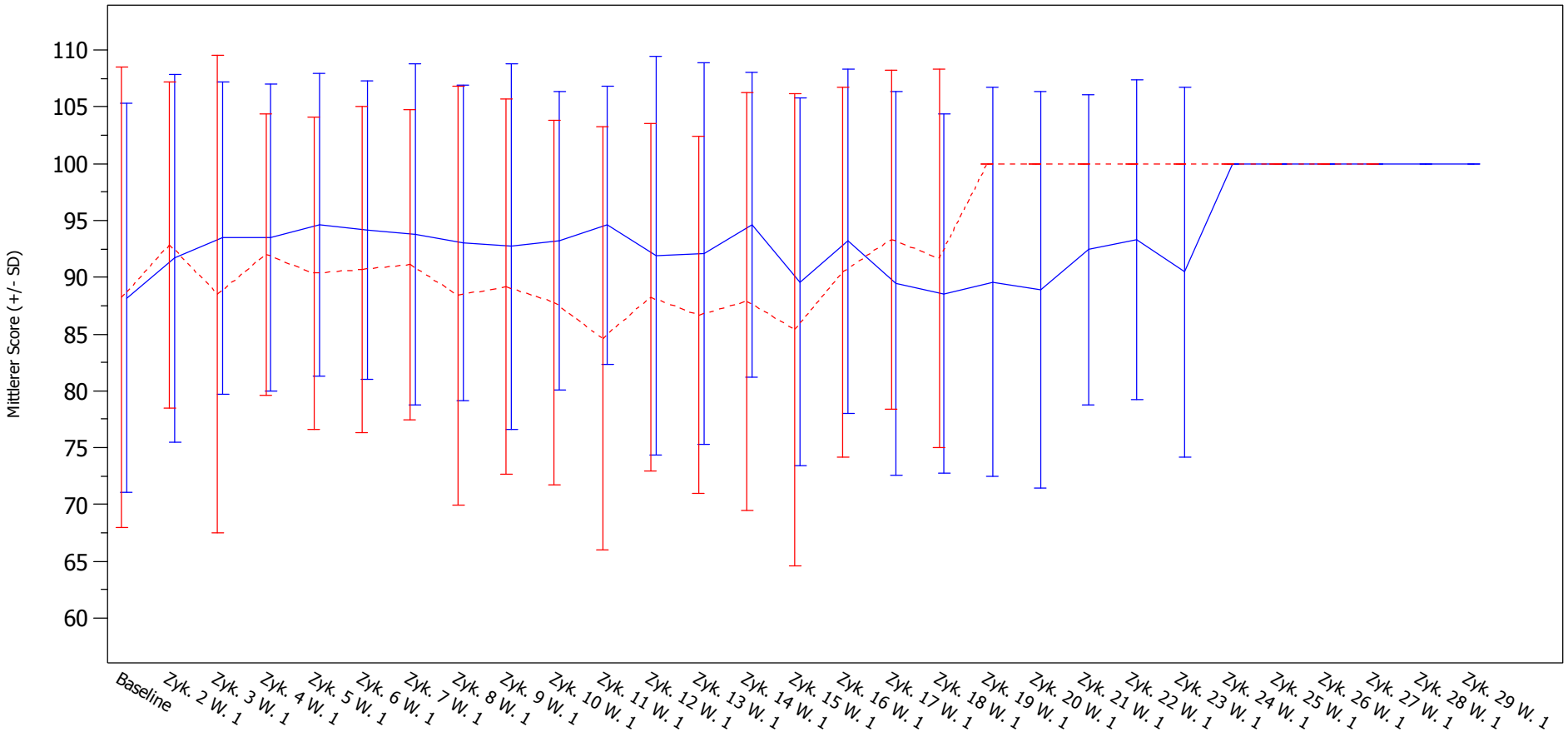
Figure 2.5.2.1.1 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Körperbild across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

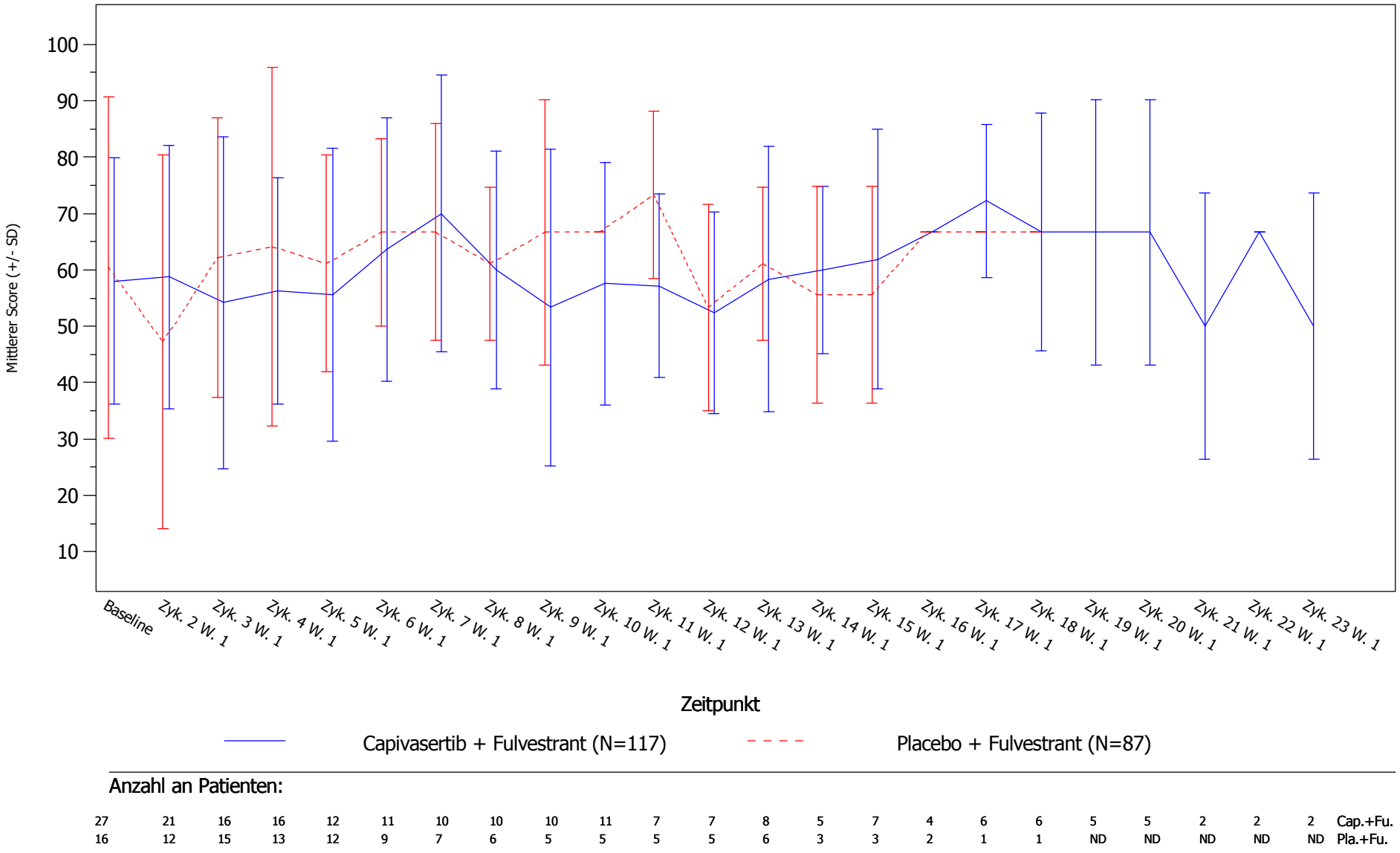
Figure 2.5.2.1.2 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Sexuelle Aktivität across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	ND	Pla.+Fu.

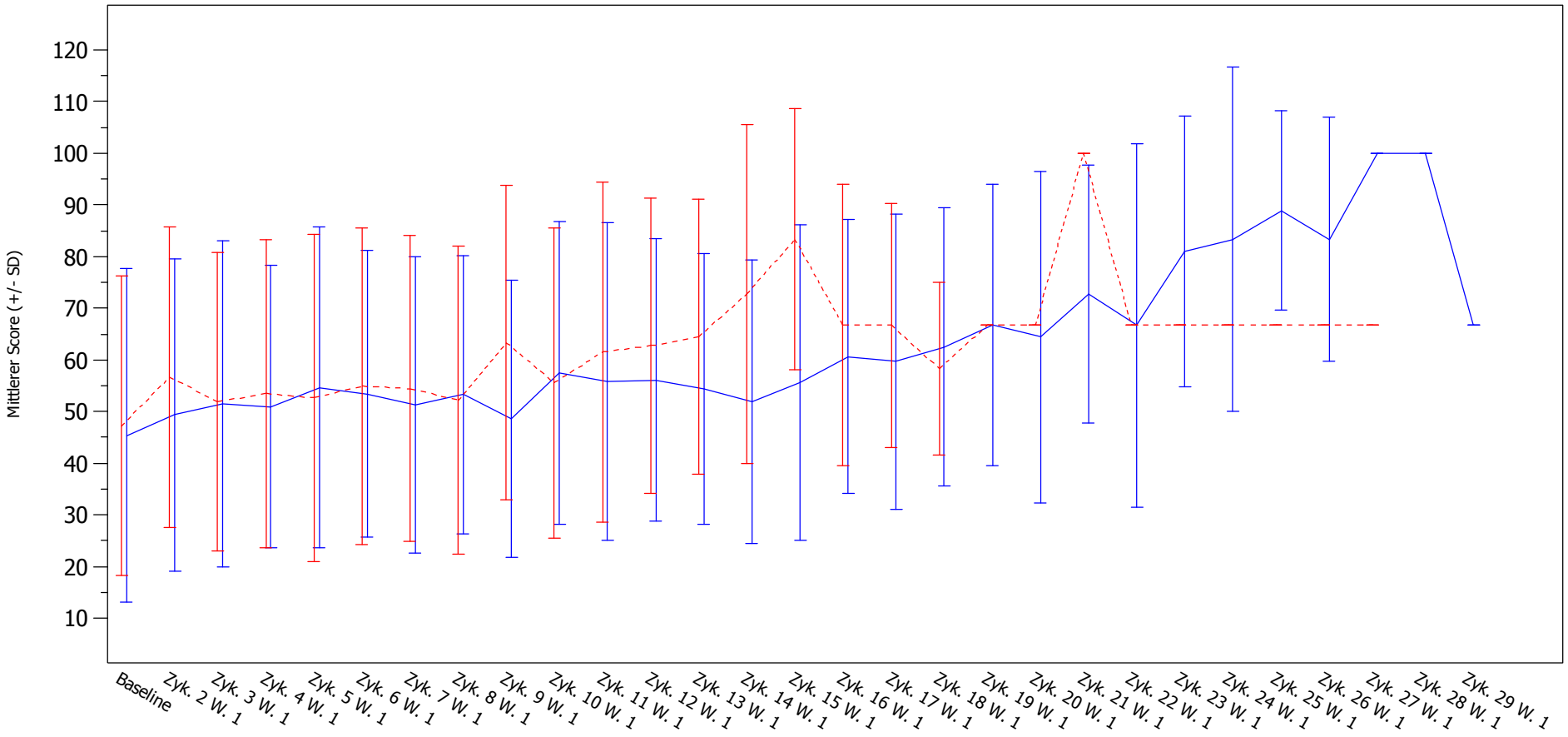
Figure 2.5.2.1.3 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Freude an Sex across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

27	21	16	16	12	11	10	10	10	11	7	7	8	5	7	4	6	6	5	5	2	2	2	Cap.+Fu.
16	12	15	13	12	9	7	6	5	5	5	5	6	3	3	2	1	1	ND	ND	ND	ND	ND	Pla.+Fu.

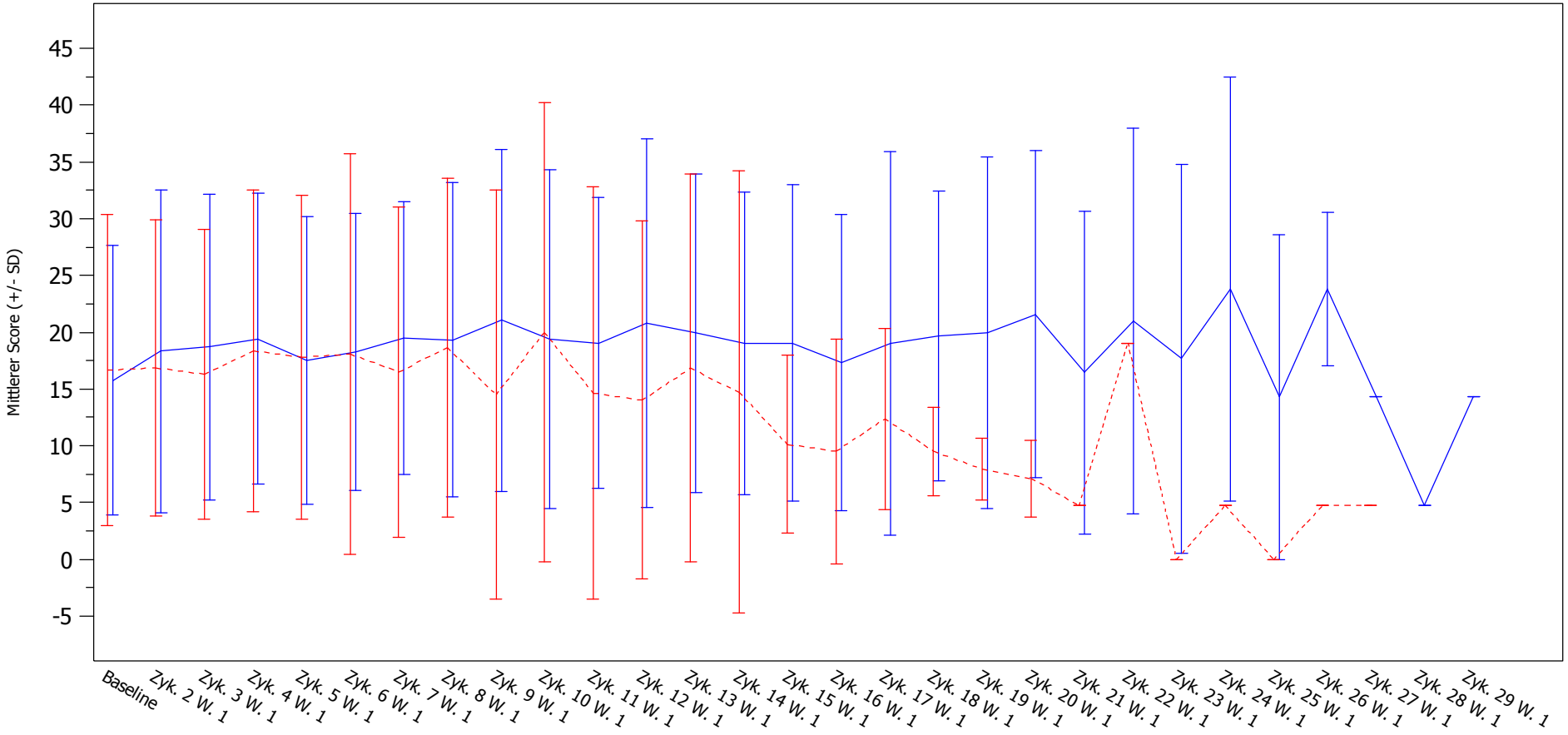
Figure 2.5.2.1.4 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Zukunftsperspektiven across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	Pla.+Fu.

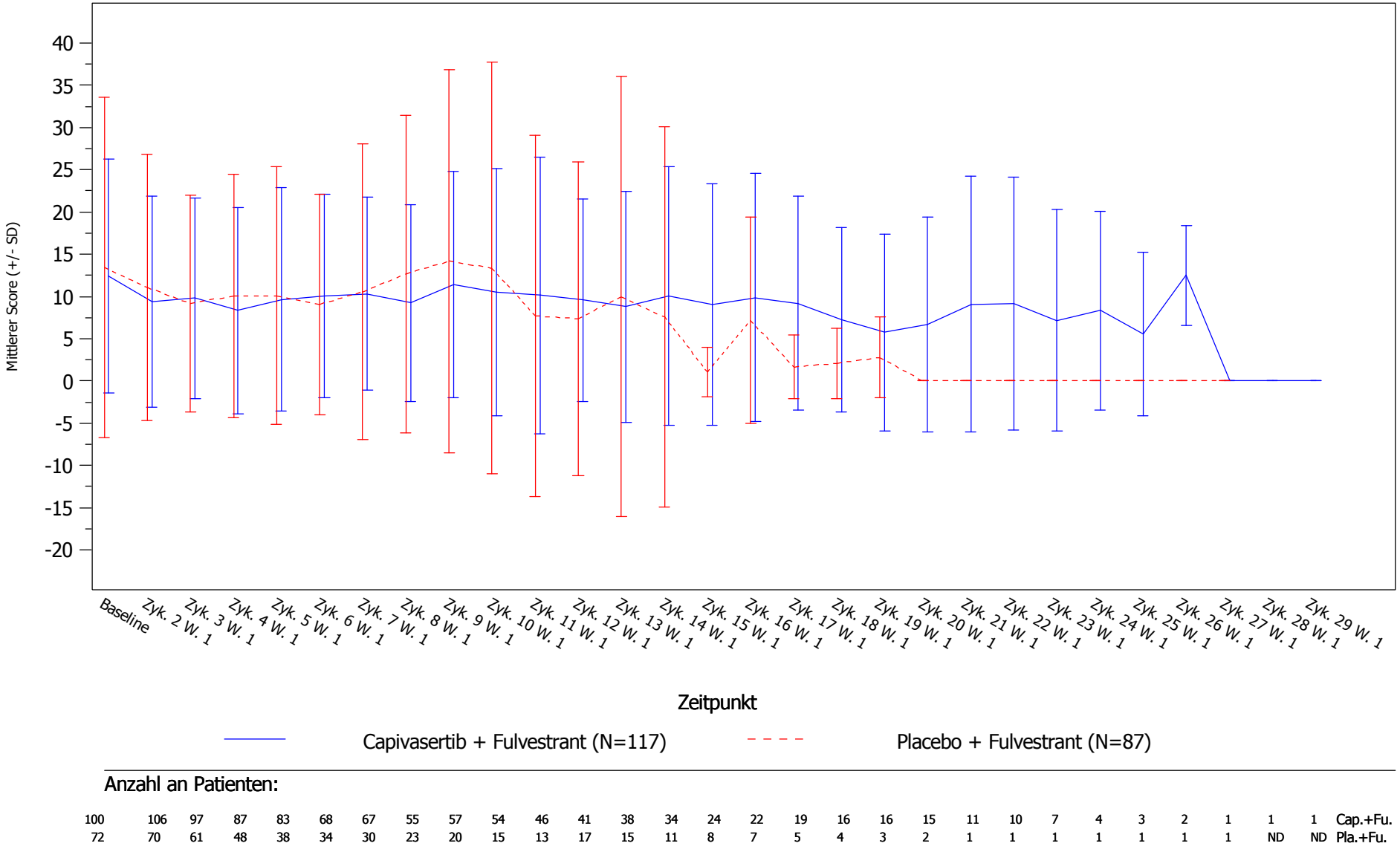
Figure 2.5.2.1.5 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

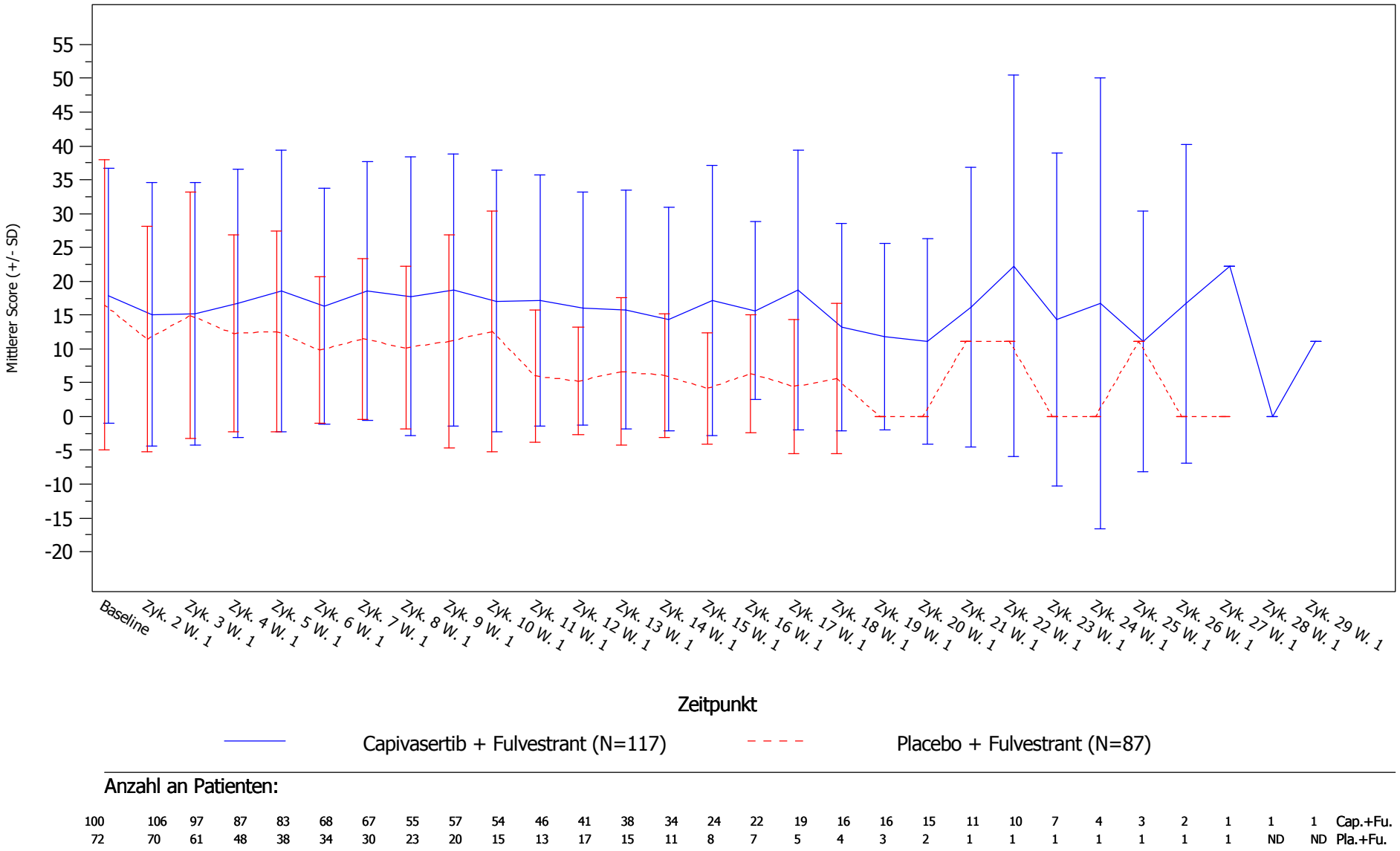
Figure 2.5.2.1.6 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Brustbereich across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	Pla.+Fu.

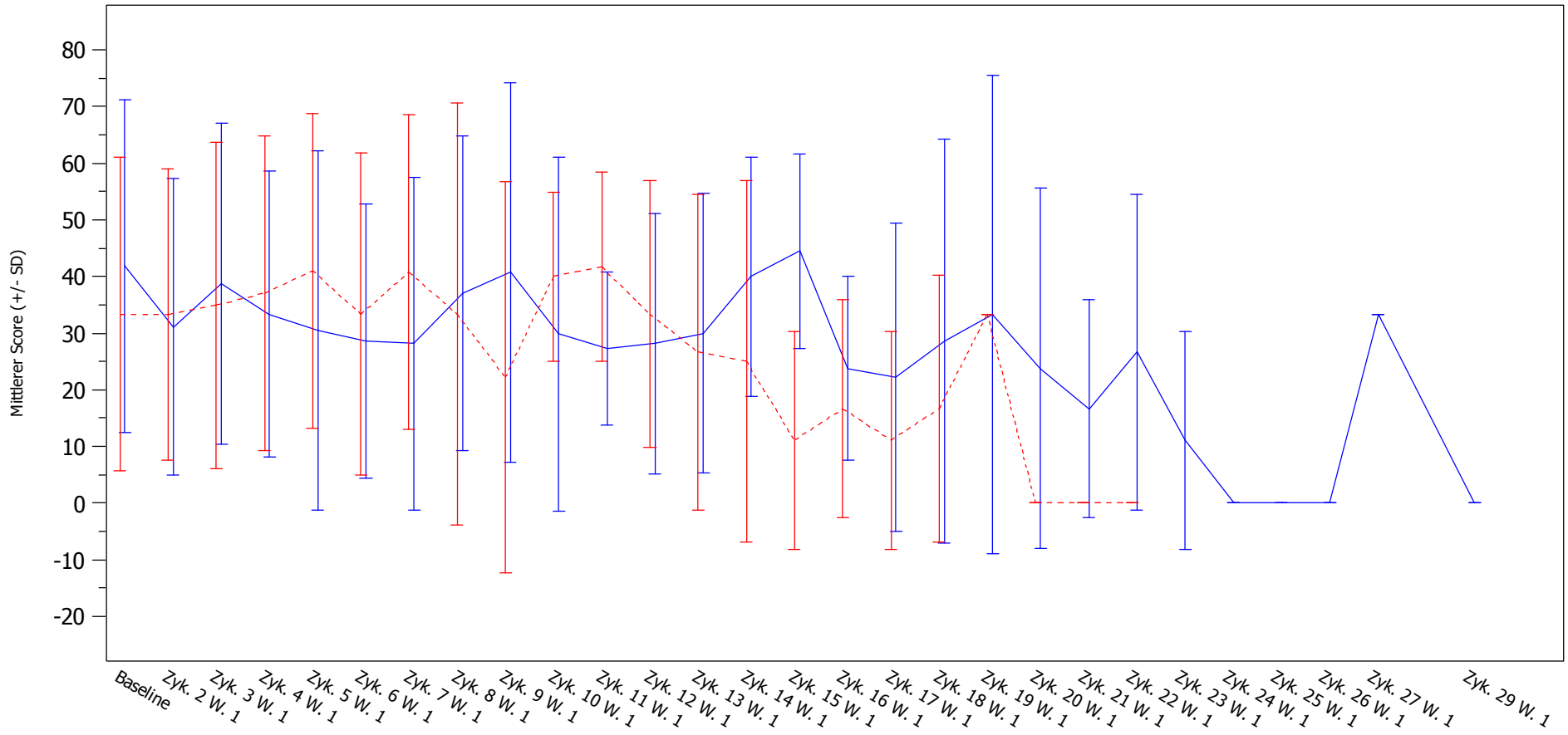
Figure 2.5.2.1.7 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Armbereich across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	106	97	87	83	68	67	55	57	54	46	41	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
72	70	61	48	38	34	30	23	20	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND	ND	Pla.+Fu.

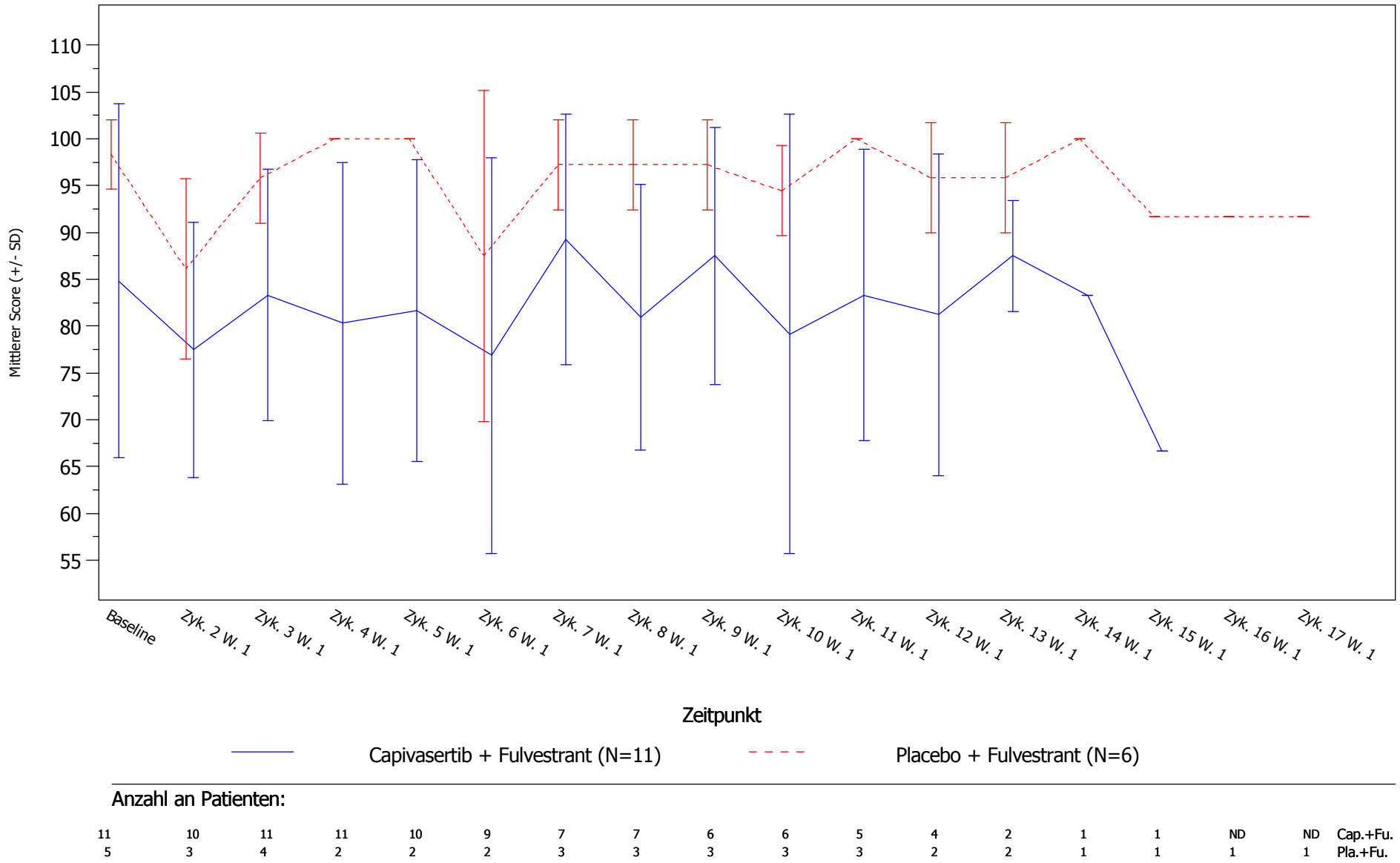
Figure 2.5.2.1.8 CAPItello-291 (Global B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Belastung durch Haarausfall across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

39	30	25	29	23	21	26	18	18	19	11	13	10	10	6	7	6	7	6	7	4	5	3	2	2	2	1	1	Cap.+Fu.
33	28	21	18	13	12	9	9	6	5	4	5	5	4	3	4	3	2	1	1	1	1	ND	ND	ND	ND	ND	ND	Pla.+Fu.

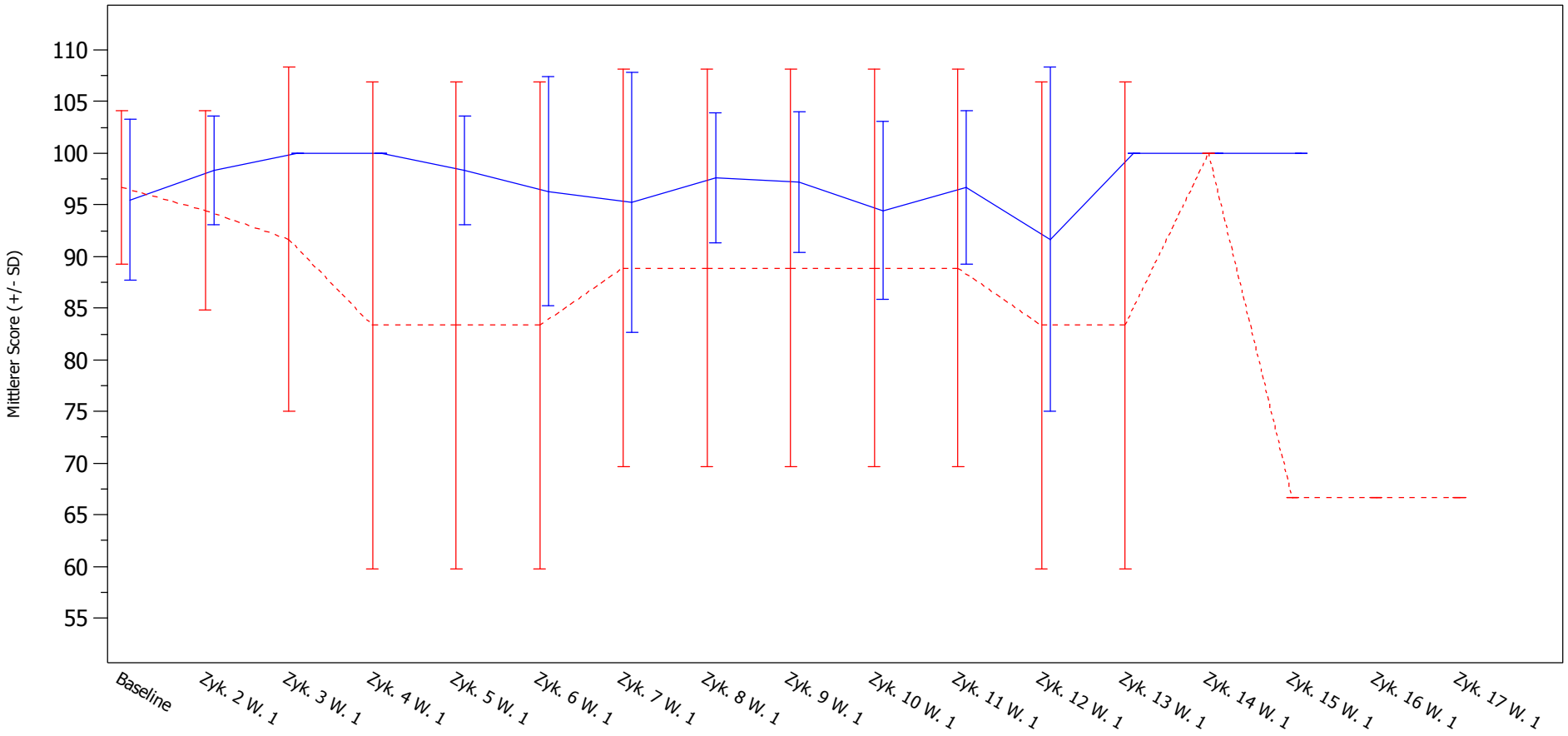
Figure 2.5.2.2.1 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Körperbild across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

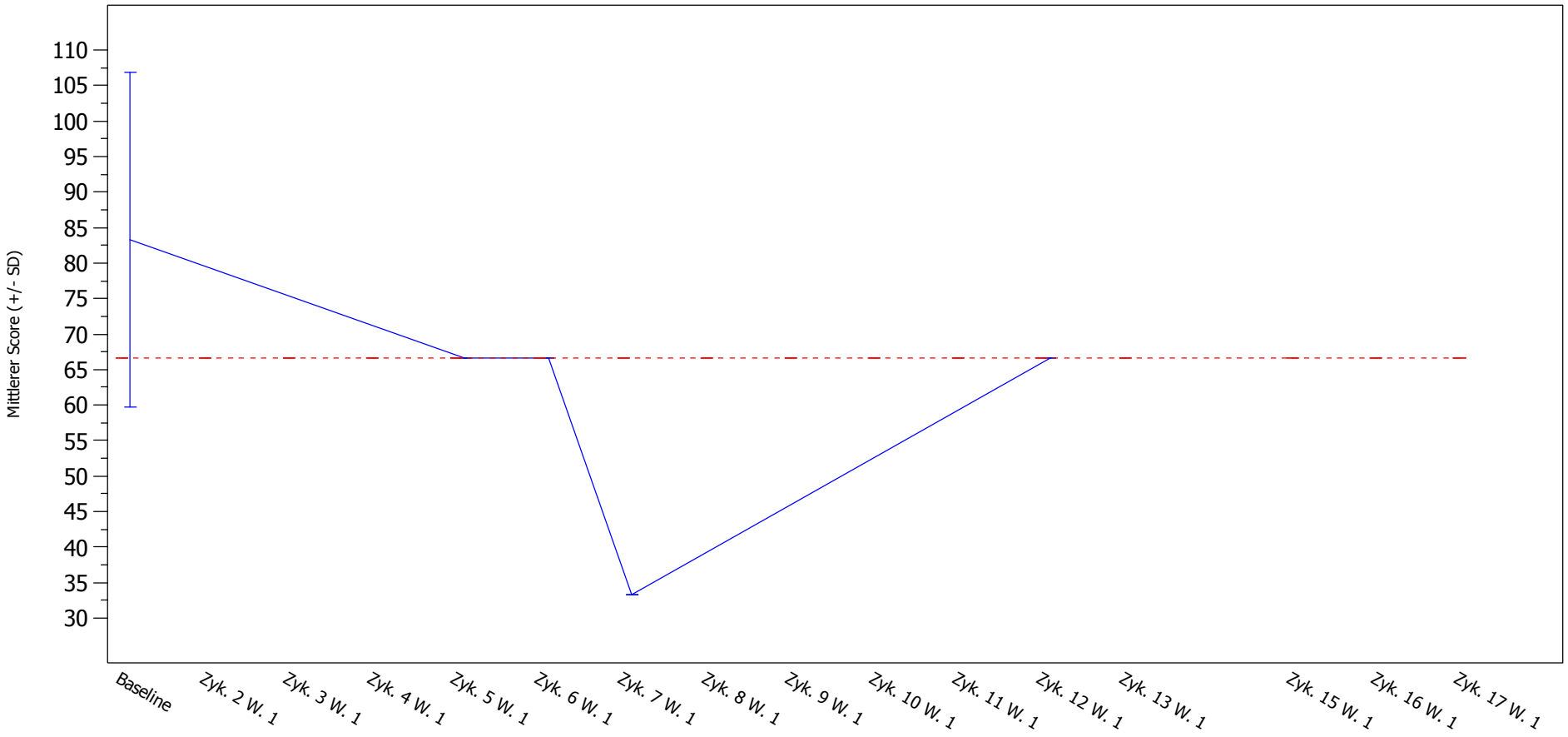
Figure 2.5.2.2.2 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Sexuelle Aktivität across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

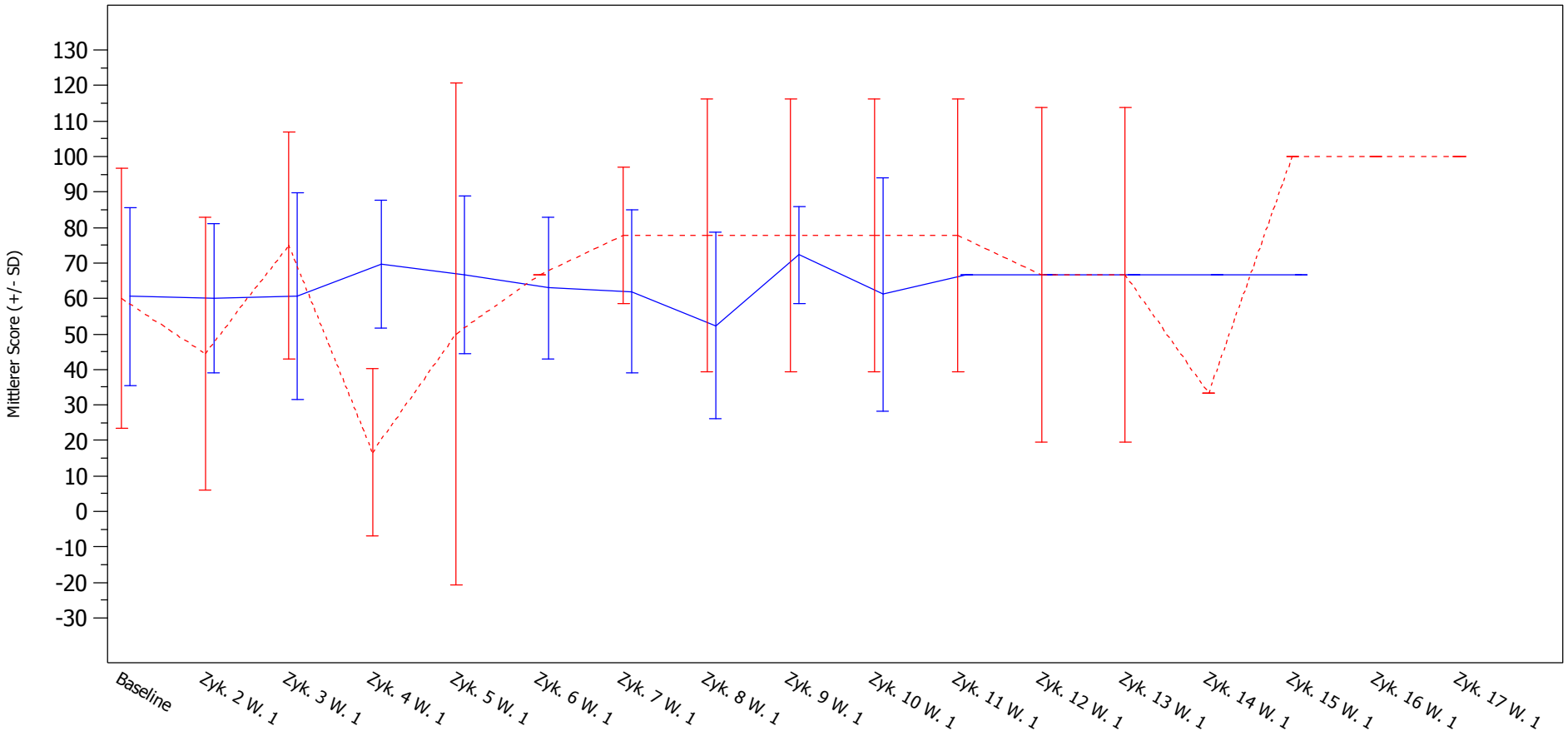
Figure 2.5.2.2.3 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Freude an Sex across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

2	ND	ND	ND	1	1	1	ND	ND	ND	ND	1	ND		ND	ND	ND	Cap.+Fu.
1	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	Pla.+Fu.

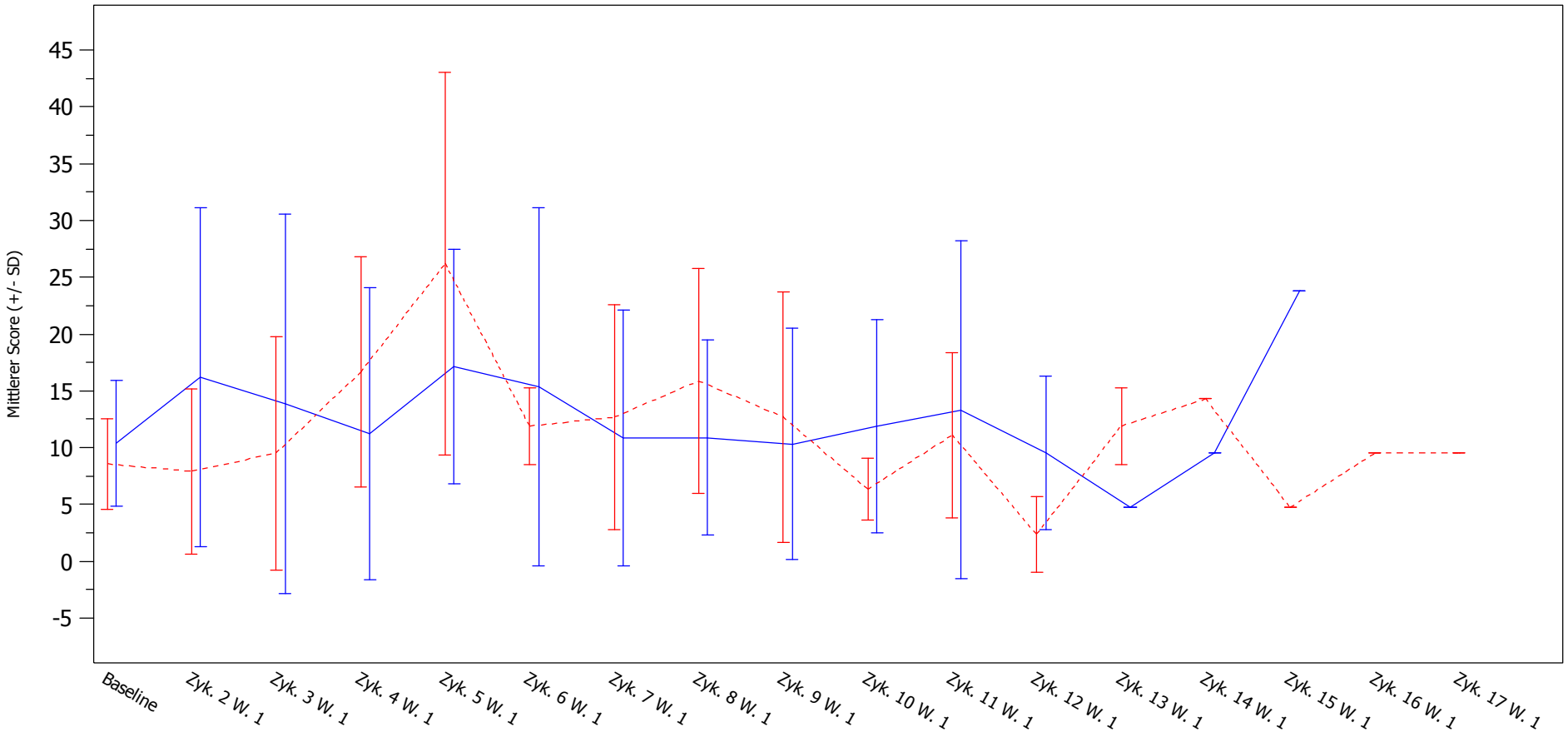
Figure 2.5.2.2.4 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Zukunftsperspektiven across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

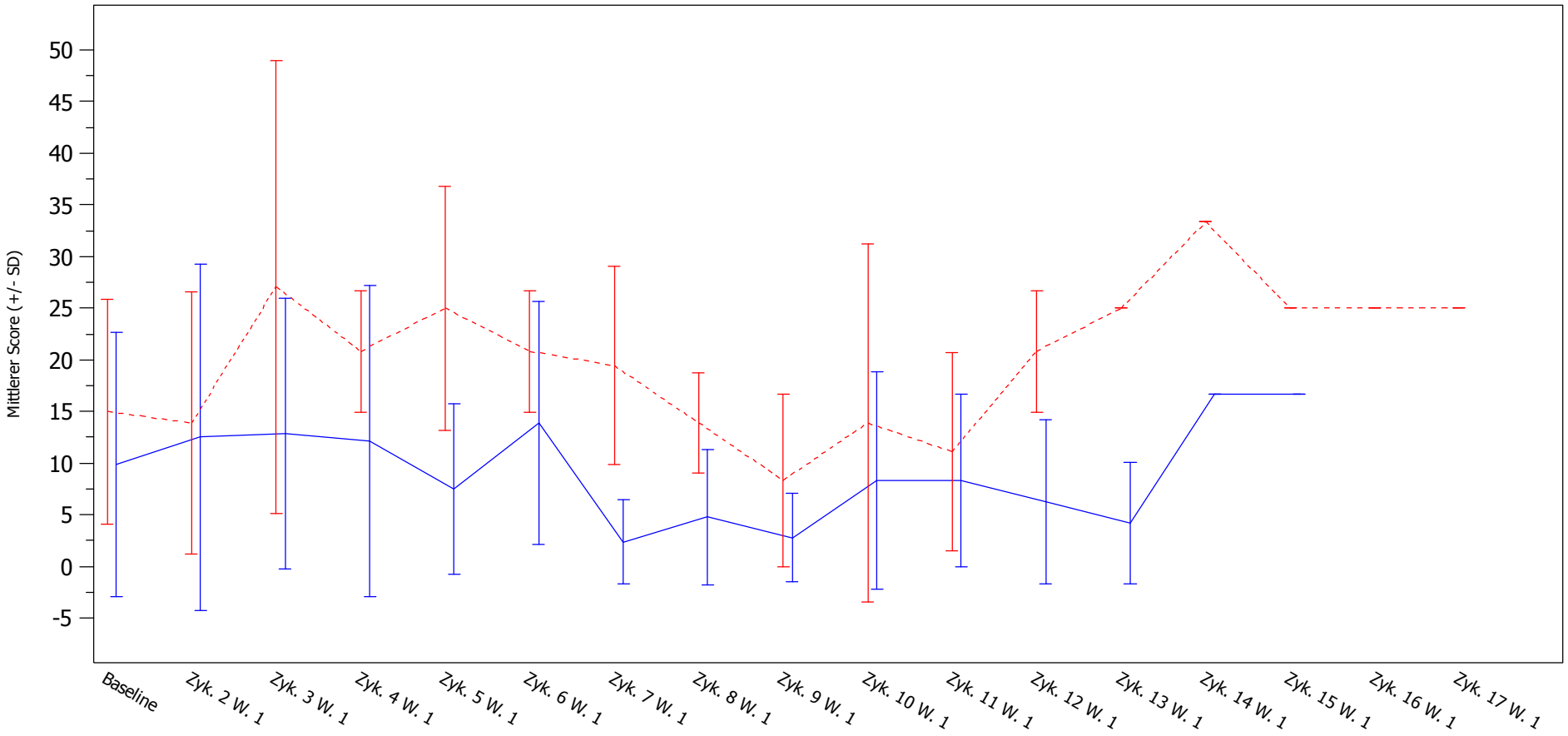
Figure 2.5.2.2.5 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

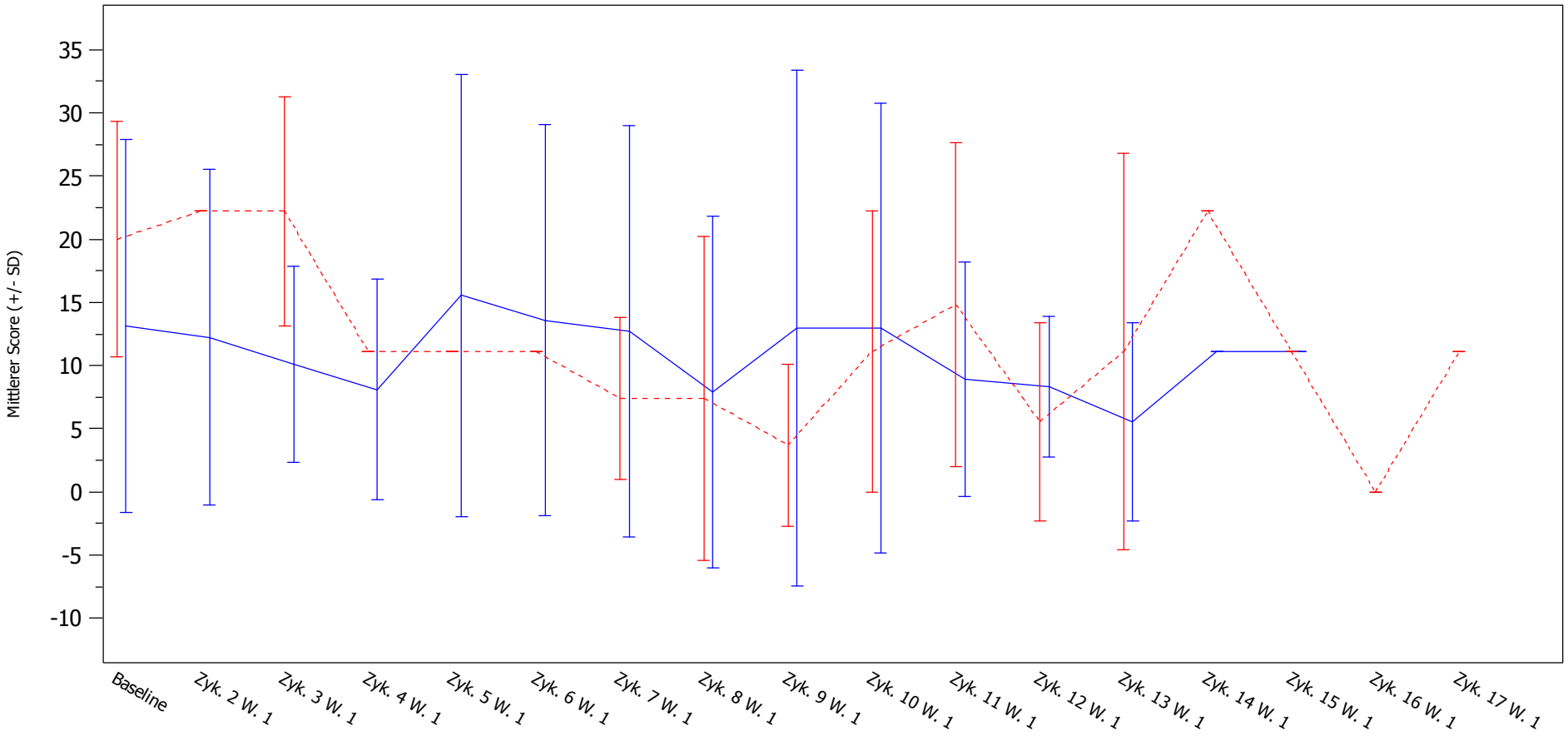
Figure 2.5.2.2.6 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Brustbereich across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

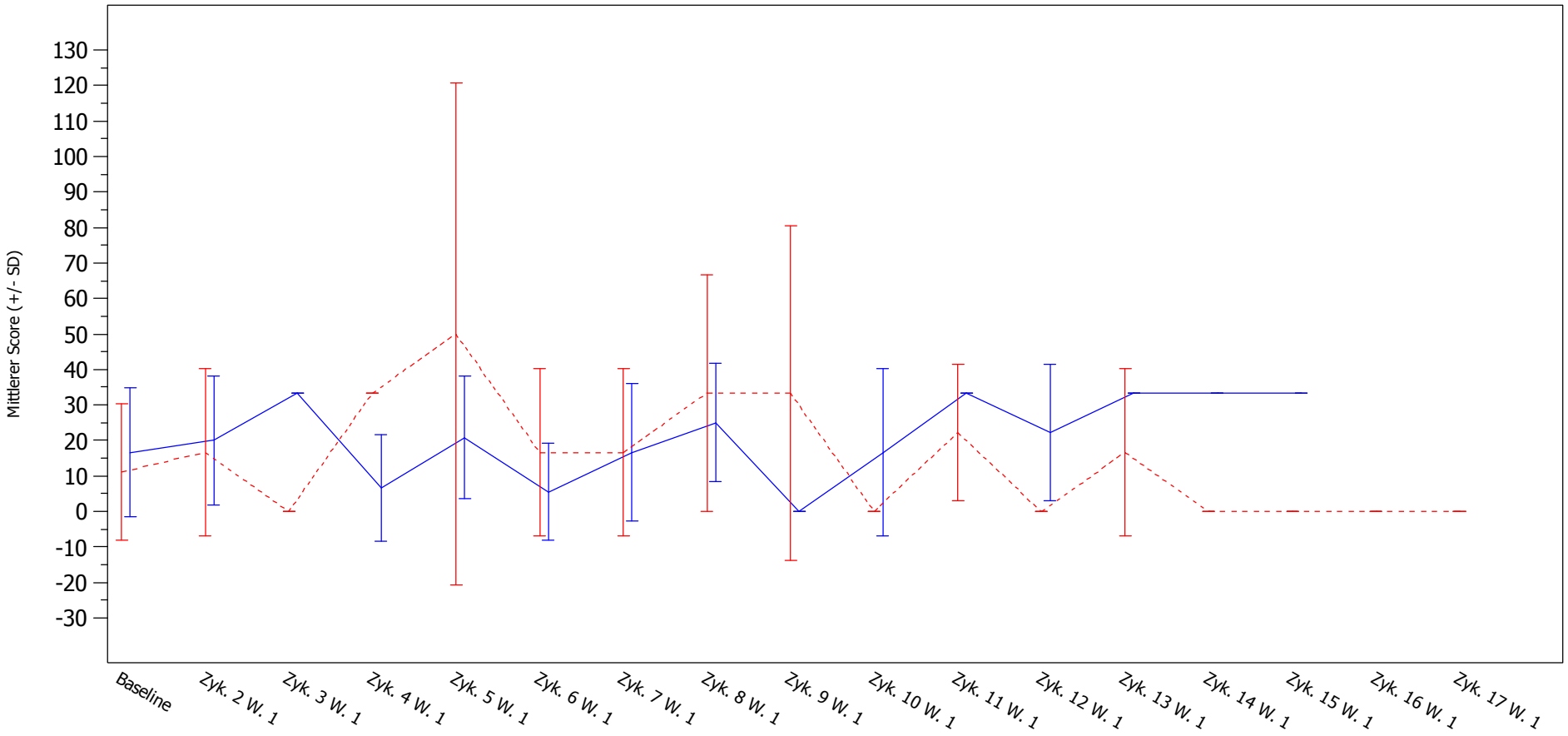
Figure 2.5.2.2.7 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Armbereich across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	11	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

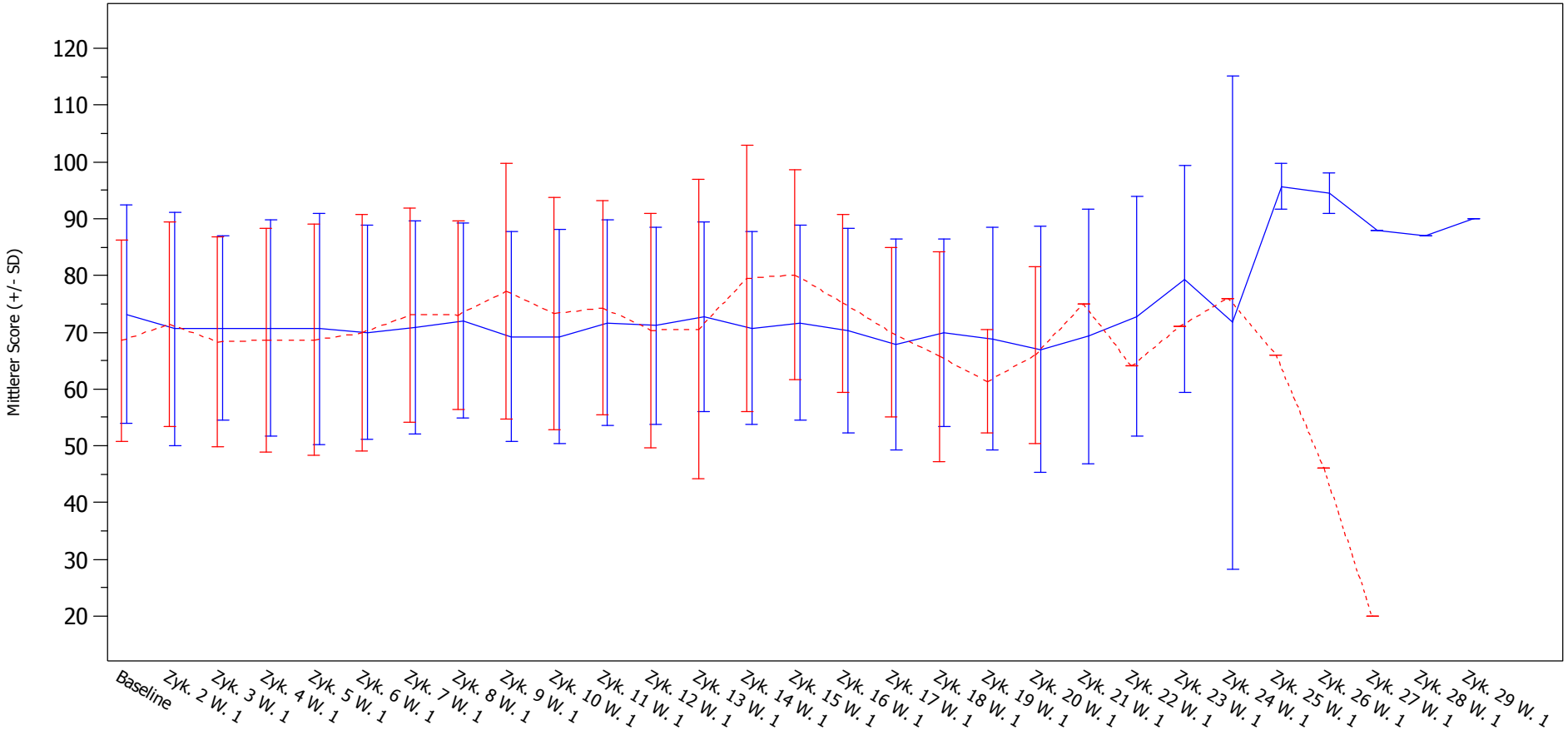
Figure 2.5.2.2.8 CAPItello-291 (China B2): Mean (+/- SD) plot of EORTC QLQ-BR23 Belastung durch Haarausfall across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

6	5	4	5	8	6	4	4	2	2	3	3	1	1	1	ND	ND	Cap.+Fu.
3	2	2	1	2	2	2	3	2	2	3	1	2	1	1	1	1	Pla.+Fu.

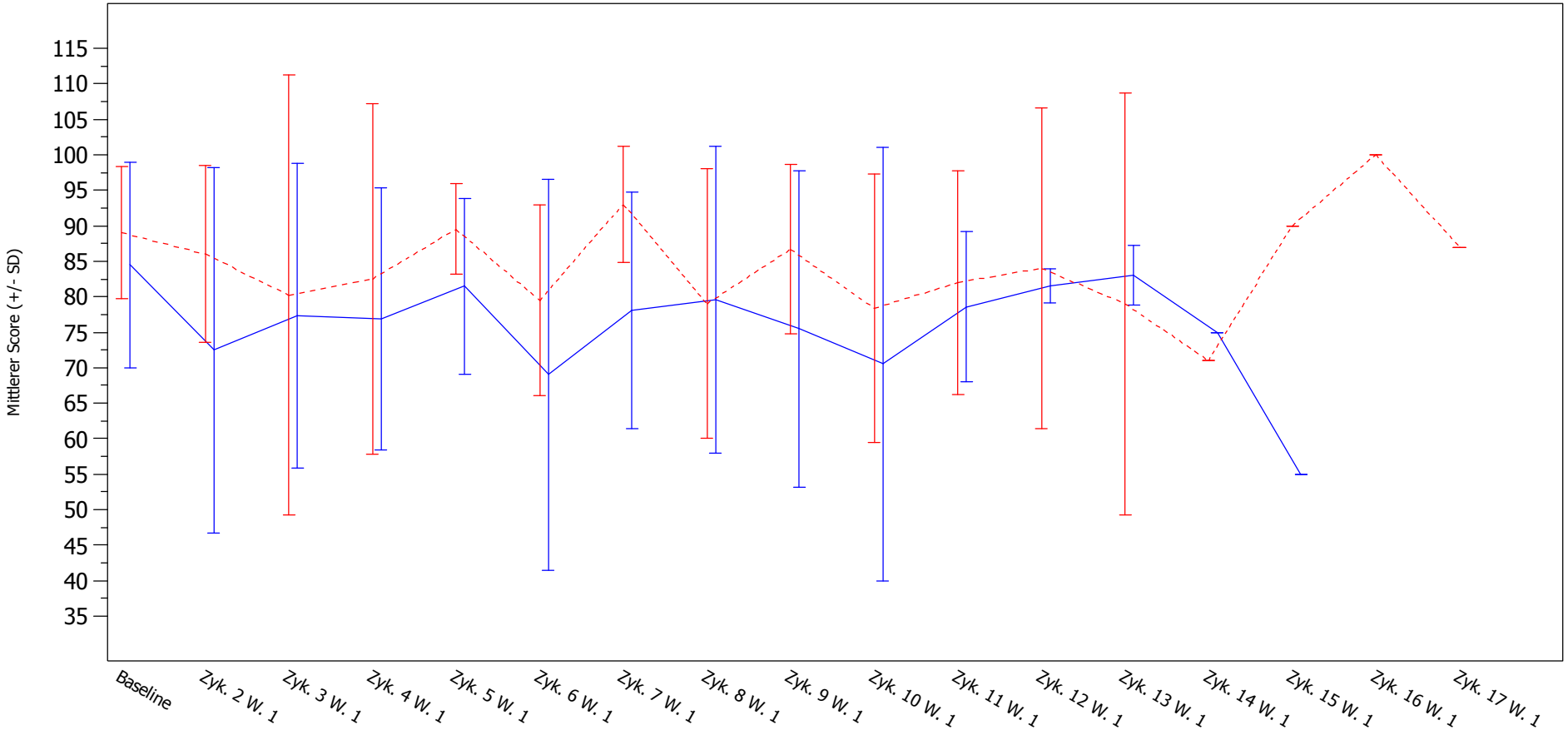
Figure 2.5.3.1.1 CAPItello-291 (Global B2): Mean (+/- SD) plot of EQ-5D-5L Visuelle Analogskala across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

100	104	97	87	83	68	67	55	57	54	46	40	38	34	24	22	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
71	70	61	48	38	34	29	23	19	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	ND	ND		Pla.+Fu.

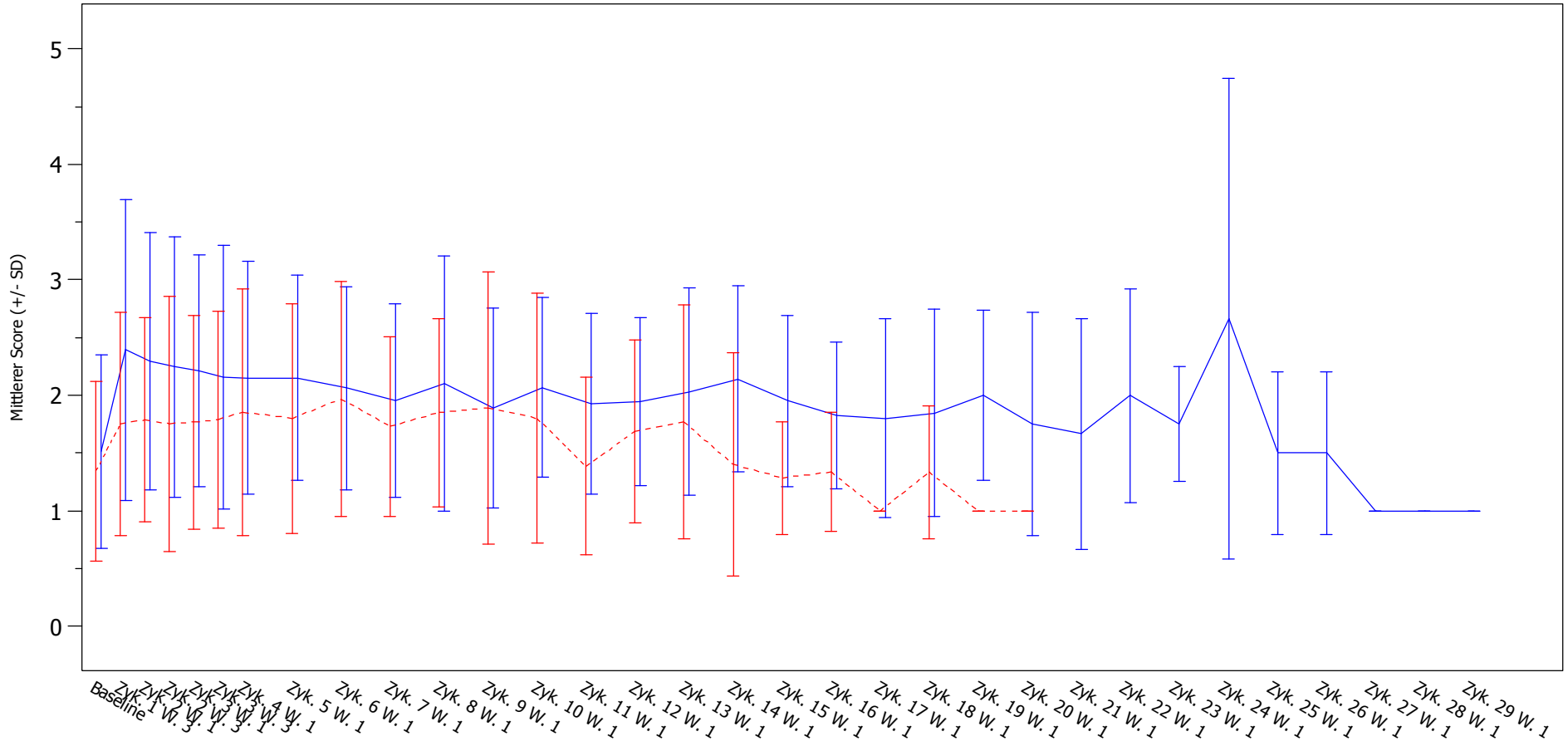
Figure 2.5.3.2.1 CAPItello-291 (China B2): Mean (+/- SD) plot of EQ-5D-5L Visuelle Analogskala across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	10	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

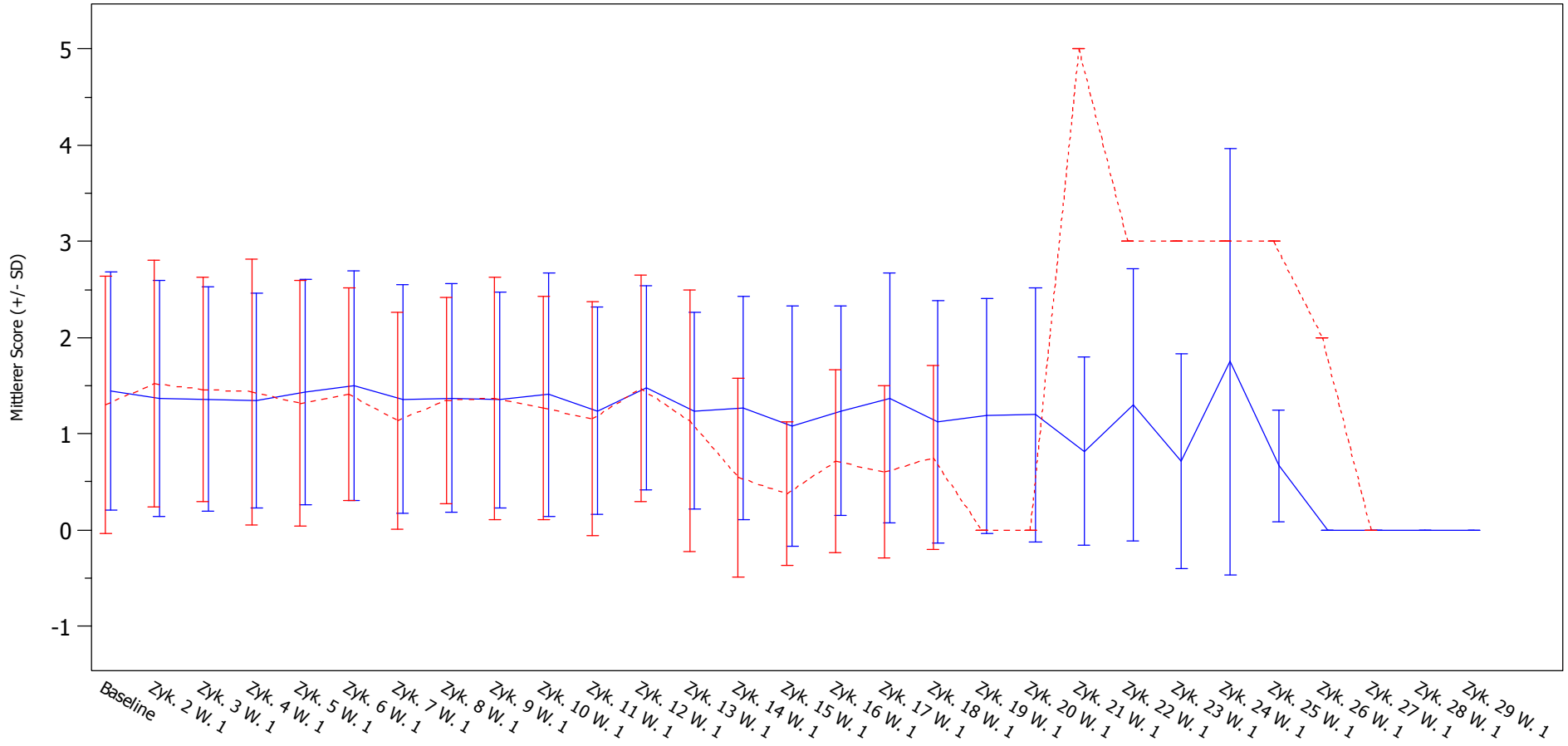
Figure 2.5.4.1.1 CAPItello-291 (Global B2): Mean (+/- SD) plot of PGI-TT across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

94	104	98	96	86	79	65	62	49	47	45	41	35	32	28	21	17	15	13	12	12	9	8	4	3	2	2	1	1	1	Cap.+Fu.
70	73	70	60	48	35	31	26	20	18	15	13	16	13	10	7	6	4	3	2	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

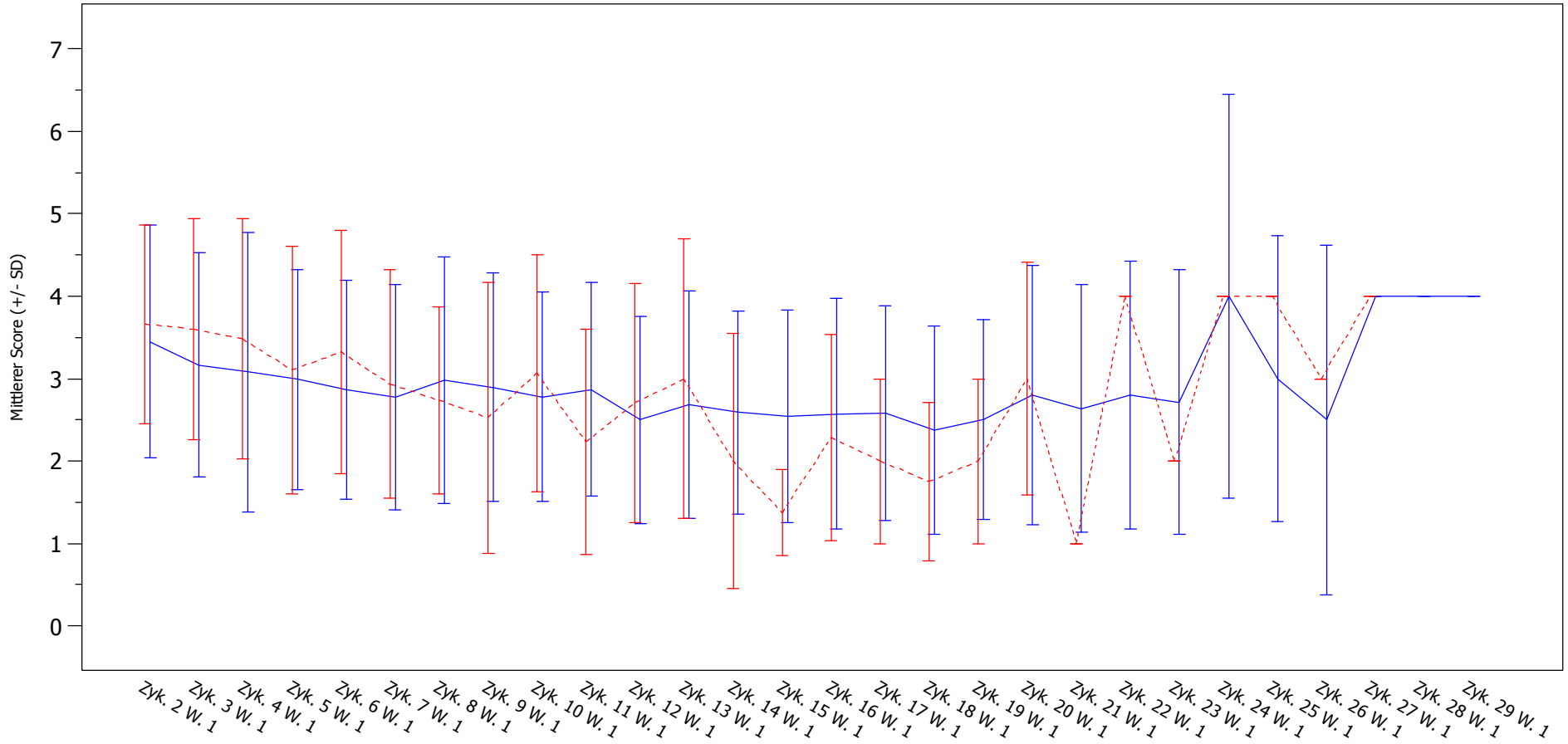
Figure 2.5.4.1.2 CAPItello-291 (Global B2): Mean (+/- SD) plot of PGIS across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

96	101	97	87	83	68	67	54	57	54	46	40	38	34	24	21	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
70	69	61	48	38	34	29	23	19	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

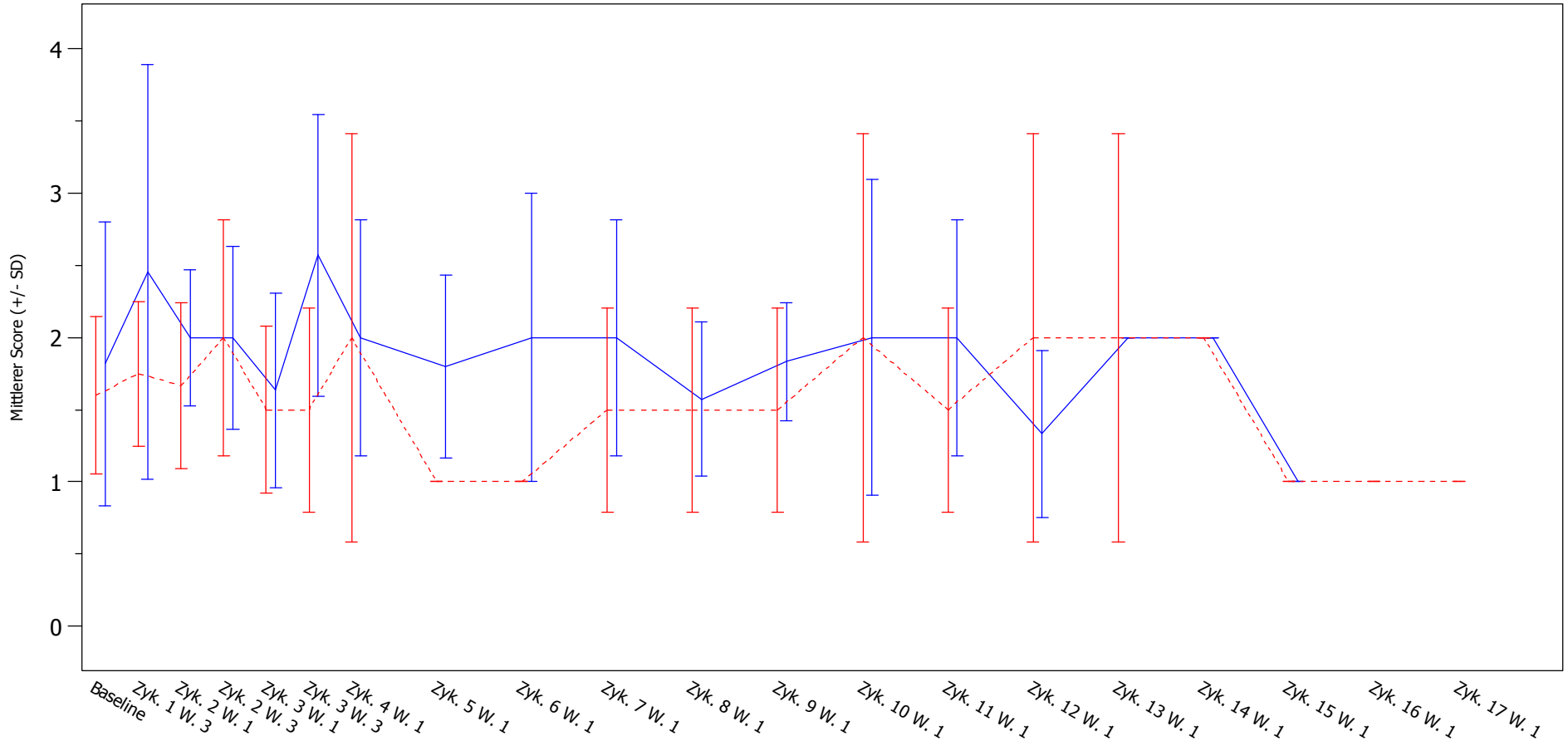
Figure 2.5.4.1.3 CAPItello-291 (Global B2): Mean (+/- SD) plot of PGIC across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

98	97	87	83	68	67	54	57	54	46	40	38	34	24	21	19	16	16	15	11	10	7	4	3	2	1	1	1	Cap.+Fu.
68	60	48	38	34	29	23	19	15	13	17	15	11	8	7	5	4	3	2	1	1	1	1	1	1	1	ND	ND	Pla.+Fu.

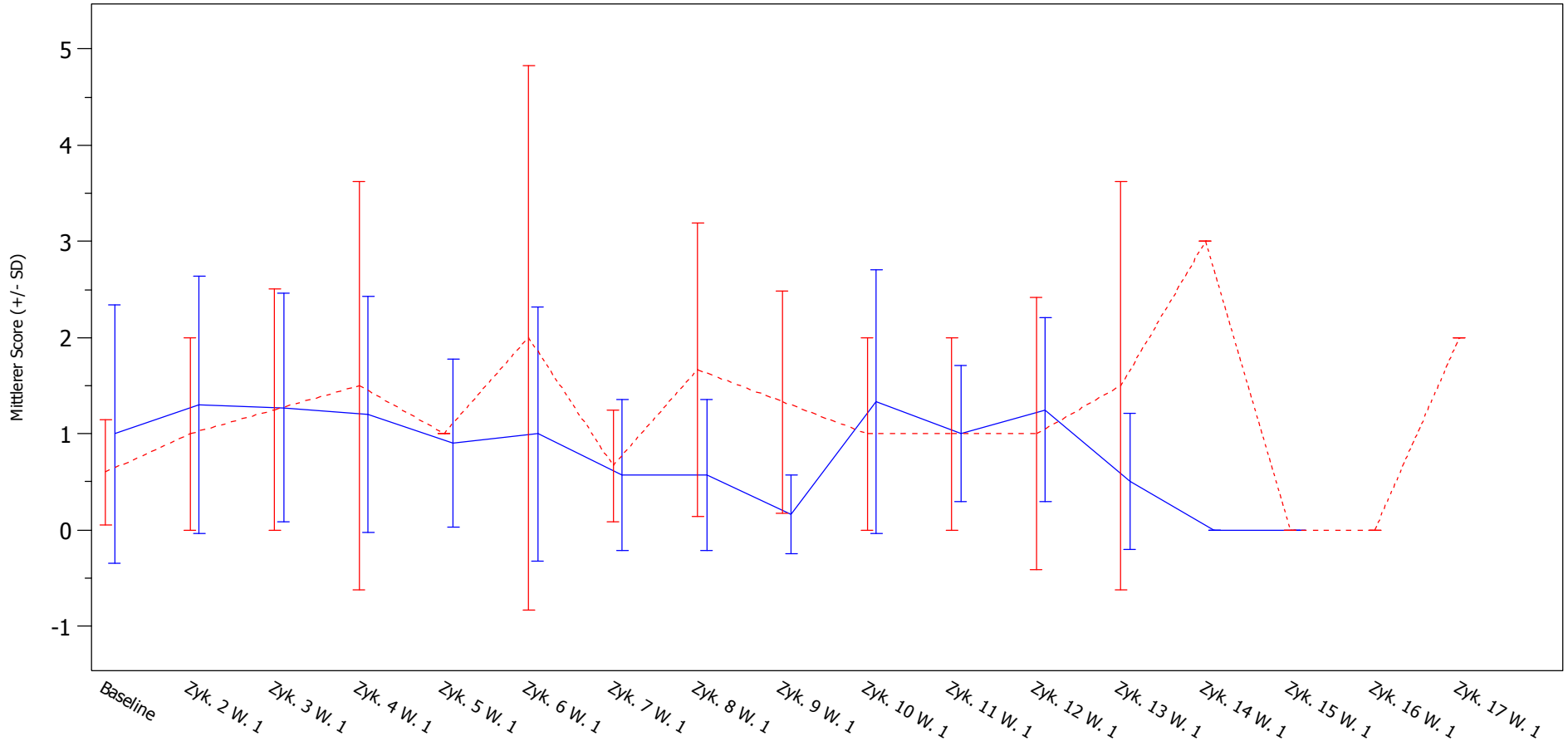
Figure 2.5.4.2.1 CAPItello-291 (China B2): Mean (+/- SD) plot of PGI-TT across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	10	11	10	10	9	7	7	6	6	4	3	2	1	1	ND	ND	Cap.+Fu.
5	4	3	4	2	1	1	2	2	2	2	2	2	2	1	1	1	1	Pla.+Fu.

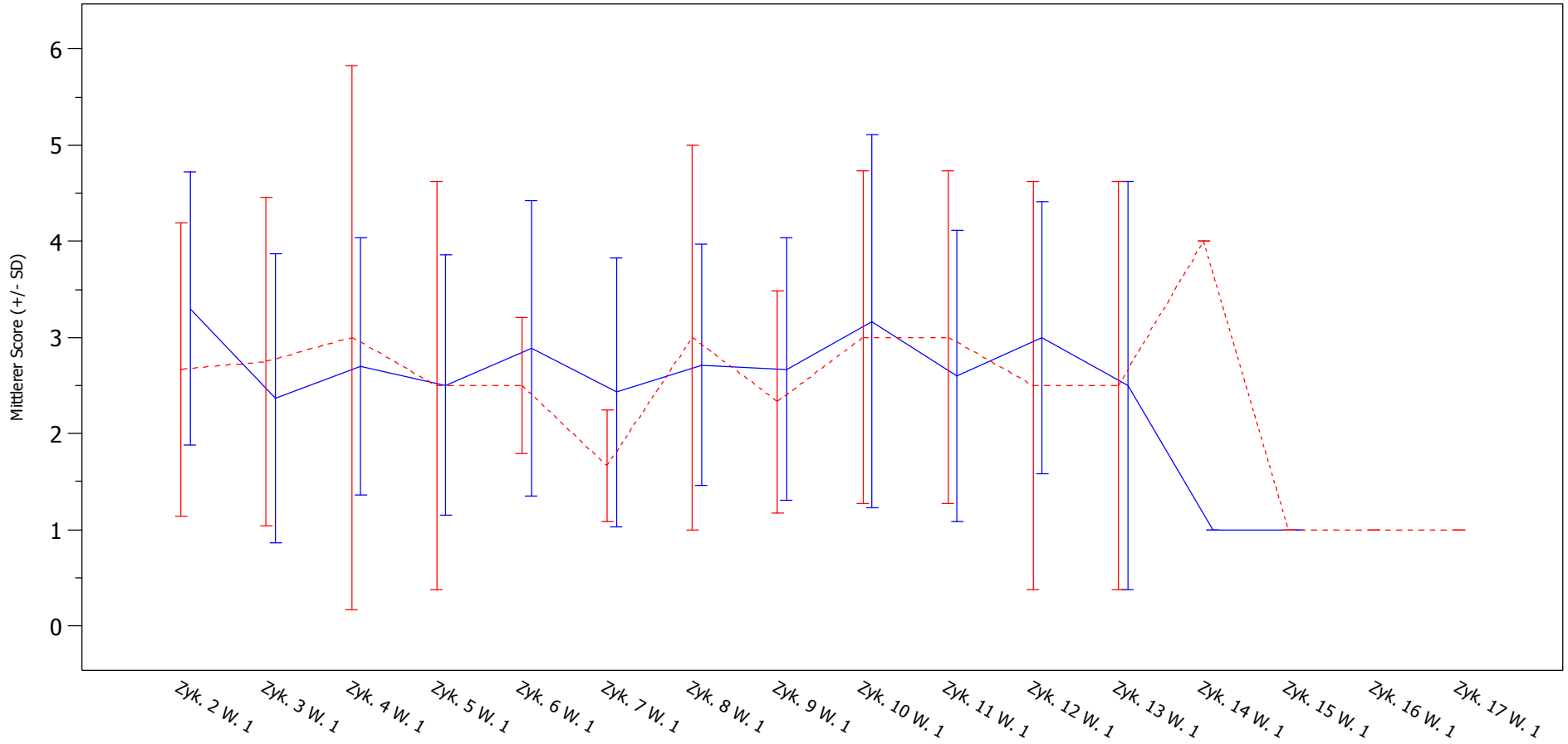
Figure 2.5.4.2.2 CAPItello-291 (China B2): Mean (+/- SD) plot of PGIS across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	10	11	10	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
5	3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

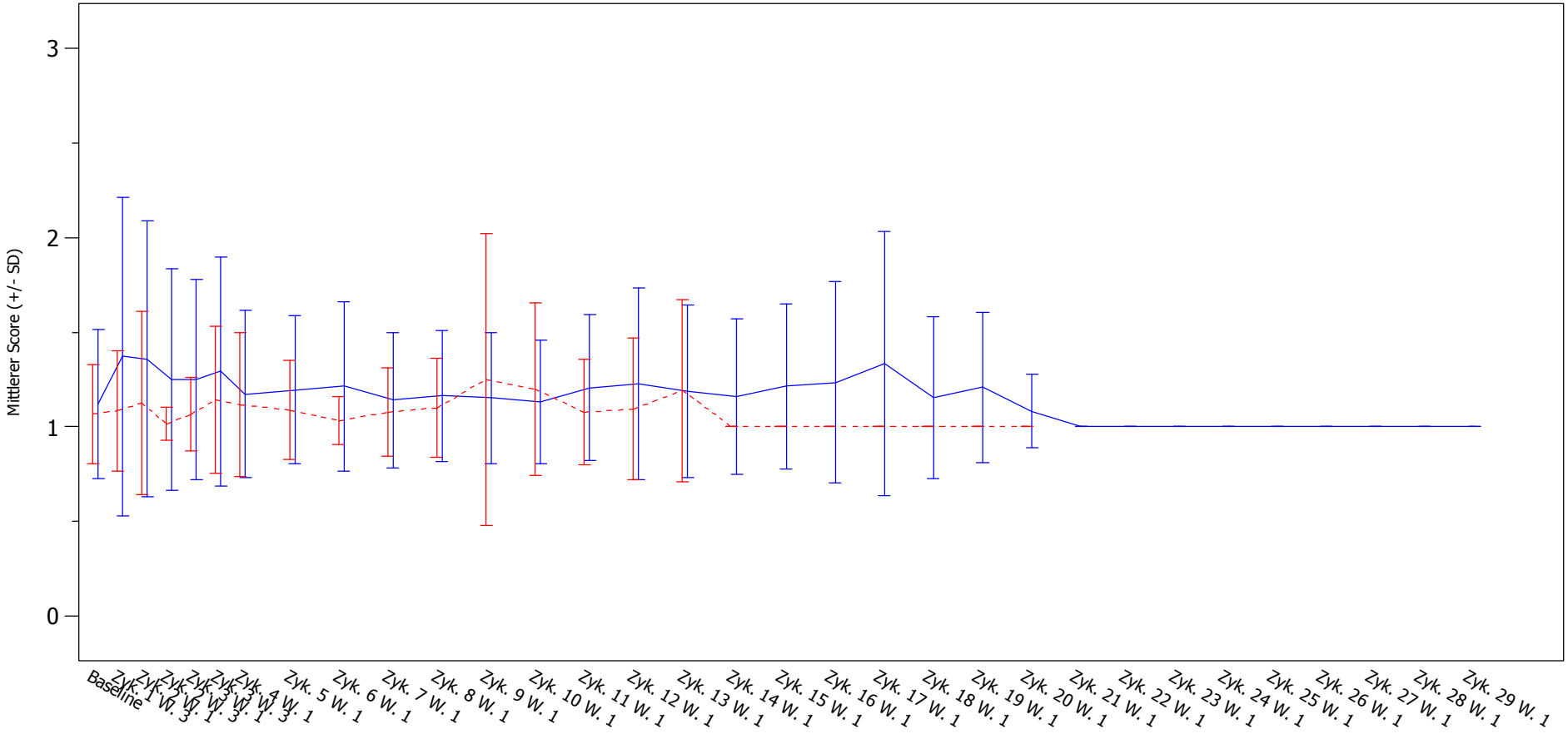
Figure 2.5.4.2.3 CAPItello-291 (China B2): Mean (+/- SD) plot of PGIC across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

10	11	10	10	9	7	7	6	6	5	4	2	1	1	ND	ND	Cap.+Fu.
3	4	2	2	2	3	3	3	3	3	2	2	1	1	1	1	Pla.+Fu.

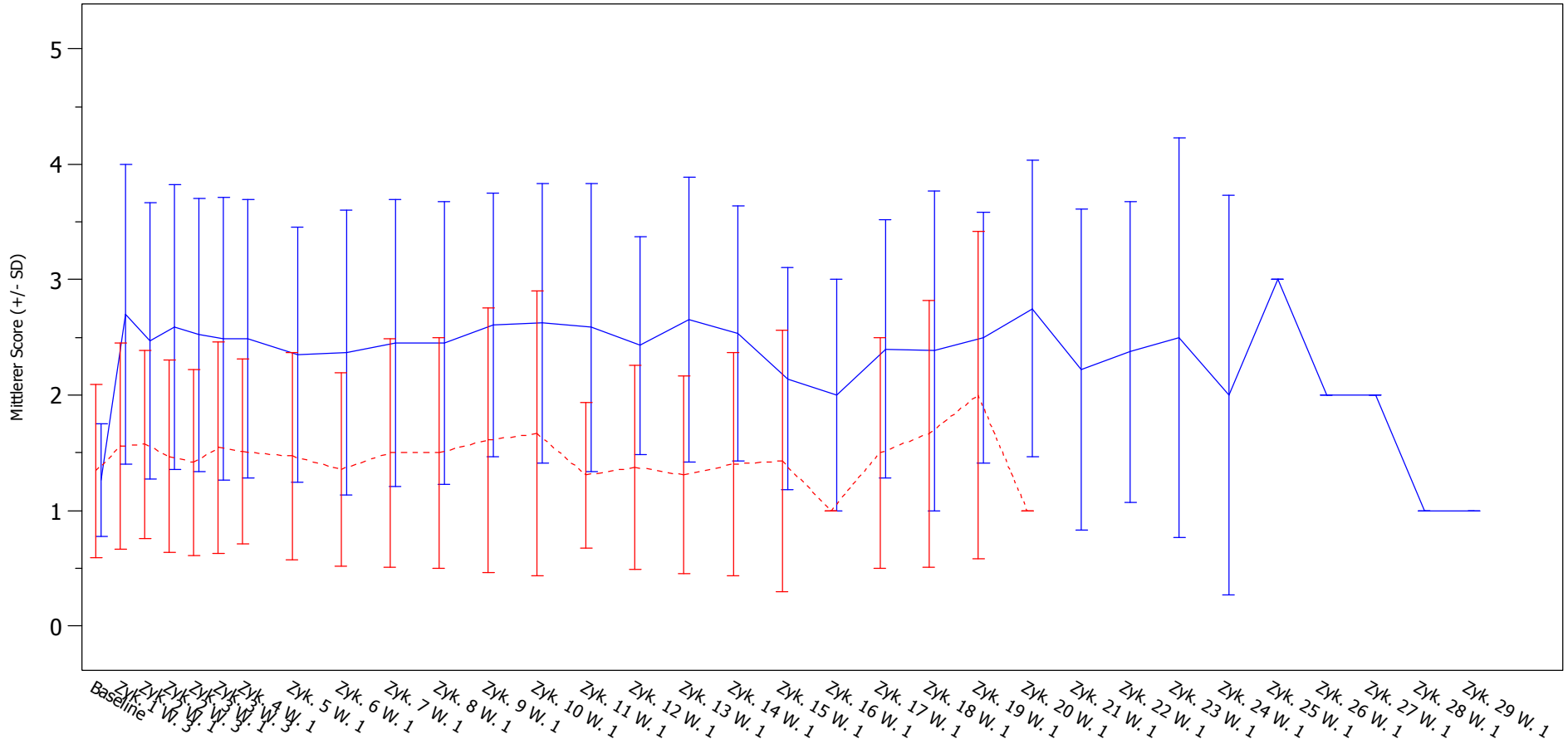
Figure 2.5.5.1.1 CAPItello-291 (Global B2): Mean (+/- SD) plot of PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

96	101	98	94	84	77	63	60	49	46	45	41	35	32	28	21	17	15	13	12	12	9	8	4	3	2	2	1	1	1	Cap.+Fu.
67	70	68	60	47	34	31	26	20	18	15	13	16	13	10	7	6	4	3	2	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

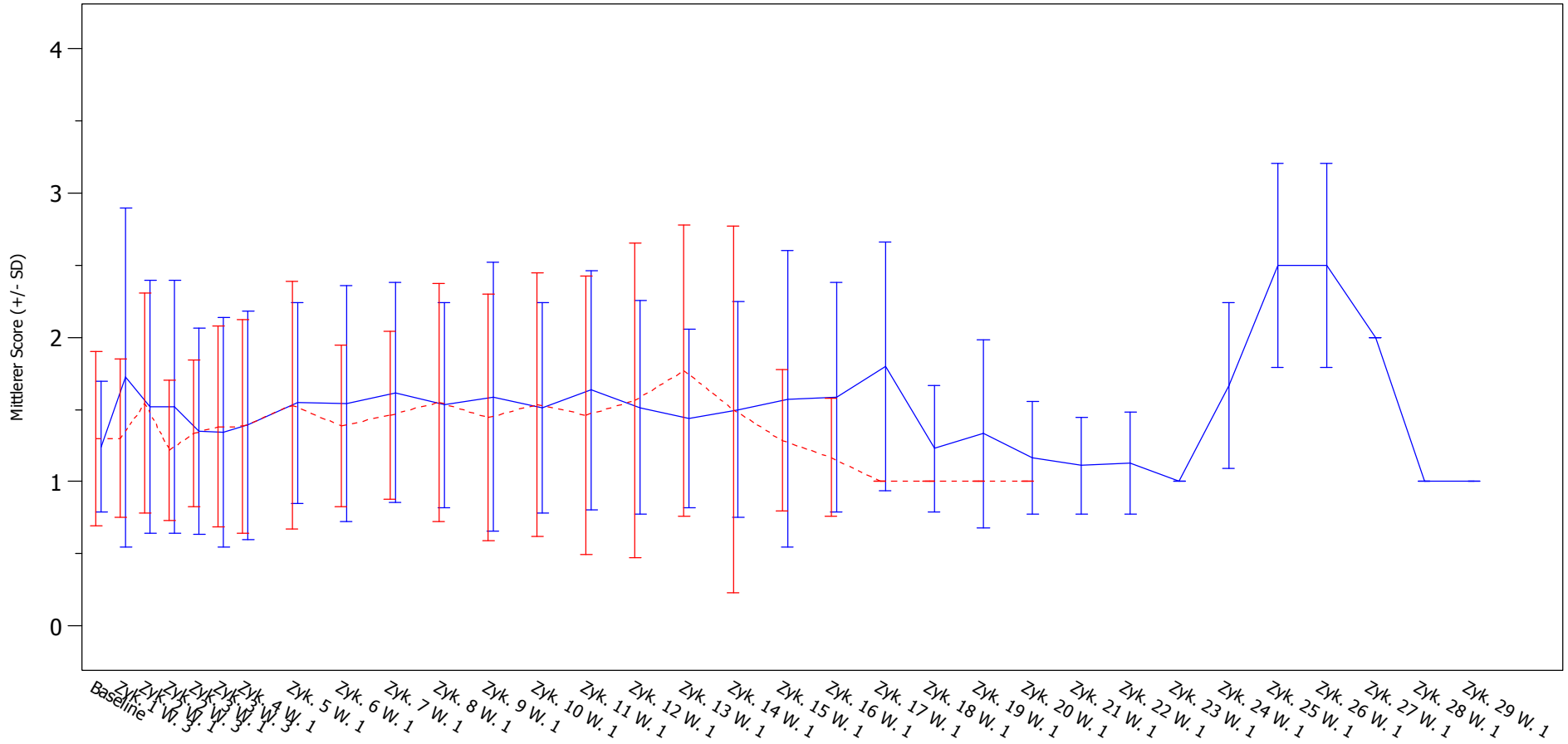
Figure 2.5.5.1.2 CAPItello-291 (Global B2): Mean (+/- SD) plot of PRO-CTCAE Durchfall across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

96	101	98	94	84	77	63	60	49	46	45	41	35	32	28	21	17	15	13	12	12	9	8	4	3	2	2	1	1	1	Cap.+Fu.
67	70	68	60	47	34	31	26	20	18	15	13	16	13	10	7	6	4	3	2	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

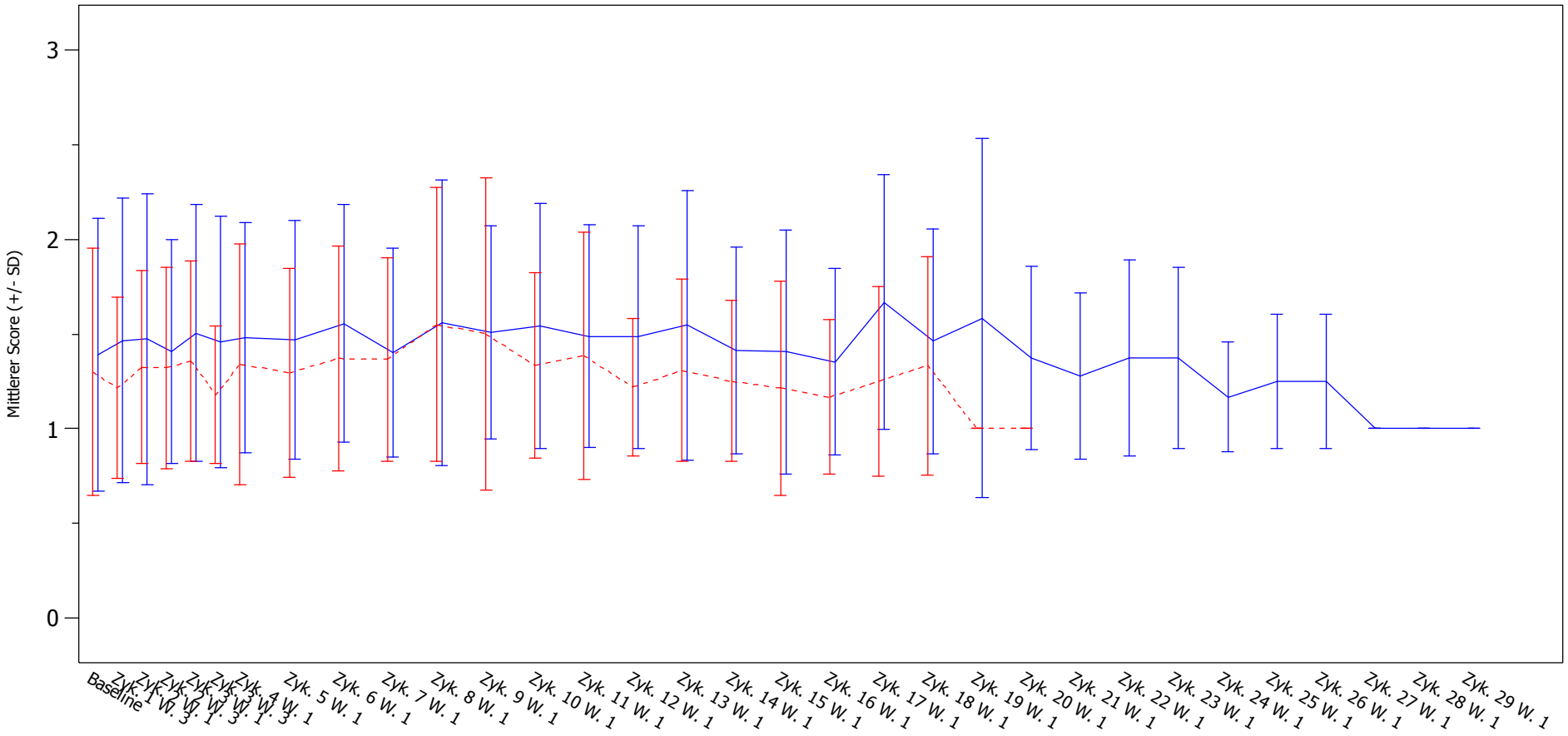
Figure 2.5.5.1.3 CAPItello-291 (Global B2): Mean (+/- SD) plot of PRO-CTCAE Juckreiz across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

96	101	98	94	84	77	63	60	49	46	45	41	35	32	28	21	17	15	13	12	12	9	8	4	3	2	2	1	1	1	Cap.+Fu.
67	70	68	60	47	34	31	26	20	18	15	13	16	13	10	7	6	4	3	2	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

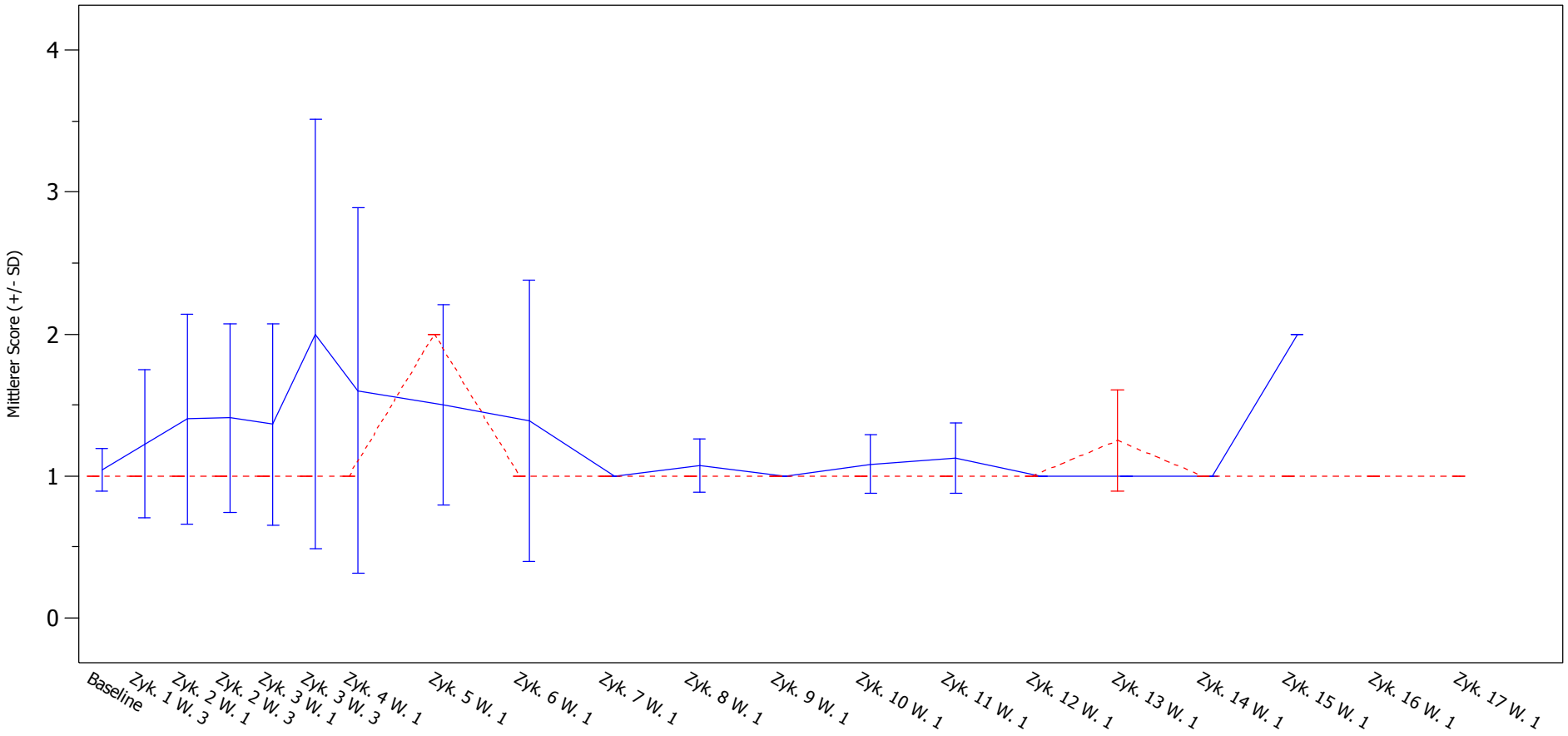
Figure 2.5.5.1.4 CAPItello-291 (Global B2): Mean (+/- SD) plot of PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

96	101	98	94	84	77	63	60	49	46	45	41	35	32	28	21	17	15	13	12	12	9	8	4	3	2	2	1	1	1	Cap.+Fu.
67	70	68	60	47	34	31	26	20	18	15	13	16	13	10	7	6	4	3	2	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

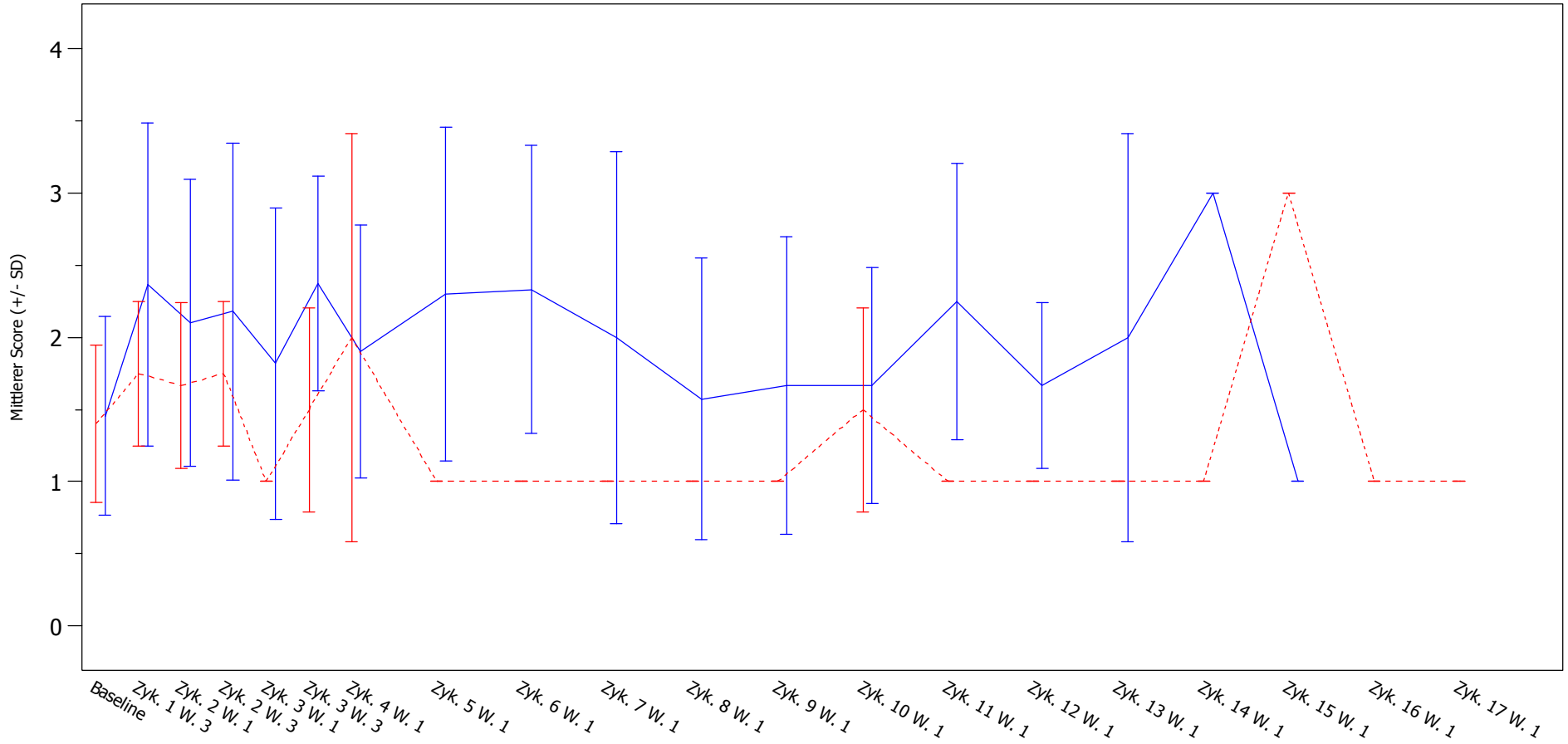
Figure 2.5.5.2.1 CAPItello-291 (China B2): Mean (+/- SD) plot of PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	10	11	10	10	9	7	7	6	6	4	3	2	1	1	ND	ND	Cap.+Fu.
5	4	3	4	2	1	1	2	2	2	2	2	2	2	1	1	1	1	Pla.+Fu.

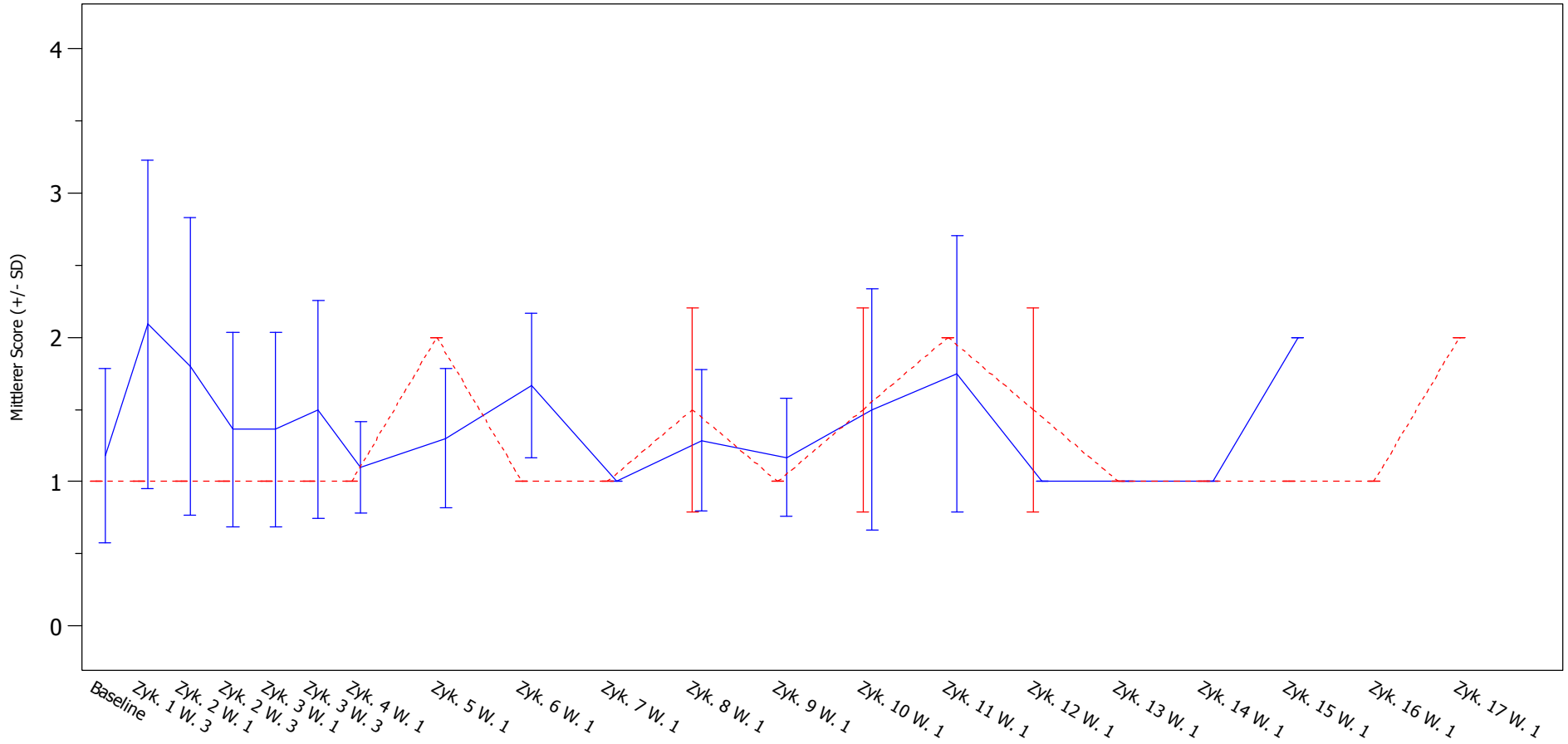
Figure 2.5.5.2.2 CAPItello-291 (China B2): Mean (+/- SD) plot of PRO-CTCAE Durchfall across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	10	11	10	10	9	7	7	6	6	4	3	2	1	1	ND	ND	Cap.+Fu.
5	4	3	4	2	1	1	2	2	2	2	2	2	2	1	1	1	1	Pla.+Fu.

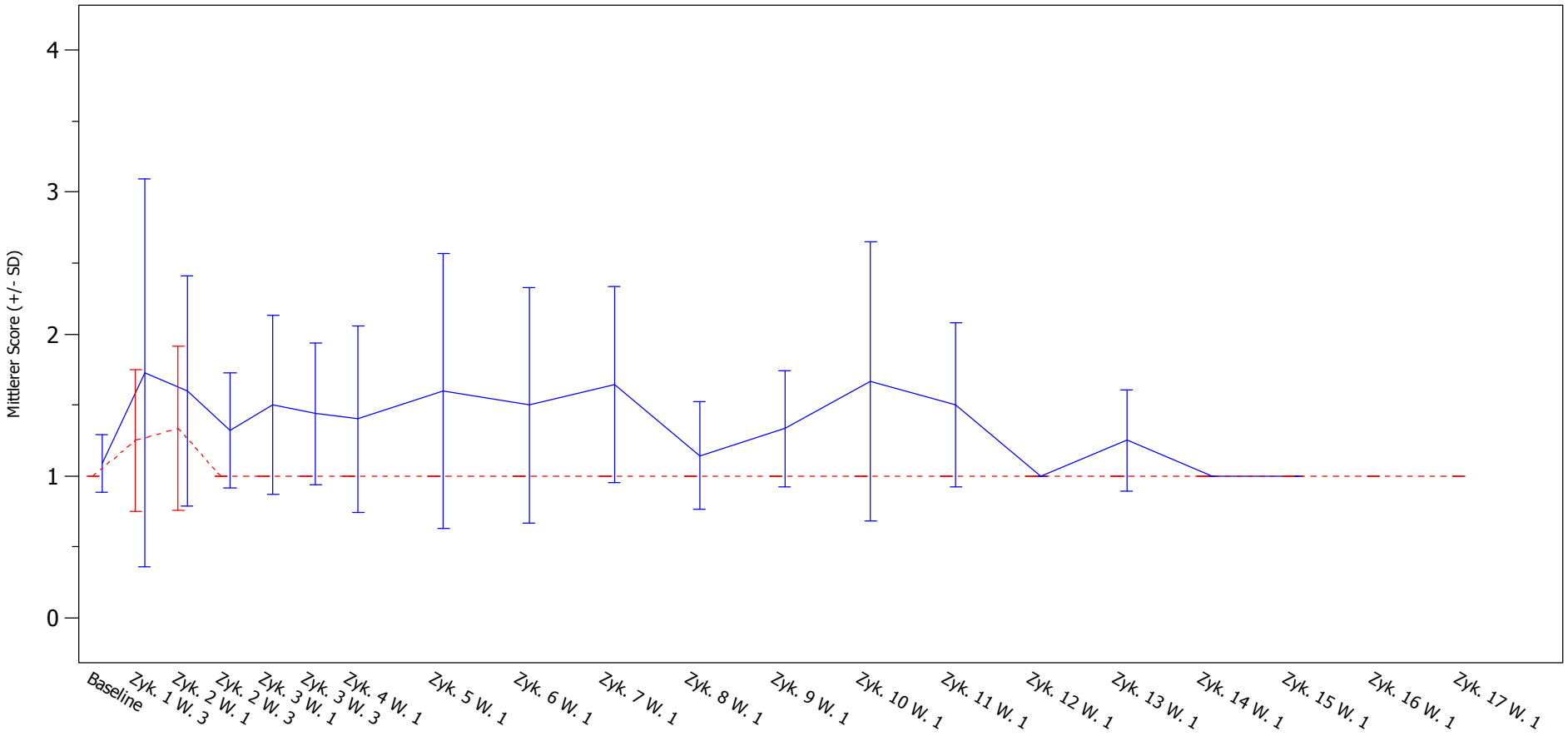
Figure 2.5.5.2.3 CAPItello-291 (China B2): Mean (+/- SD) plot of PRO-CTCAE Juckreiz across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	10	11	10	10	9	7	7	6	6	4	3	2	1	1	ND	ND	Cap.+Fu.
5	4	3	4	2	1	1	2	2	2	2	2	2	2	1	1	1	1	Pla.+Fu.

Figure 2.5.5.2.4 CAPItello-291 (China B2): Mean (+/- SD) plot of PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

11	11	10	11	10	10	9	7	7	6	6	4	3	2	1	1	ND	ND	Cap.+Fu.
5	4	3	4	2	1	1	2	2	2	2	2	2	2	1	1	1	1	Pla.+Fu.

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Capivasertib + Fulvestrant (N=117)	Baseline	103	68,04	19,284	33,3	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	109	64,76	21,205	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	98	68,54	16,775	16,7	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	89	68,07	19,145	16,7	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	83	68,57	19,186	25,0	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	68	67,65	20,841	0,0	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	67	68,91	17,919	33,3	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	56	67,26	16,731	16,7	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	58	66,67	18,861	25,0	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	54	68,52	16,875	33,3	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	46	70,65	15,490	41,7	66,67	100,0
		Zyklus 12 Woche 1 Tag 1	41	70,53	16,572	33,3	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	38	69,52	18,812	16,7	70,83	100,0
		Zyklus 14 Woche 1 Tag 1	34	69,12	19,520	16,7	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	24	71,18	17,198	33,3	66,67	100,0
		Zyklus 16 Woche 1 Tag 1	22	70,83	16,617	50,0	66,67	100,0
		Zyklus 17 Woche 1 Tag 1	19	69,30	15,970	41,7	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	16	72,40	14,181	50,0	70,83	91,7
		Zyklus 19 Woche 1 Tag 1	16	70,31	17,205	41,7	66,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	68,89	17,947	33,3	66,67	100,0
		Zyklus 21 Woche 1 Tag 1	11	68,94	23,597	16,7	66,67	100,0
		Zyklus 22 Woche 1 Tag 1	10	75,00	19,642	50,0	83,33	100,0
		Zyklus 23 Woche 1 Tag 1	7	82,14	18,276	50,0	83,33	100,0
		Zyklus 24 Woche 1 Tag 1	4	70,83	47,871	0,0	91,67	100,0
		Zyklus 25 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	91,67	0,000	91,7	91,67	91,7
		Zyklus 27 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 28 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 29 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Placebo + Fulvestrant (N=87)	Baseline	73	68,84	19,246	33,3	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	73	66,67	20,694	8,3	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	63	64,42	20,479	25,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	48	66,49	19,334	33,3	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	39	68,59	20,896	16,7	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	34	66,42	20,970	16,7	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	30	69,44	18,741	33,3	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	23	67,75	16,534	33,3	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	20	73,75	22,826	25,0	75,00	100,0
		Zyklus 10 Woche 1 Tag 1	15	71,67	20,119	33,3	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	13	73,08	22,861	33,3	75,00	100,0
		Zyklus 12 Woche 1 Tag 1	17	71,08	18,190	33,3	75,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	67,78	24,166	33,3	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	11	80,30	20,505	33,3	83,33	100,0
		Zyklus 15 Woche 1 Tag 1	8	79,17	17,817	50,0	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	7	69,05	17,817	50,0	66,67	100,0
		Zyklus 17 Woche 1 Tag 1	5	70,00	13,944	50,0	66,67	83,3
		Zyklus 18 Woche 1 Tag 1	4	70,83	15,957	50,0	75,00	83,3
		Zyklus 19 Woche 1 Tag 1	3	61,11	9,623	50,0	66,67	66,7
		Zyklus 20 Woche 1 Tag 1	2	58,33	11,785	50,0	58,33	66,7
		Zyklus 21 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 22 Woche 1 Tag 1	1	58,33	NC	58,3	58,33	58,3
		Zyklus 23 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0
		Zyklus 24 Woche 1 Tag 1	1	58,33	NC	58,3	58,33	58,3
		Zyklus 25 Woche 1 Tag 1	1	58,33	NC	58,3	58,33	58,3
		Zyklus 26 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 27 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=117)	Baseline	103	78,32	16,925	20,0	80,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	76,70	19,765	6,7	80,00	100,0
		Zyklus 3 Woche 1 Tag 1	98	77,76	16,159	26,7	80,00	100,0
		Zyklus 4 Woche 1 Tag 1	89	80,82	16,293	26,7	80,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	79,68	15,718	26,7	80,00	100,0
		Zyklus 6 Woche 1 Tag 1	68	79,02	19,075	6,7	80,00	100,0
		Zyklus 7 Woche 1 Tag 1	67	79,20	16,918	33,3	80,00	100,0
		Zyklus 8 Woche 1 Tag 1	56	78,69	15,798	33,3	80,00	100,0
		Zyklus 9 Woche 1 Tag 1	58	79,66	16,681	20,0	80,00	100,0
		Zyklus 10 Woche 1 Tag 1	54	78,89	16,420	40,0	80,00	100,0
		Zyklus 11 Woche 1 Tag 1	46	81,74	15,166	40,0	80,00	100,0
		Zyklus 12 Woche 1 Tag 1	41	82,11	15,523	26,7	80,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	82,11	12,978	46,7	80,00	100,0
		Zyklus 14 Woche 1 Tag 1	34	79,61	16,893	26,7	80,00	100,0
		Zyklus 15 Woche 1 Tag 1	24	84,44	11,236	66,7	86,67	100,0
		Zyklus 16 Woche 1 Tag 1	22	83,94	14,203	33,3	86,67	100,0
		Zyklus 17 Woche 1 Tag 1	19	84,91	10,621	66,7	86,67	100,0
		Zyklus 18 Woche 1 Tag 1	16	83,33	10,611	66,7	86,67	100,0
		Zyklus 19 Woche 1 Tag 1	16	85,42	10,672	66,7	86,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	82,22	14,836	40,0	80,00	100,0
		Zyklus 21 Woche 1 Tag 1	11	82,42	16,131	40,0	86,67	100,0
		Zyklus 22 Woche 1 Tag 1	10	80,00	17,778	40,0	80,00	100,0
		Zyklus 23 Woche 1 Tag 1	7	87,62	10,491	73,3	86,67	100,0
		Zyklus 24 Woche 1 Tag 1	4	61,67	43,333	0,0	73,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	84,44	21,430	60,0	93,33	100,0
		Zyklus 26 Woche 1 Tag 1	2	73,33	9,428	66,7	73,33	80,0
		Zyklus 27 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 28 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 29 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Körper	Placebo + Fulvestrant (N=87)	Baseline	73	79,63	16,626	40,0	80,00	100,0
		Zyklus 2 Woche 1 Tag 1	73	77,99	21,536	20,0	80,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	79,47	19,576	13,3	86,67	100,0
		Zyklus 4 Woche 1 Tag 1	48	78,19	20,106	13,3	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	39	80,68	16,670	33,3	86,67	100,0
		Zyklus 6 Woche 1 Tag 1	34	78,24	19,987	20,0	86,67	100,0
		Zyklus 7 Woche 1 Tag 1	30	82,89	16,206	46,7	86,67	100,0
		Zyklus 8 Woche 1 Tag 1	23	80,00	15,042	53,3	86,67	100,0
		Zyklus 9 Woche 1 Tag 1	20	84,67	17,045	53,3	93,33	100,0
		Zyklus 10 Woche 1 Tag 1	15	83,11	15,091	60,0	80,00	100,0
		Zyklus 11 Woche 1 Tag 1	13	83,59	15,303	60,0	80,00	100,0
		Zyklus 12 Woche 1 Tag 1	17	83,14	16,519	53,3	86,67	100,0
		Zyklus 13 Woche 1 Tag 1	15	80,89	16,878	53,3	80,00	100,0
		Zyklus 14 Woche 1 Tag 1	11	88,48	16,624	46,7	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	89,17	10,653	73,3	90,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	89,52	10,789	73,3	86,67	100,0
		Zyklus 17 Woche 1 Tag 1	5	89,33	7,601	80,0	86,67	100,0
		Zyklus 18 Woche 1 Tag 1	4	85,00	6,383	80,0	83,33	93,3
		Zyklus 19 Woche 1 Tag 1	3	86,67	6,667	80,0	86,67	93,3
		Zyklus 20 Woche 1 Tag 1	2	86,67	0,000	86,7	86,67	86,7
		Zyklus 21 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 22 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 23 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 24 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 25 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 26 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 27 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Capivasertib + Fulvestrant (N=117)	Baseline	103	75,40	28,184	0,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	109	75,23	25,420	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	78,23	23,376	0,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	78,28	24,925	0,0	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	78,31	22,502	16,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	68	79,41	23,591	0,0	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	78,11	25,984	0,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	56	78,27	24,396	0,0	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	58	77,87	24,856	0,0	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	73,77	25,820	0,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	46	80,07	19,758	16,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	81,30	21,146	33,3	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	80,26	22,546	16,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	34	80,39	24,437	0,0	91,67	100,0
		Zyklus 15 Woche 1 Tag 1	24	82,64	21,127	33,3	91,67	100,0
		Zyklus 16 Woche 1 Tag 1	22	82,58	18,168	50,0	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	19	81,58	17,476	50,0	83,33	100,0
		Zyklus 18 Woche 1 Tag 1	16	83,33	19,245	33,3	83,33	100,0
		Zyklus 19 Woche 1 Tag 1	16	82,29	17,710	50,0	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	15	78,89	23,117	16,7	83,33	100,0
		Zyklus 21 Woche 1 Tag 1	11	81,82	22,918	33,3	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	10	76,67	23,831	33,3	75,00	100,0
		Zyklus 23 Woche 1 Tag 1	7	88,10	15,853	66,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	66,67	47,140	0,0	83,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Placebo + Fulvestrant (N=87)	Baseline	73	80,37	25,511	0,0	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	73	75,57	27,086	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	63	78,57	24,942	0,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	48	76,39	27,469	16,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	39	80,77	22,143	16,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	34	78,92	29,102	0,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	82,78	21,657	33,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	81,88	20,666	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	20	85,83	27,185	0,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	15	81,11	24,289	33,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	13	79,49	22,724	33,3	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	17	82,35	20,809	33,3	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	15	77,78	23,288	33,3	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	11	84,85	31,140	0,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	91,67	15,430	66,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	93,33	14,907	66,7	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Kognition	Capivasertib + Fulvestrant (N=117)	Baseline	103	84,30	16,474	16,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	109	85,93	17,884	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	82,31	17,556	16,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	82,58	15,873	50,0	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	82,93	19,474	33,3	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	68	80,15	20,414	16,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	82,34	17,379	50,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	56	83,04	19,972	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	58	81,32	20,009	33,3	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	81,48	19,336	0,0	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	46	78,62	18,480	33,3	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	80,89	17,702	33,3	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	79,82	21,974	0,0	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	34	78,92	19,380	16,7	83,33	100,0
		Zyklus 15 Woche 1 Tag 1	24	86,11	15,281	50,0	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	22	81,82	16,191	50,0	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	19	84,21	17,100	50,0	83,33	100,0
		Zyklus 18 Woche 1 Tag 1	16	84,38	14,232	50,0	83,33	100,0
		Zyklus 19 Woche 1 Tag 1	16	86,46	12,500	66,7	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	15	82,22	16,019	50,0	83,33	100,0
		Zyklus 21 Woche 1 Tag 1	11	86,36	14,564	66,7	83,33	100,0
		Zyklus 22 Woche 1 Tag 1	10	81,67	22,839	33,3	91,67	100,0
		Zyklus 23 Woche 1 Tag 1	7	83,33	16,667	66,7	83,33	100,0
		Zyklus 24 Woche 1 Tag 1	4	58,33	39,675	16,7	58,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	77,78	25,459	50,0	83,33	100,0
		Zyklus 26 Woche 1 Tag 1	2	66,67	23,570	50,0	66,67	83,3
		Zyklus 27 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 28 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 29 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Kognition	Placebo + Fulvestrant (N=87)	Baseline	73	86,07	16,437	33,3	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	73	84,47	17,640	33,3	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	63	85,19	18,958	16,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	81,25	18,394	33,3	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	39	83,76	16,440	50,0	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	34	81,37	18,697	33,3	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	30	88,33	15,872	50,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	78,99	18,269	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	20	81,67	19,421	33,3	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	15	82,22	20,380	33,3	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	13	87,18	15,447	50,0	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	17	81,37	18,524	33,3	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	15	87,78	16,019	50,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	11	87,88	19,848	33,3	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	89,58	15,269	66,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	85,71	14,996	66,7	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	5	80,00	13,944	66,7	83,33	100,0
		Zyklus 18 Woche 1 Tag 1	4	75,00	16,667	66,7	66,67	100,0
		Zyklus 19 Woche 1 Tag 1	3	83,33	0,000	83,3	83,33	83,3
		Zyklus 20 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 21 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 22 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 25 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 26 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 27 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Emotionalität	Capivasertib + Fulvestrant (N=117)	Baseline	103	74,84	20,710	0,0	75,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	76,76	22,597	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	78,15	20,219	0,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	76,12	22,304	0,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	77,81	20,794	0,0	75,00	100,0
		Zyklus 6 Woche 1 Tag 1	68	74,88	20,488	16,7	79,17	100,0
		Zyklus 7 Woche 1 Tag 1	67	76,12	18,964	33,3	75,00	100,0
		Zyklus 8 Woche 1 Tag 1	56	76,64	18,424	25,0	79,17	100,0
		Zyklus 9 Woche 1 Tag 1	58	72,56	22,729	8,3	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	54	77,62	20,783	0,0	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	46	75,36	19,481	16,7	75,00	100,0
		Zyklus 12 Woche 1 Tag 1	41	75,20	20,369	25,0	75,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	75,88	21,987	25,0	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	34	73,28	22,264	33,3	75,00	100,0
		Zyklus 15 Woche 1 Tag 1	24	76,04	22,022	33,3	75,00	100,0
		Zyklus 16 Woche 1 Tag 1	22	79,92	17,567	33,3	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	19	79,82	20,846	41,7	91,67	100,0
		Zyklus 18 Woche 1 Tag 1	16	84,38	16,066	50,0	87,50	100,0
		Zyklus 19 Woche 1 Tag 1	16	82,29	17,970	41,7	91,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	83,89	20,526	41,7	91,67	100,0
		Zyklus 21 Woche 1 Tag 1	11	82,58	19,527	41,7	91,67	100,0
		Zyklus 22 Woche 1 Tag 1	10	74,17	24,985	41,7	79,17	100,0
		Zyklus 23 Woche 1 Tag 1	7	86,90	23,500	41,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	91,67	11,785	75,0	95,83	100,0
		Zyklus 25 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0
		Zyklus 27 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Emotionalität	Placebo + Fulvestrant (N=87)	Baseline	73	71,46	19,090	16,7	75,00	100,0
		Zyklus 2 Woche 1 Tag 1	73	77,40	20,809	8,3	75,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	73,68	22,461	8,3	75,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	73,96	24,770	0,0	79,17	100,0
		Zyklus 5 Woche 1 Tag 1	39	75,00	20,855	33,3	75,00	100,0
		Zyklus 6 Woche 1 Tag 1	34	73,77	22,486	16,7	75,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	81,11	18,170	41,7	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	23	74,64	19,701	16,7	75,00	100,0
		Zyklus 9 Woche 1 Tag 1	20	78,75	26,966	8,3	87,50	100,0
		Zyklus 10 Woche 1 Tag 1	15	73,89	27,253	16,7	75,00	100,0
		Zyklus 11 Woche 1 Tag 1	13	76,28	22,783	16,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	17	75,98	26,001	0,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	15	79,44	24,573	16,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	11	84,09	26,733	16,7	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	93,75	11,573	66,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	86,90	17,910	58,3	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	86,67	15,138	66,7	91,67	100,0
		Zyklus 18 Woche 1 Tag 1	4	83,33	15,215	66,7	83,33	100,0
		Zyklus 19 Woche 1 Tag 1	3	86,11	4,811	83,3	83,33	91,7
		Zyklus 20 Woche 1 Tag 1	2	87,50	17,678	75,0	87,50	100,0
		Zyklus 21 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 23 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=117)	Baseline	103	85,11	19,091	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	78,13	24,396	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	79,76	21,836	0,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	83,15	20,334	16,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	83,33	20,660	16,7	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	68	81,37	22,403	0,0	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	81,84	18,516	33,3	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	56	81,85	23,842	0,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	58	80,75	22,686	0,0	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	80,56	24,174	0,0	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	46	80,80	20,174	33,3	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	81,30	21,472	33,3	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	80,70	23,096	16,7	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	34	82,84	20,713	33,3	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	24	85,42	18,593	33,3	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	22	85,61	16,504	66,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	19	80,70	20,233	50,0	83,33	100,0
		Zyklus 18 Woche 1 Tag 1	16	83,33	21,943	33,3	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	16	82,29	21,490	33,3	91,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	81,11	24,289	33,3	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	11	83,33	22,361	33,3	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	10	76,67	27,442	33,3	83,33	100,0
		Zyklus 23 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	83,33	33,333	33,3	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 27 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Sozial	Placebo + Fulvestrant (N=87)	Baseline	73	85,39	23,065	0,0	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	73	81,96	22,005	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	85,71	21,136	16,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	80,90	23,061	33,3	91,67	100,0
		Zyklus 5 Woche 1 Tag 1	39	84,19	20,572	33,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	34	78,43	24,799	0,0	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	30	86,11	18,612	33,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	84,06	18,449	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	20	83,33	28,613	0,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	15	80,00	26,874	16,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	13	85,90	30,312	0,0	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	17	84,31	29,149	0,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	83,33	28,172	0,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	11	90,91	30,151	0,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	100,00	0,000	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	97,62	6,299	83,3	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	100,00	0,000	100,0	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Capivasertib + Fulvestrant (N=117)	Baseline	103	32,36	21,396	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	109	35,78	21,402	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	36,51	21,046	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	32,96	22,501	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	33,87	22,080	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	68	33,33	19,483	0,0	33,33	88,9
		Zyklus 7 Woche 1 Tag 1	67	31,18	19,748	0,0	33,33	77,8
		Zyklus 8 Woche 1 Tag 1	56	34,33	21,945	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	58	34,87	21,574	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	32,30	20,163	0,0	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	46	31,40	19,641	0,0	33,33	88,9
		Zyklus 12 Woche 1 Tag 1	41	27,64	18,613	0,0	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	38	33,04	20,091	0,0	33,33	100,0
		Zyklus 14 Woche 1 Tag 1	34	34,64	21,146	0,0	33,33	88,9
		Zyklus 15 Woche 1 Tag 1	24	26,39	18,480	0,0	22,22	66,7
		Zyklus 16 Woche 1 Tag 1	22	28,79	15,958	0,0	33,33	55,6
		Zyklus 17 Woche 1 Tag 1	19	30,41	18,460	0,0	33,33	66,7
		Zyklus 18 Woche 1 Tag 1	16	31,94	12,750	11,1	33,33	66,7
		Zyklus 19 Woche 1 Tag 1	16	25,69	15,027	0,0	27,78	55,6
		Zyklus 20 Woche 1 Tag 1	15	31,11	19,787	0,0	33,33	77,8
		Zyklus 21 Woche 1 Tag 1	11	27,27	20,706	0,0	22,22	66,7
		Zyklus 22 Woche 1 Tag 1	10	28,89	23,541	0,0	33,33	66,7
		Zyklus 23 Woche 1 Tag 1	7	22,22	16,973	0,0	22,22	44,4
		Zyklus 24 Woche 1 Tag 1	4	41,67	41,944	0,0	33,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	18,52	16,973	0,0	22,22	33,3
		Zyklus 26 Woche 1 Tag 1	2	27,78	7,857	22,2	27,78	33,3
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Placebo + Fulvestrant (N=87)	Baseline	73	32,88	20,987	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	73	36,38	26,141	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	63	36,68	24,083	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	48	35,19	27,727	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	39	33,05	26,056	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	34	37,25	28,543	0,0	33,33	100,0
		Zyklus 7 Woche 1 Tag 1	30	31,11	23,050	0,0	33,33	77,8
		Zyklus 8 Woche 1 Tag 1	23	34,78	19,622	0,0	33,33	88,9
		Zyklus 9 Woche 1 Tag 1	20	27,22	25,356	0,0	22,22	100,0
		Zyklus 10 Woche 1 Tag 1	15	28,15	20,082	0,0	33,33	66,7
		Zyklus 11 Woche 1 Tag 1	13	25,64	19,450	0,0	33,33	55,6
		Zyklus 12 Woche 1 Tag 1	17	26,14	21,495	0,0	22,22	66,7
		Zyklus 13 Woche 1 Tag 1	15	28,89	22,925	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	11	21,21	27,422	0,0	11,11	88,9
		Zyklus 15 Woche 1 Tag 1	8	19,44	16,534	0,0	27,78	33,3
		Zyklus 16 Woche 1 Tag 1	7	22,22	15,713	0,0	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	5	24,44	14,487	0,0	33,33	33,3
		Zyklus 18 Woche 1 Tag 1	4	33,33	0,000	33,3	33,33	33,3
		Zyklus 19 Woche 1 Tag 1	3	33,33	0,000	33,3	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	2	27,78	7,857	22,2	27,78	33,3
		Zyklus 21 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 22 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 24 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 25 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 26 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Übelkeit und Erbrechen	Capivasertib + Fulvestrant (N=117)	Baseline	103	4,37	12,559	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	13,61	19,663	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	98	13,95	19,249	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	89	11,05	18,960	0,0	0,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	8,63	12,030	0,0	0,00	50,0
		Zyklus 6 Woche 1 Tag 1	68	8,33	13,352	0,0	0,00	50,0
		Zyklus 7 Woche 1 Tag 1	67	7,96	12,088	0,0	0,00	50,0
		Zyklus 8 Woche 1 Tag 1	56	10,71	16,339	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	58	6,90	12,105	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	54	9,57	12,788	0,0	0,00	50,0
		Zyklus 11 Woche 1 Tag 1	46	7,61	11,497	0,0	0,00	50,0
		Zyklus 12 Woche 1 Tag 1	41	6,50	10,460	0,0	0,00	50,0
		Zyklus 13 Woche 1 Tag 1	38	7,89	10,778	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	34	6,37	8,221	0,0	0,00	16,7
		Zyklus 15 Woche 1 Tag 1	24	4,86	9,167	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	22	3,79	7,149	0,0	0,00	16,7
		Zyklus 17 Woche 1 Tag 1	19	6,14	11,400	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	16	7,29	10,486	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	16	7,29	10,486	0,0	0,00	33,3
		Zyklus 20 Woche 1 Tag 1	15	7,78	10,666	0,0	0,00	33,3
		Zyklus 21 Woche 1 Tag 1	11	12,12	13,104	0,0	16,67	33,3
		Zyklus 22 Woche 1 Tag 1	10	8,33	14,164	0,0	0,00	33,3
		Zyklus 23 Woche 1 Tag 1	7	4,76	8,133	0,0	0,00	16,7
		Zyklus 24 Woche 1 Tag 1	4	20,83	41,667	0,0	0,00	83,3
		Zyklus 25 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Übelkeit und Erbrechen	Placebo + Fulvestrant (N=87)	Baseline	73	8,45	15,987	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	73	8,90	15,977	0,0	0,00	83,3
		Zyklus 3 Woche 1 Tag 1	63	7,67	13,660	0,0	0,00	50,0
		Zyklus 4 Woche 1 Tag 1	48	10,76	18,026	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	39	7,26	12,563	0,0	0,00	50,0
		Zyklus 6 Woche 1 Tag 1	34	10,78	23,528	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	5,56	11,853	0,0	0,00	50,0
		Zyklus 8 Woche 1 Tag 1	23	8,70	13,171	0,0	0,00	50,0
		Zyklus 9 Woche 1 Tag 1	20	7,50	11,439	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	15	8,89	19,787	0,0	0,00	66,7
		Zyklus 11 Woche 1 Tag 1	13	6,41	10,841	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	17	10,78	19,491	0,0	0,00	66,7
		Zyklus 13 Woche 1 Tag 1	15	11,11	18,545	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	11	3,03	6,742	0,0	0,00	16,7
		Zyklus 15 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	7	2,38	6,299	0,0	0,00	16,7
		Zyklus 17 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 18 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 19 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schmerzen	Capivasertib + Fulvestrant (N=117)	Baseline	103	31,88	27,127	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	109	26,30	27,150	0,0	16,67	100,0
		Zyklus 3 Woche 1 Tag 1	98	27,04	24,815	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	89	25,09	23,318	0,0	16,67	100,0
		Zyklus 5 Woche 1 Tag 1	83	26,31	25,118	0,0	16,67	100,0
		Zyklus 6 Woche 1 Tag 1	68	23,77	21,990	0,0	16,67	83,3
		Zyklus 7 Woche 1 Tag 1	67	24,63	23,812	0,0	16,67	100,0
		Zyklus 8 Woche 1 Tag 1	56	24,11	25,210	0,0	16,67	100,0
		Zyklus 9 Woche 1 Tag 1	58	27,87	26,192	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	25,31	23,062	0,0	33,33	83,3
		Zyklus 11 Woche 1 Tag 1	46	21,01	19,063	0,0	16,67	66,7
		Zyklus 12 Woche 1 Tag 1	41	19,92	22,429	0,0	16,67	66,7
		Zyklus 13 Woche 1 Tag 1	38	21,49	24,170	0,0	16,67	66,7
		Zyklus 14 Woche 1 Tag 1	34	21,57	24,110	0,0	16,67	66,7
		Zyklus 15 Woche 1 Tag 1	24	20,83	22,656	0,0	16,67	66,7
		Zyklus 16 Woche 1 Tag 1	22	20,45	18,496	0,0	16,67	50,0
		Zyklus 17 Woche 1 Tag 1	19	22,81	22,368	0,0	16,67	66,7
		Zyklus 18 Woche 1 Tag 1	16	16,67	16,102	0,0	16,67	50,0
		Zyklus 19 Woche 1 Tag 1	16	15,63	17,710	0,0	16,67	50,0
		Zyklus 20 Woche 1 Tag 1	15	15,56	20,380	0,0	16,67	66,7
		Zyklus 21 Woche 1 Tag 1	11	15,15	20,350	0,0	0,00	50,0
		Zyklus 22 Woche 1 Tag 1	10	21,67	23,636	0,0	16,67	66,7
		Zyklus 23 Woche 1 Tag 1	7	16,67	19,245	0,0	16,67	50,0
		Zyklus 24 Woche 1 Tag 1	4	29,17	47,871	0,0	8,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 26 Woche 1 Tag 1	2	16,67	0,000	16,7	16,67	16,7
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schmerzen	Placebo + Fulvestrant (N=87)	Baseline	73	29,68	25,647	0,0	33,33	83,3
		Zyklus 2 Woche 1 Tag 1	73	23,52	28,305	0,0	16,67	100,0
		Zyklus 3 Woche 1 Tag 1	63	26,19	25,874	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	48	24,31	26,622	0,0	16,67	100,0
		Zyklus 5 Woche 1 Tag 1	39	30,34	30,796	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	34	22,55	26,554	0,0	16,67	100,0
		Zyklus 7 Woche 1 Tag 1	30	20,56	20,846	0,0	16,67	66,7
		Zyklus 8 Woche 1 Tag 1	23	19,57	21,113	0,0	16,67	66,7
		Zyklus 9 Woche 1 Tag 1	20	18,33	26,435	0,0	8,33	83,3
		Zyklus 10 Woche 1 Tag 1	15	14,44	23,458	0,0	0,00	66,7
		Zyklus 11 Woche 1 Tag 1	13	11,54	14,248	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	17	15,69	24,630	0,0	0,00	66,7
		Zyklus 13 Woche 1 Tag 1	15	15,56	21,331	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	11	7,58	17,262	0,0	0,00	50,0
		Zyklus 15 Woche 1 Tag 1	8	4,17	11,785	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	7	14,29	20,250	0,0	0,00	50,0
		Zyklus 17 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	4	4,17	8,333	0,0	0,00	16,7
		Zyklus 19 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=117)	Baseline	103	20,71	26,037	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	15,60	22,022	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	98	15,65	22,554	0,0	0,00	100,0
		Zyklus 4 Woche 1 Tag 1	89	13,86	22,923	0,0	0,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	13,65	20,186	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	68	15,69	20,338	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	67	16,92	21,999	0,0	0,00	100,0
		Zyklus 8 Woche 1 Tag 1	56	17,26	19,060	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	58	17,82	20,911	0,0	0,00	100,0
		Zyklus 10 Woche 1 Tag 1	54	16,05	20,209	0,0	0,00	66,7
		Zyklus 11 Woche 1 Tag 1	46	13,77	18,021	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	41	21,95	25,397	0,0	33,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	17,54	21,556	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	34	18,63	20,418	0,0	16,67	66,7
		Zyklus 15 Woche 1 Tag 1	24	13,89	21,795	0,0	0,00	66,7
		Zyklus 16 Woche 1 Tag 1	22	16,67	22,420	0,0	0,00	66,7
		Zyklus 17 Woche 1 Tag 1	19	24,56	24,450	0,0	33,33	66,7
		Zyklus 18 Woche 1 Tag 1	16	12,50	16,667	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	16	18,75	20,972	0,0	16,67	66,7
		Zyklus 20 Woche 1 Tag 1	15	22,22	20,574	0,0	33,33	66,7
		Zyklus 21 Woche 1 Tag 1	11	15,15	22,918	0,0	0,00	66,7
		Zyklus 22 Woche 1 Tag 1	10	16,67	23,570	0,0	0,00	66,7
		Zyklus 23 Woche 1 Tag 1	7	19,05	26,227	0,0	0,00	66,7
		Zyklus 24 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 25 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Dyspnoe	Placebo + Fulvestrant (N=87)	Baseline	73	17,81	25,509	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	73	19,63	26,548	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	17,46	25,998	0,0	0,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	24,31	28,961	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	39	20,51	23,713	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	34	21,57	23,039	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	30	23,33	30,513	0,0	0,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	27,54	25,922	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	20	23,33	28,817	0,0	16,67	100,0
		Zyklus 10 Woche 1 Tag 1	15	28,89	30,516	0,0	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	13	28,21	29,957	0,0	33,33	100,0
		Zyklus 12 Woche 1 Tag 1	17	21,57	28,726	0,0	0,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	26,67	28,730	0,0	33,33	100,0
		Zyklus 14 Woche 1 Tag 1	11	18,18	31,140	0,0	0,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	7	19,05	17,817	0,0	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 18 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 19 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 22 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 24 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 26 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Capivasertib + Fulvestrant (N=117)	Baseline	103	14,24	22,676	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	24,46	27,081	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	22,45	25,225	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	20,60	27,755	0,0	0,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	20,08	22,049	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	68	21,57	25,604	0,0	16,67	100,0
		Zyklus 7 Woche 1 Tag 1	67	19,40	24,720	0,0	0,00	100,0
		Zyklus 8 Woche 1 Tag 1	56	20,24	22,633	0,0	16,67	66,7
		Zyklus 9 Woche 1 Tag 1	58	17,24	20,935	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	54	19,75	24,673	0,0	0,00	100,0
		Zyklus 11 Woche 1 Tag 1	46	15,94	24,077	0,0	0,00	100,0
		Zyklus 12 Woche 1 Tag 1	41	15,45	22,482	0,0	0,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	12,28	19,638	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	34	21,57	24,457	0,0	16,67	66,7
		Zyklus 15 Woche 1 Tag 1	24	18,06	21,934	0,0	0,00	66,7
		Zyklus 16 Woche 1 Tag 1	22	12,12	16,412	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	19	12,28	19,909	0,0	0,00	66,7
		Zyklus 18 Woche 1 Tag 1	16	20,83	23,960	0,0	16,67	66,7
		Zyklus 19 Woche 1 Tag 1	16	20,83	23,960	0,0	16,67	66,7
		Zyklus 20 Woche 1 Tag 1	15	15,56	21,331	0,0	0,00	66,7
		Zyklus 21 Woche 1 Tag 1	11	24,24	30,151	0,0	33,33	100,0
		Zyklus 22 Woche 1 Tag 1	10	20,00	23,307	0,0	16,67	66,7
		Zyklus 23 Woche 1 Tag 1	7	9,52	16,265	0,0	0,00	33,3
		Zyklus 24 Woche 1 Tag 1	4	41,67	41,944	0,0	33,33	100,0
		Zyklus 25 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 26 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Placebo + Fulvestrant (N=87)	Baseline	73	14,61	20,777	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	73	13,70	24,111	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	12,70	19,333	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	48	15,28	24,753	0,0	0,00	100,0
		Zyklus 5 Woche 1 Tag 1	39	14,53	25,125	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	34	15,69	26,253	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	11,11	18,222	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	23	14,49	19,659	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	20	13,33	22,685	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	15	15,56	24,774	0,0	0,00	66,7
		Zyklus 11 Woche 1 Tag 1	13	10,26	16,013	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	17	15,69	23,914	0,0	0,00	66,7
		Zyklus 13 Woche 1 Tag 1	15	17,78	24,774	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	11	12,12	22,473	0,0	0,00	66,7
		Zyklus 15 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schlaflosigkeit	Capivasertib + Fulvestrant (N=117)	Baseline	103	33,01	29,703	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	109	27,52	27,905	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	26,87	25,623	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	28,46	27,776	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	25,70	26,198	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	68	28,43	27,778	0,0	33,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	25,37	23,275	0,0	33,33	66,7
		Zyklus 8 Woche 1 Tag 1	56	27,38	27,048	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	58	33,91	28,265	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	25,93	26,435	0,0	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	46	29,71	24,574	0,0	33,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	23,58	27,125	0,0	33,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	28,07	26,311	0,0	33,33	100,0
		Zyklus 14 Woche 1 Tag 1	34	34,31	30,135	0,0	33,33	100,0
		Zyklus 15 Woche 1 Tag 1	24	29,17	24,696	0,0	33,33	100,0
		Zyklus 16 Woche 1 Tag 1	22	22,73	23,874	0,0	33,33	100,0
		Zyklus 17 Woche 1 Tag 1	19	22,81	24,976	0,0	33,33	100,0
		Zyklus 18 Woche 1 Tag 1	16	20,83	16,667	0,0	33,33	33,3
		Zyklus 19 Woche 1 Tag 1	16	16,67	17,213	0,0	16,67	33,3
		Zyklus 20 Woche 1 Tag 1	15	20,00	24,560	0,0	0,00	66,7
		Zyklus 21 Woche 1 Tag 1	11	24,24	21,556	0,0	33,33	66,7
		Zyklus 22 Woche 1 Tag 1	10	23,33	16,102	0,0	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	7	28,57	23,002	0,0	33,33	66,7
		Zyklus 24 Woche 1 Tag 1	4	50,00	43,033	0,0	50,00	100,0
		Zyklus 25 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 26 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schlaflosigkeit	Placebo + Fulvestrant (N=87)	Baseline	73	31,96	27,464	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	73	27,40	25,057	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	63	27,51	22,828	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	48	25,69	22,003	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	39	29,91	22,679	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	34	26,47	22,888	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	30	18,89	22,630	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	23	28,99	25,235	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	20	25,00	26,213	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	15	24,44	26,627	0,0	33,33	66,7
		Zyklus 11 Woche 1 Tag 1	13	23,08	25,036	0,0	33,33	66,7
		Zyklus 12 Woche 1 Tag 1	17	25,49	32,338	0,0	0,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	22,22	24,125	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	11	18,18	22,918	0,0	0,00	66,7
		Zyklus 15 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	7	14,29	17,817	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	5	20,00	29,814	0,0	0,00	66,7
		Zyklus 18 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Verstopfung	Capivasertib + Fulvestrant (N=117)	Baseline	103	12,62	20,408	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	109	12,84	24,807	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	98	9,52	17,258	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	89	7,49	16,478	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	83	4,82	12,892	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	68	4,90	13,214	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	67	5,97	14,125	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	56	8,33	18,257	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	58	9,20	17,431	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	54	8,02	14,385	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	46	6,52	13,370	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	41	6,50	13,374	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	38	8,77	16,773	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	34	4,90	14,524	0,0	0,00	66,7
		Zyklus 15 Woche 1 Tag 1	24	8,33	17,720	0,0	0,00	66,7
		Zyklus 16 Woche 1 Tag 1	22	4,55	11,708	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	19	7,02	13,962	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	16	8,33	19,245	0,0	0,00	66,7
		Zyklus 19 Woche 1 Tag 1	16	4,17	11,386	0,0	0,00	33,3
		Zyklus 20 Woche 1 Tag 1	15	2,22	8,607	0,0	0,00	33,3
		Zyklus 21 Woche 1 Tag 1	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 22 Woche 1 Tag 1	10	0,00	0,000	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Verstopfung	Placebo + Fulvestrant (N=87)	Baseline	73	12,79	18,113	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	73	16,89	23,651	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	63	15,87	20,615	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	48	15,97	22,795	0,0	0,00	100,0
		Zyklus 5 Woche 1 Tag 1	39	13,68	23,839	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	34	20,59	28,444	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	11,11	18,222	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	23	11,59	19,092	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	20	6,67	13,680	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	15	8,89	15,258	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	13	10,26	16,013	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	17	5,88	13,098	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	15	6,67	13,801	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	11	6,06	13,484	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	8	8,33	23,570	0,0	0,00	66,7
		Zyklus 16 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=117)	Baseline	103	5,18	16,005	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	109	33,33	29,745	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	98	32,99	27,284	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	89	32,21	29,063	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	83	29,32	25,181	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	68	27,94	27,984	0,0	33,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	31,34	28,944	0,0	33,33	100,0
		Zyklus 8 Woche 1 Tag 1	56	30,36	28,623	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	58	27,59	25,083	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	32,10	26,669	0,0	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	46	32,61	24,834	0,0	33,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	27,64	26,773	0,0	33,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	30,70	24,970	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	34	27,45	23,883	0,0	33,33	66,7
		Zyklus 15 Woche 1 Tag 1	24	25,00	22,522	0,0	33,33	66,7
		Zyklus 16 Woche 1 Tag 1	22	18,18	22,366	0,0	0,00	66,7
		Zyklus 17 Woche 1 Tag 1	19	22,81	22,368	0,0	33,33	66,7
		Zyklus 18 Woche 1 Tag 1	16	25,00	25,820	0,0	33,33	66,7
		Zyklus 19 Woche 1 Tag 1	16	27,08	25,000	0,0	33,33	66,7
		Zyklus 20 Woche 1 Tag 1	15	33,33	25,198	0,0	33,33	66,7
		Zyklus 21 Woche 1 Tag 1	11	24,24	26,208	0,0	33,33	66,7
		Zyklus 22 Woche 1 Tag 1	10	20,00	23,307	0,0	16,67	66,7
		Zyklus 23 Woche 1 Tag 1	7	23,81	25,198	0,0	33,33	66,7
		Zyklus 24 Woche 1 Tag 1	4	16,67	33,333	0,0	0,00	66,7
		Zyklus 25 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 26 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Diarrhö	Placebo + Fulvestrant (N=87)	Baseline	73	7,31	14,955	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	73	8,22	16,462	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	63	10,05	17,592	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	48	11,81	20,035	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	39	7,69	16,153	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	34	7,84	20,199	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	6,67	20,342	0,0	0,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	10,14	23,430	0,0	0,00	100,0
		Zyklus 9 Woche 1 Tag 1	20	8,33	14,809	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	15	11,11	24,125	0,0	0,00	66,7
		Zyklus 11 Woche 1 Tag 1	13	10,26	21,014	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	17	9,80	19,596	0,0	0,00	66,7
		Zyklus 13 Woche 1 Tag 1	15	11,11	20,574	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	11	12,12	22,473	0,0	0,00	66,7
		Zyklus 15 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Capivasertib + Fulvestrant (N=11)	Baseline	11	75,00	12,360	50,0	83,33	91,7
		Zyklus 2 Woche 1 Tag 1	11	59,09	27,501	0,0	66,67	91,7
		Zyklus 3 Woche 1 Tag 1	11	73,48	18,188	33,3	75,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	74,24	18,803	33,3	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	11	73,48	15,731	50,0	66,67	91,7
		Zyklus 6 Woche 1 Tag 1	10	64,17	27,792	16,7	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	7	73,81	22,786	50,0	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	7	82,14	22,786	50,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	80,56	17,213	58,3	79,17	100,0
		Zyklus 10 Woche 1 Tag 1	6	70,83	28,747	16,7	79,17	100,0
		Zyklus 11 Woche 1 Tag 1	5	73,33	9,129	66,7	66,67	83,3
		Zyklus 12 Woche 1 Tag 1	4	72,92	7,979	66,7	70,83	83,3
		Zyklus 13 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 14 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	5	86,67	13,944	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	80,56	20,972	58,3	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	4	75,00	28,868	33,3	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	2	75,00	35,355	50,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	2	79,17	29,463	58,3	79,17	100,0
		Zyklus 6 Woche 1 Tag 1	2	75,00	35,355	50,0	75,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	80,56	17,347	66,7	75,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	75,00	22,048	58,3	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	3	72,22	25,459	50,0	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	3	72,22	25,459	50,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	3	72,22	24,056	58,3	58,33	100,0
		Zyklus 12 Woche 1 Tag 1	2	70,83	41,248	41,7	70,83	100,0
		Zyklus 13 Woche 1 Tag 1	2	79,17	29,463	58,3	79,17	100,0
		Zyklus 14 Woche 1 Tag 1	1	41,67	NC	41,7	41,67	41,7
		Zyklus 15 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Placebo + Fulvestrant (N=6)	Zyklus 17 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=11)	Baseline	11	92,12	8,336	73,3	93,33	100,0
		Zyklus 2 Woche 1 Tag 1	11	76,36	18,466	46,7	80,00	100,0
		Zyklus 3 Woche 1 Tag 1	11	87,88	11,083	66,7	86,67	100,0
		Zyklus 4 Woche 1 Tag 1	11	84,85	14,634	53,3	86,67	100,0
		Zyklus 5 Woche 1 Tag 1	11	83,03	11,686	60,0	86,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	80,67	16,763	53,3	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	7	85,71	14,105	60,0	86,67	100,0
		Zyklus 8 Woche 1 Tag 1	7	87,62	9,759	80,0	80,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	78,89	26,472	26,7	86,67	100,0
		Zyklus 10 Woche 1 Tag 1	6	80,00	19,777	46,7	86,67	100,0
		Zyklus 11 Woche 1 Tag 1	5	86,67	9,428	73,3	86,67	100,0
		Zyklus 12 Woche 1 Tag 1	4	86,67	9,428	80,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	2	90,00	14,142	80,0	90,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
	Placebo + Fulvestrant (N=6)	Baseline	5	90,67	11,155	73,3	93,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	75,56	13,878	60,0	80,00	86,7
		Zyklus 3 Woche 1 Tag 1	4	83,33	17,638	60,0	86,67	100,0
		Zyklus 4 Woche 1 Tag 1	2	76,67	14,142	66,7	76,67	86,7
		Zyklus 5 Woche 1 Tag 1	2	73,33	0,000	73,3	73,33	73,3
		Zyklus 6 Woche 1 Tag 1	2	80,00	0,000	80,0	80,00	80,0
		Zyklus 7 Woche 1 Tag 1	3	84,44	3,849	80,0	86,67	86,7
		Zyklus 8 Woche 1 Tag 1	3	75,56	13,878	60,0	80,00	86,7
		Zyklus 9 Woche 1 Tag 1	3	80,00	20,000	60,0	80,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	88,89	3,849	86,7	86,67	93,3
		Zyklus 11 Woche 1 Tag 1	3	77,78	3,849	73,3	80,00	80,0
		Zyklus 12 Woche 1 Tag 1	2	83,33	4,714	80,0	83,33	86,7
		Zyklus 13 Woche 1 Tag 1	2	83,33	4,714	80,0	83,33	86,7
		Zyklus 14 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 15 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Körper	Placebo + Fulvestrant (N=6)	Zyklus 16 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 17 Woche 1 Tag 1	1	80,00	NC	80,0	80,00	80,0
EORTC QLQ-C30 Funktionsskala: Rolle	Capivasertib + Fulvestrant (N=11)	Baseline	11	93,94	11,237	66,7	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	11	78,79	24,823	33,3	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	11	87,88	18,395	50,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	87,88	16,817	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	11	74,24	18,803	33,3	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	83,33	24,845	33,3	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	7	88,10	15,853	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	83,33	21,082	50,0	91,67	100,0
		Zyklus 10 Woche 1 Tag 1	6	83,33	21,082	50,0	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	5	80,00	13,944	66,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	5	96,67	7,454	83,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	4	87,50	15,957	66,7	91,67	100,0
		Zyklus 4 Woche 1 Tag 1	2	75,00	35,355	50,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 6 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Placebo + Fulvestrant (N=6)	Zyklus 15 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
EORTC QLQ-C30 Funktionsskala: Kognition	Capivasertib + Fulvestrant (N=11)	Baseline	11	87,88	13,104	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	11	87,88	13,104	66,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	11	89,39	11,237	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	86,36	10,050	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	80,30	17,979	50,0	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	10	76,67	21,082	33,3	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	7	85,71	11,501	66,7	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	7	88,10	8,133	83,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	6	88,89	13,608	66,7	91,67	100,0
		Zyklus 10 Woche 1 Tag 1	6	83,33	10,541	66,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	5	80,00	7,454	66,7	83,33	83,3
		Zyklus 12 Woche 1 Tag 1	4	79,17	20,972	50,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 14 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 15 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
	Placebo + Fulvestrant (N=6)	Baseline	5	86,67	13,944	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 5 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 13 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Kognition	Placebo + Fulvestrant (N=6)	Zyklus 14 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 15 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
EORTC QLQ-C30 Funktionsskala: Emotionalität	Capivasertib + Fulvestrant (N=11)	Baseline	11	78,03	17,979	50,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	11	74,24	21,556	33,3	75,00	100,0
		Zyklus 3 Woche 1 Tag 1	11	79,55	15,970	50,0	75,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	84,85	15,284	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	78,03	15,034	58,3	75,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	72,50	18,860	41,7	70,83	100,0
		Zyklus 7 Woche 1 Tag 1	7	82,14	14,773	66,7	75,00	100,0
		Zyklus 8 Woche 1 Tag 1	7	82,14	16,265	58,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	6	83,33	11,785	66,7	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	6	83,33	22,361	41,7	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	5	86,67	9,501	75,0	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	4	89,58	10,486	75,0	91,67	100,0
		Zyklus 13 Woche 1 Tag 1	2	79,17	5,893	75,0	79,17	83,3
		Zyklus 14 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 15 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
	Placebo + Fulvestrant (N=6)	Baseline	5	83,33	11,785	75,0	75,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	86,11	9,623	75,0	91,67	91,7
		Zyklus 3 Woche 1 Tag 1	4	81,25	15,775	58,3	87,50	91,7
		Zyklus 4 Woche 1 Tag 1	2	83,33	11,785	75,0	83,33	91,7
		Zyklus 5 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0
		Zyklus 6 Woche 1 Tag 1	2	91,67	0,000	91,7	91,67	91,7
		Zyklus 7 Woche 1 Tag 1	3	91,67	14,434	75,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	94,44	4,811	91,7	91,67	100,0
		Zyklus 9 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Emotionalität	Placebo + Fulvestrant (N=6)	Zyklus 13 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0
		Zyklus 14 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 15 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 16 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 17 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=11)	Baseline	11	83,33	18,257	50,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	11	68,18	26,304	16,7	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	11	83,33	14,907	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	80,30	14,564	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	75,76	15,570	66,7	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	70,00	20,488	33,3	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	7	76,19	16,265	66,7	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	7	78,57	18,545	50,0	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	6	83,33	14,907	66,7	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	6	75,00	25,276	33,3	75,00	100,0
		Zyklus 11 Woche 1 Tag 1	5	90,00	14,907	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	4	83,33	13,608	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	5	76,67	19,003	50,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	4	87,50	25,000	50,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	2	75,00	35,355	50,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 6 Woche 1 Tag 1	2	58,33	35,355	33,3	58,33	83,3
		Zyklus 7 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 8 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	3	61,11	9,623	50,0	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	3	55,56	38,490	33,3	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	3	66,67	16,667	50,0	66,67	83,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Sozial	Placebo + Fulvestrant (N=6)	Zyklus 12 Woche 1 Tag 1	2	66,67	23,570	50,0	66,67	83,3
		Zyklus 13 Woche 1 Tag 1	2	58,33	11,785	50,0	58,33	66,7
		Zyklus 14 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 15 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0
		Zyklus 16 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0
		Zyklus 17 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
EORTC QLQ-C30 Fatigue	Capivasertib + Fulvestrant (N=11)	Baseline	11	20,20	12,975	0,0	22,22	33,3
		Zyklus 2 Woche 1 Tag 1	11	37,37	26,885	11,1	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	11	26,26	19,419	0,0	33,33	66,7
		Zyklus 4 Woche 1 Tag 1	11	24,24	17,082	0,0	33,33	55,6
		Zyklus 5 Woche 1 Tag 1	11	29,29	18,103	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	10	35,56	25,010	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	7	22,22	18,144	0,0	33,33	44,4
		Zyklus 8 Woche 1 Tag 1	7	19,05	15,335	0,0	22,22	33,3
		Zyklus 9 Woche 1 Tag 1	6	22,22	22,222	0,0	22,22	55,6
		Zyklus 10 Woche 1 Tag 1	6	27,78	19,563	0,0	33,33	55,6
		Zyklus 11 Woche 1 Tag 1	5	26,67	14,907	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	44,44	NC	44,4	44,44	44,4
	Placebo + Fulvestrant (N=6)	Baseline	5	24,44	9,296	11,1	22,22	33,3
		Zyklus 2 Woche 1 Tag 1	3	25,93	12,830	11,1	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	33,33	32,710	0,0	27,78	77,8
		Zyklus 4 Woche 1 Tag 1	2	27,78	23,570	11,1	27,78	44,4
		Zyklus 5 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 6 Woche 1 Tag 1	2	27,78	7,857	22,2	27,78	33,3
		Zyklus 7 Woche 1 Tag 1	3	22,22	11,111	11,1	22,22	33,3
		Zyklus 8 Woche 1 Tag 1	3	25,93	6,415	22,2	22,22	33,3
		Zyklus 9 Woche 1 Tag 1	3	22,22	11,111	11,1	22,22	33,3
		Zyklus 10 Woche 1 Tag 1	3	18,52	6,415	11,1	22,22	22,2

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Placebo + Fulvestrant (N=6)	Zyklus 11 Woche 1 Tag 1	3	25,93	12,830	11,1	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	2	22,22	15,713	11,1	22,22	33,3
		Zyklus 13 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 14 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 15 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 16 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
EORTC QLQ-C30 Übelkeit und Erbrechen	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,52	5,025	0,0	0,00	16,7
		Zyklus 2 Woche 1 Tag 1	11	15,15	13,853	0,0	16,67	33,3
		Zyklus 3 Woche 1 Tag 1	11	4,55	7,785	0,0	0,00	16,7
		Zyklus 4 Woche 1 Tag 1	11	3,03	6,742	0,0	0,00	16,7
		Zyklus 5 Woche 1 Tag 1	11	10,61	13,484	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	10	10,00	16,102	0,0	0,00	50,0
		Zyklus 7 Woche 1 Tag 1	7	9,52	8,909	0,0	16,67	16,7
		Zyklus 8 Woche 1 Tag 1	7	4,76	8,133	0,0	0,00	16,7
		Zyklus 9 Woche 1 Tag 1	6	2,78	6,804	0,0	0,00	16,7
		Zyklus 10 Woche 1 Tag 1	6	5,56	8,607	0,0	0,00	16,7
		Zyklus 11 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 14 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=6)	Baseline	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 2 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Übelkeit und Erbrechen	Placebo + Fulvestrant (N=6)	Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Schmerzen	Capivasertib + Fulvestrant (N=11)	Baseline	11	15,15	15,731	0,0	16,67	33,3
		Zyklus 2 Woche 1 Tag 1	11	30,30	27,707	0,0	33,33	66,7
		Zyklus 3 Woche 1 Tag 1	11	19,70	14,564	0,0	16,67	33,3
		Zyklus 4 Woche 1 Tag 1	11	16,67	22,361	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	11	21,21	22,473	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	10	31,67	25,398	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	7	19,05	20,250	0,0	16,67	50,0
		Zyklus 8 Woche 1 Tag 1	7	9,52	13,113	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	13,89	16,387	0,0	8,33	33,3
		Zyklus 10 Woche 1 Tag 1	6	22,22	32,773	0,0	8,33	83,3
		Zyklus 11 Woche 1 Tag 1	5	10,00	14,907	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	4	8,33	9,623	0,0	8,33	16,7
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=6)	Baseline	5	23,33	14,907	0,0	33,33	33,3
		Zyklus 2 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	29,17	28,464	0,0	25,00	66,7
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	25,00	11,785	16,7	25,00	33,3
		Zyklus 6 Woche 1 Tag 1	2	25,00	11,785	16,7	25,00	33,3
		Zyklus 7 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 8 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schmerzen	Placebo + Fulvestrant (N=6)	Zyklus 9 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 10 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 11 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 13 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=11)	Baseline	11	12,12	22,473	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	11	18,18	27,340	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	12,12	16,817	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	12,12	22,473	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	10	13,33	23,307	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	11,11	17,213	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	6	11,11	17,213	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=6)	Baseline	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Dyspnoe	Placebo + Fulvestrant (N=6)	Zyklus 8 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Appetitverlust	Capivasertib + Fulvestrant (N=11)	Baseline	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	11	18,18	22,918	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	21,21	30,814	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	16,67	28,328	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	7	9,52	16,265	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	5,56	13,608	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	6	22,22	27,217	0,0	16,67	66,7
		Zyklus 11 Woche 1 Tag 1	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=6)	Baseline	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 6 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Placebo + Fulvestrant (N=6)	Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Schlaflosigkeit	Capivasertib + Fulvestrant (N=11)	Baseline	11	18,18	22,918	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	11	18,18	17,408	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	11	18,18	17,408	0,0	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	11	21,21	16,817	0,0	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	11	18,18	22,918	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	10	26,67	21,082	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	16,67	18,257	0,0	16,67	33,3
		Zyklus 10 Woche 1 Tag 1	6	16,67	18,257	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=6)	Baseline	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 2 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	33,33	47,140	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schlaflosigkeit	Placebo + Fulvestrant (N=6)	Zyklus 6 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Verstopfung	Capivasertib + Fulvestrant (N=11)	Baseline	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	11	9,09	21,556	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	6,06	13,484	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	10	6,67	21,082	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	6	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	6	5,56	13,608	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Verstopfung	Placebo + Fulvestrant (N=6)	Baseline	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 6 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=11)	Baseline	11	6,06	13,484	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	11	18,18	17,408	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	11	12,12	16,817	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	18,18	17,408	0,0	33,33	33,3
		Zyklus 6 Woche 1 Tag 1	10	20,00	23,307	0,0	16,67	66,7
		Zyklus 7 Woche 1 Tag 1	7	14,29	17,817	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	11,11	17,213	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	6	5,56	13,608	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=11)	Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=6)	Baseline	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Capivasertib + Fulvestrant (N=117)	Baseline	100	76,92	23,566	0,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	106	77,36	24,008	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	97	77,49	25,830	0,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	87	75,57	23,870	8,3	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	79,42	23,366	0,0	91,67	100,0
		Zyklus 6 Woche 1 Tag 1	68	78,55	24,490	0,0	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	67	78,11	22,606	0,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	55	76,82	26,043	0,0	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	57	74,42	28,559	0,0	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	78,40	26,674	0,0	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	46	76,81	27,041	16,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	41	77,10	26,248	0,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	38	73,03	27,224	0,0	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	34	76,72	26,731	0,0	79,17	100,0
		Zyklus 15 Woche 1 Tag 1	24	79,51	24,200	33,3	87,50	100,0
		Zyklus 16 Woche 1 Tag 1	22	79,17	21,784	33,3	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	19	75,88	24,199	25,0	75,00	100,0
		Zyklus 18 Woche 1 Tag 1	16	81,77	21,348	41,7	95,83	100,0
		Zyklus 19 Woche 1 Tag 1	16	77,60	26,126	33,3	91,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	75,00	29,209	16,7	91,67	100,0
		Zyklus 21 Woche 1 Tag 1	11	79,55	24,823	25,0	91,67	100,0
		Zyklus 22 Woche 1 Tag 1	10	82,50	24,985	33,3	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	7	89,29	15,749	66,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Placebo + Fulvestrant (N=87)	Baseline	72	76,50	25,573	0,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	70	78,45	24,223	0,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	61	81,42	22,016	16,7	91,67	100,0
		Zyklus 4 Woche 1 Tag 1	48	80,90	23,568	0,0	91,67	100,0
		Zyklus 5 Woche 1 Tag 1	38	80,48	23,110	16,7	91,67	100,0
		Zyklus 6 Woche 1 Tag 1	34	79,17	27,313	0,0	91,67	100,0
		Zyklus 7 Woche 1 Tag 1	30	78,33	22,382	33,3	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	23	78,99	22,314	33,3	91,67	100,0
		Zyklus 9 Woche 1 Tag 1	20	82,08	23,613	25,0	91,67	100,0
		Zyklus 10 Woche 1 Tag 1	15	77,22	24,694	33,3	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	13	87,18	20,016	33,3	91,67	100,0
		Zyklus 12 Woche 1 Tag 1	17	83,82	19,201	33,3	91,67	100,0
		Zyklus 13 Woche 1 Tag 1	15	85,56	19,535	33,3	91,67	100,0
		Zyklus 14 Woche 1 Tag 1	11	94,70	12,513	58,3	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	97,92	3,858	91,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	95,24	6,557	83,3	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	95,00	7,454	83,3	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	4	91,67	11,785	75,0	95,83	100,0
		Zyklus 19 Woche 1 Tag 1	3	86,11	4,811	83,3	83,33	91,7
		Zyklus 20 Woche 1 Tag 1	2	87,50	5,893	83,3	87,50	91,7
		Zyklus 21 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 22 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 23 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 24 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 27 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=117)	Baseline	100	88,17	17,131	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	106	91,67	16,143	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	97	93,47	13,726	33,3	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	87	93,49	13,534	50,0	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	94,58	13,300	33,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	68	94,12	13,122	50,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	67	93,78	15,030	33,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	55	93,03	13,867	50,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	57	92,69	16,066	33,3	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	54	93,21	13,159	50,0	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	46	94,57	12,199	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	41	91,87	17,529	33,3	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	92,11	16,773	33,3	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	34	94,61	13,434	50,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	24	89,58	16,161	50,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	22	93,18	15,135	50,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	19	89,47	16,860	50,0	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	16	88,54	15,775	66,7	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	16	89,58	17,078	50,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	15	88,89	17,442	50,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	11	92,42	13,670	66,7	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	10	93,33	14,055	66,7	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Sexuelle Aktivität	Placebo + Fulvestrant (N=87)	Baseline	72	88,19	20,256	0,0	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	70	92,86	14,349	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	61	88,52	20,981	0,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	92,01	12,391	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	38	90,35	13,772	66,7	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	34	90,69	14,326	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	30	91,11	13,655	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	88,41	18,419	33,3	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	20	89,17	16,468	50,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	15	87,78	16,019	66,7	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	13	84,62	18,586	50,0	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	17	88,24	15,326	66,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	86,67	15,685	66,7	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	11	87,88	18,395	50,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	85,42	20,774	50,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	93,33	14,907	66,7	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Freude an Sex	Capivasertib + Fulvestrant (N=117)	Baseline	27	58,02	21,863	0,0	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	21	58,73	23,345	33,3	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	16	54,17	29,502	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	16	56,25	20,069	33,3	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	12	55,56	25,950	0,0	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	11	63,64	23,355	33,3	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	10	70,00	24,595	33,3	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	10	60,00	21,082	33,3	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	10	53,33	28,109	0,0	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	11	57,58	21,556	33,3	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	7	57,14	16,265	33,3	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	7	52,38	17,817	33,3	66,67	66,7
		Zyklus 13 Woche 1 Tag 1	8	58,33	23,570	33,3	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	5	60,00	14,907	33,3	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	7	61,90	23,002	33,3	66,67	100,0
		Zyklus 16 Woche 1 Tag 1	4	66,67	0,000	66,7	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	6	72,22	13,608	66,7	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	6	66,67	21,082	33,3	66,67	100,0
		Zyklus 19 Woche 1 Tag 1	5	66,67	23,570	33,3	66,67	100,0
		Zyklus 20 Woche 1 Tag 1	5	66,67	23,570	33,3	66,67	100,0
		Zyklus 21 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 22 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 23 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
	Placebo + Fulvestrant (N=87)	Baseline	16	60,42	30,353	0,0	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	12	47,22	33,207	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	15	62,22	24,774	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	13	64,10	31,802	0,0	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	12	61,11	19,245	33,3	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	9	66,67	16,667	33,3	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	7	66,67	19,245	33,3	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	6	61,11	13,608	33,3	66,67	66,7

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Freude an Sex	Placebo + Fulvestrant (N=87)	Zyklus 9 Woche 1 Tag 1	5	66,67	23,570	33,3	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	5	66,67	0,000	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	5	73,33	14,907	66,7	66,67	100,0
		Zyklus 12 Woche 1 Tag 1	5	53,33	18,257	33,3	66,67	66,7
		Zyklus 13 Woche 1 Tag 1	6	61,11	13,608	33,3	66,67	66,7
		Zyklus 14 Woche 1 Tag 1	3	55,56	19,245	33,3	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	3	55,56	19,245	33,3	66,67	66,7
		Zyklus 16 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 18 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=117)	Baseline	100	45,33	32,314	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	106	49,37	30,248	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	97	51,55	31,557	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	87	50,96	27,298	0,0	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	83	54,62	31,051	0,0	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	68	53,43	27,704	0,0	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	67	51,24	28,621	0,0	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	55	53,33	26,912	0,0	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	57	48,54	26,778	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	54	57,41	29,258	0,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	46	55,80	30,675	0,0	66,67	100,0
		Zyklus 12 Woche 1 Tag 1	41	56,10	27,324	0,0	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	38	54,39	26,191	0,0	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	34	51,96	27,452	0,0	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	24	55,56	30,561	0,0	66,67	100,0
		Zyklus 16 Woche 1 Tag 1	22	60,61	26,500	0,0	66,67	100,0
		Zyklus 17 Woche 1 Tag 1	19	59,65	28,499	0,0	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	16	62,50	26,874	0,0	66,67	100,0
		Zyklus 19 Woche 1 Tag 1	16	66,67	27,217	33,3	66,67	100,0
		Zyklus 20 Woche 1 Tag 1	15	64,44	32,038	0,0	66,67	100,0
		Zyklus 21 Woche 1 Tag 1	11	72,73	25,025	33,3	66,67	100,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=117)	Zyklus 22 Woche 1 Tag 1	10	66,67	35,136	0,0	66,67	100,0
		Zyklus 23 Woche 1 Tag 1	7	80,95	26,227	33,3	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	83,33	33,333	33,3	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 27 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 28 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 29 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=87)	Baseline	72	47,22	28,935	0,0	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	70	56,67	29,131	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	61	51,91	28,883	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	48	53,47	29,766	0,0	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	38	52,63	31,605	0,0	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	34	54,90	30,575	0,0	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	30	54,44	29,664	0,0	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	23	52,17	29,858	0,0	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	20	63,33	30,397	0,0	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	15	55,56	29,991	0,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	13	61,54	32,903	0,0	66,67	100,0
		Zyklus 12 Woche 1 Tag 1	17	62,75	28,583	0,0	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	15	64,44	26,627	0,0	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	11	72,73	32,722	0,0	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	8	83,33	25,198	33,3	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	66,67	27,217	33,3	66,67	100,0
		Zyklus 17 Woche 1 Tag 1	5	66,67	23,570	33,3	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	4	58,33	16,667	33,3	66,67	66,7
		Zyklus 19 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7
		Zyklus 20 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 21 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 23 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Placebo + Fulvestrant (N=87)	Zyklus 24 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 25 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 26 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 27 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=117)	Baseline	100	15,76	11,853	0,0	14,29	52,4
		Zyklus 2 Woche 1 Tag 1	106	18,33	14,199	0,0	16,67	85,7
		Zyklus 3 Woche 1 Tag 1	97	18,70	13,455	0,0	19,05	57,1
		Zyklus 4 Woche 1 Tag 1	87	19,43	12,811	0,0	19,05	52,4
		Zyklus 5 Woche 1 Tag 1	83	17,56	12,663	0,0	14,29	52,4
		Zyklus 6 Woche 1 Tag 1	68	18,28	12,164	0,0	16,67	57,1
		Zyklus 7 Woche 1 Tag 1	67	19,47	11,976	0,0	19,05	61,9
		Zyklus 8 Woche 1 Tag 1	55	19,31	13,820	0,0	14,29	61,9
		Zyklus 9 Woche 1 Tag 1	57	21,05	15,030	0,0	19,05	61,9
		Zyklus 10 Woche 1 Tag 1	54	19,40	14,883	0,0	19,05	76,2
		Zyklus 11 Woche 1 Tag 1	46	19,05	12,817	0,0	19,05	52,4
		Zyklus 12 Woche 1 Tag 1	41	20,79	16,245	0,0	19,05	66,7
		Zyklus 13 Woche 1 Tag 1	38	19,92	14,041	0,0	16,67	61,9
		Zyklus 14 Woche 1 Tag 1	34	19,05	13,315	0,0	19,05	42,9
		Zyklus 15 Woche 1 Tag 1	24	19,05	13,901	0,0	14,29	47,6
		Zyklus 16 Woche 1 Tag 1	22	17,32	13,024	0,0	14,29	42,9
		Zyklus 17 Woche 1 Tag 1	19	19,05	16,873	0,0	14,29	47,6
		Zyklus 18 Woche 1 Tag 1	16	19,64	12,763	0,0	19,05	38,1
		Zyklus 19 Woche 1 Tag 1	16	19,94	15,476	0,0	16,67	42,9
		Zyklus 20 Woche 1 Tag 1	15	21,59	14,384	0,0	28,57	38,1
		Zyklus 21 Woche 1 Tag 1	11	16,45	14,184	0,0	9,52	38,1
		Zyklus 22 Woche 1 Tag 1	10	20,95	16,977	0,0	21,43	42,9
		Zyklus 23 Woche 1 Tag 1	7	17,69	17,106	0,0	9,52	42,9
		Zyklus 24 Woche 1 Tag 1	4	23,81	18,647	0,0	26,19	42,9
		Zyklus 25 Woche 1 Tag 1	3	14,29	14,286	0,0	14,29	28,6
		Zyklus 26 Woche 1 Tag 1	2	23,81	6,734	19,0	23,81	28,6
		Zyklus 27 Woche 1 Tag 1	1	14,29	NC	14,3	14,29	14,3

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=117)	Zyklus 28 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 29 Woche 1 Tag 1	1	14,29	NC	14,3	14,29	14,3
	Placebo + Fulvestrant (N=87)	Baseline	72	16,67	13,657	0,0	14,29	71,4
		Zyklus 2 Woche 1 Tag 1	70	16,87	13,065	0,0	14,29	57,1
		Zyklus 3 Woche 1 Tag 1	61	16,32	12,732	0,0	14,29	66,7
		Zyklus 4 Woche 1 Tag 1	48	18,35	14,167	0,0	19,05	61,9
		Zyklus 5 Woche 1 Tag 1	38	17,79	14,208	0,0	16,67	66,7
		Zyklus 6 Woche 1 Tag 1	34	18,07	17,654	0,0	14,29	85,7
		Zyklus 7 Woche 1 Tag 1	30	16,51	14,516	0,0	14,29	66,7
		Zyklus 8 Woche 1 Tag 1	23	18,63	14,915	0,0	14,29	61,9
		Zyklus 9 Woche 1 Tag 1	20	14,52	17,982	0,0	7,14	71,4
		Zyklus 10 Woche 1 Tag 1	15	20,00	20,219	0,0	14,29	76,2
		Zyklus 11 Woche 1 Tag 1	13	14,65	18,181	0,0	9,52	66,7
		Zyklus 12 Woche 1 Tag 1	17	14,01	15,746	0,0	9,52	52,4
		Zyklus 13 Woche 1 Tag 1	15	16,83	17,062	0,0	14,29	61,9
		Zyklus 14 Woche 1 Tag 1	11	14,72	19,455	0,0	9,52	66,7
		Zyklus 15 Woche 1 Tag 1	8	10,12	7,819	0,0	9,52	23,8
		Zyklus 16 Woche 1 Tag 1	7	9,52	9,913	0,0	9,52	28,6
		Zyklus 17 Woche 1 Tag 1	5	12,38	7,968	0,0	14,29	19,0
		Zyklus 18 Woche 1 Tag 1	4	9,52	3,888	4,8	9,52	14,3
		Zyklus 19 Woche 1 Tag 1	3	7,94	2,749	4,8	9,52	9,5
		Zyklus 20 Woche 1 Tag 1	2	7,14	3,367	4,8	7,14	9,5
		Zyklus 21 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 22 Woche 1 Tag 1	1	19,05	NC	19,0	19,05	19,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 27 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=117)	Baseline	100	12,42	13,838	0,0	8,33	66,7
		Zyklus 2 Woche 1 Tag 1	106	9,36	12,478	0,0	0,00	50,0
		Zyklus 3 Woche 1 Tag 1	97	9,79	11,908	0,0	8,33	50,0
		Zyklus 4 Woche 1 Tag 1	87	8,33	12,189	0,0	0,00	58,3
		Zyklus 5 Woche 1 Tag 1	83	9,64	13,239	0,0	0,00	50,0
		Zyklus 6 Woche 1 Tag 1	68	10,05	12,008	0,0	8,33	41,7
		Zyklus 7 Woche 1 Tag 1	67	10,32	11,431	0,0	8,33	41,7
		Zyklus 8 Woche 1 Tag 1	55	9,24	11,639	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	57	11,40	13,422	0,0	8,33	50,0
		Zyklus 10 Woche 1 Tag 1	54	10,49	14,586	0,0	4,17	58,3
		Zyklus 11 Woche 1 Tag 1	46	10,14	16,378	0,0	4,17	66,7
		Zyklus 12 Woche 1 Tag 1	41	9,55	12,013	0,0	8,33	41,7
		Zyklus 13 Woche 1 Tag 1	38	8,77	13,693	0,0	0,00	50,0
		Zyklus 14 Woche 1 Tag 1	34	10,05	15,322	0,0	0,00	50,0
		Zyklus 15 Woche 1 Tag 1	24	9,03	14,311	0,0	0,00	50,0
		Zyklus 16 Woche 1 Tag 1	22	9,85	14,692	0,0	0,00	50,0
		Zyklus 17 Woche 1 Tag 1	19	9,21	12,697	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	16	7,29	10,918	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	16	5,73	11,674	0,0	0,00	33,3
		Zyklus 20 Woche 1 Tag 1	15	6,67	12,677	0,0	0,00	33,3
		Zyklus 21 Woche 1 Tag 1	11	9,09	15,117	0,0	0,00	41,7
		Zyklus 22 Woche 1 Tag 1	10	9,17	14,933	0,0	0,00	33,3
		Zyklus 23 Woche 1 Tag 1	7	7,14	13,113	0,0	0,00	33,3
		Zyklus 24 Woche 1 Tag 1	4	8,33	11,785	0,0	4,17	25,0
		Zyklus 25 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 26 Woche 1 Tag 1	2	12,50	5,893	8,3	12,50	16,7
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Placebo + Fulvestrant (N=87)	Baseline	72	13,43	20,150	0,0	0,00	91,7
		Zyklus 2 Woche 1 Tag 1	70	11,07	15,717	0,0	4,17	75,0
		Zyklus 3 Woche 1 Tag 1	61	9,15	12,793	0,0	8,33	50,0
		Zyklus 4 Woche 1 Tag 1	48	10,07	14,378	0,0	4,17	58,3
		Zyklus 5 Woche 1 Tag 1	38	10,09	15,275	0,0	0,00	50,0
		Zyklus 6 Woche 1 Tag 1	34	9,07	13,034	0,0	0,00	41,7
		Zyklus 7 Woche 1 Tag 1	30	10,56	17,498	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	23	12,68	18,781	0,0	0,00	75,0
		Zyklus 9 Woche 1 Tag 1	20	14,17	22,637	0,0	8,33	91,7
		Zyklus 10 Woche 1 Tag 1	15	13,33	24,357	0,0	0,00	91,7
		Zyklus 11 Woche 1 Tag 1	13	7,69	21,371	0,0	0,00	75,0
		Zyklus 12 Woche 1 Tag 1	17	7,35	18,606	0,0	0,00	75,0
		Zyklus 13 Woche 1 Tag 1	15	10,00	26,011	0,0	0,00	91,7
		Zyklus 14 Woche 1 Tag 1	11	7,58	22,501	0,0	0,00	75,0
		Zyklus 15 Woche 1 Tag 1	8	1,04	2,946	0,0	0,00	8,3
		Zyklus 16 Woche 1 Tag 1	7	7,14	12,199	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	5	1,67	3,727	0,0	0,00	8,3
		Zyklus 18 Woche 1 Tag 1	4	2,08	4,167	0,0	0,00	8,3
		Zyklus 19 Woche 1 Tag 1	3	2,78	4,811	0,0	0,00	8,3
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Capivasertib + Fulvestrant (N=117)	Baseline	100	17,89	18,878	0,0	11,11	88,9
		Zyklus 2 Woche 1 Tag 1	106	15,09	19,529	0,0	11,11	88,9
		Zyklus 3 Woche 1 Tag 1	97	15,23	19,399	0,0	11,11	66,7
		Zyklus 4 Woche 1 Tag 1	87	16,73	19,824	0,0	11,11	77,8
		Zyklus 5 Woche 1 Tag 1	83	18,61	20,831	0,0	11,11	88,9
		Zyklus 6 Woche 1 Tag 1	68	16,34	17,434	0,0	11,11	66,7
		Zyklus 7 Woche 1 Tag 1	67	18,57	19,088	0,0	11,11	77,8
		Zyklus 8 Woche 1 Tag 1	55	17,78	20,577	0,0	11,11	66,7
		Zyklus 9 Woche 1 Tag 1	57	18,71	20,158	0,0	11,11	77,8
		Zyklus 10 Woche 1 Tag 1	54	17,08	19,271	0,0	11,11	66,7
		Zyklus 11 Woche 1 Tag 1	46	17,15	18,549	0,0	11,11	77,8
		Zyklus 12 Woche 1 Tag 1	41	15,99	17,222	0,0	11,11	55,6
		Zyklus 13 Woche 1 Tag 1	38	15,79	17,641	0,0	11,11	55,6
		Zyklus 14 Woche 1 Tag 1	34	14,38	16,532	0,0	11,11	55,6
		Zyklus 15 Woche 1 Tag 1	24	17,13	19,924	0,0	11,11	55,6
		Zyklus 16 Woche 1 Tag 1	22	15,66	13,129	0,0	16,67	33,3
		Zyklus 17 Woche 1 Tag 1	19	18,71	20,639	0,0	11,11	55,6
		Zyklus 18 Woche 1 Tag 1	16	13,19	15,299	0,0	5,56	44,4
		Zyklus 19 Woche 1 Tag 1	16	11,81	13,740	0,0	5,56	33,3
		Zyklus 20 Woche 1 Tag 1	15	11,11	15,142	0,0	0,00	44,4
		Zyklus 21 Woche 1 Tag 1	11	16,16	20,706	0,0	0,00	55,6
		Zyklus 22 Woche 1 Tag 1	10	22,22	28,207	0,0	5,56	66,7
		Zyklus 23 Woche 1 Tag 1	7	14,29	24,607	0,0	0,00	55,6
		Zyklus 24 Woche 1 Tag 1	4	16,67	33,333	0,0	0,00	66,7
		Zyklus 25 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 26 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 27 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Placebo + Fulvestrant (N=87)	Baseline	72	16,51	21,425	0,0	11,11	100,0
		Zyklus 2 Woche 1 Tag 1	70	11,43	16,704	0,0	5,56	77,8
		Zyklus 3 Woche 1 Tag 1	61	14,94	18,244	0,0	11,11	77,8
		Zyklus 4 Woche 1 Tag 1	48	12,27	14,540	0,0	11,11	66,7
		Zyklus 5 Woche 1 Tag 1	38	12,57	14,878	0,0	11,11	66,7
		Zyklus 6 Woche 1 Tag 1	34	9,80	10,861	0,0	11,11	33,3
		Zyklus 7 Woche 1 Tag 1	30	11,48	11,847	0,0	11,11	33,3
		Zyklus 8 Woche 1 Tag 1	23	10,14	12,039	0,0	11,11	44,4
		Zyklus 9 Woche 1 Tag 1	20	11,11	15,713	0,0	5,56	55,6
		Zyklus 10 Woche 1 Tag 1	15	12,59	17,751	0,0	0,00	55,6
		Zyklus 11 Woche 1 Tag 1	13	5,98	9,745	0,0	0,00	22,2
		Zyklus 12 Woche 1 Tag 1	17	5,23	7,971	0,0	0,00	22,2
		Zyklus 13 Woche 1 Tag 1	15	6,67	10,951	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	11	6,06	9,113	0,0	0,00	22,2
		Zyklus 15 Woche 1 Tag 1	8	4,17	8,267	0,0	0,00	22,2
		Zyklus 16 Woche 1 Tag 1	7	6,35	8,742	0,0	0,00	22,2
		Zyklus 17 Woche 1 Tag 1	5	4,44	9,938	0,0	0,00	22,2
		Zyklus 18 Woche 1 Tag 1	4	5,56	11,111	0,0	0,00	22,2
		Zyklus 19 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 22 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 23 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 26 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Belastung durch Haarausfall	Capivasertib + Fulvestrant (N=117)	Baseline	39	41,88	29,338	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	30	31,11	26,164	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	25	38,67	28,350	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	29	33,33	25,198	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	23	30,43	31,644	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	21	28,57	24,234	0,0	33,33	100,0
		Zyklus 7 Woche 1 Tag 1	26	28,21	29,352	0,0	33,33	100,0
		Zyklus 8 Woche 1 Tag 1	18	37,04	27,745	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	18	40,74	33,442	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	19	29,82	31,220	0,0	33,33	100,0
		Zyklus 11 Woche 1 Tag 1	11	27,27	13,484	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	13	28,21	22,958	0,0	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	10	30,00	24,595	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	10	40,00	21,082	0,0	33,33	66,7
		Zyklus 15 Woche 1 Tag 1	6	44,44	17,213	33,3	33,33	66,7
		Zyklus 16 Woche 1 Tag 1	7	23,81	16,265	0,0	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	6	22,22	27,217	0,0	16,67	66,7
		Zyklus 18 Woche 1 Tag 1	7	28,57	35,635	0,0	33,33	100,0
		Zyklus 19 Woche 1 Tag 1	6	33,33	42,164	0,0	16,67	100,0
		Zyklus 20 Woche 1 Tag 1	7	23,81	31,706	0,0	0,00	66,7
		Zyklus 21 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 22 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 23 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 24 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 26 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.1 CAPItello-291 (Global B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Belastung durch Haarausfall	Placebo + Fulvestrant (N=87)	Baseline	33	33,33	27,639	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	28	33,33	25,660	0,0	33,33	66,7
		Zyklus 3 Woche 1 Tag 1	21	34,92	28,822	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	18	37,04	27,745	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	13	41,03	27,735	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	12	33,33	28,427	0,0	33,33	100,0
		Zyklus 7 Woche 1 Tag 1	9	40,74	27,778	0,0	33,33	100,0
		Zyklus 8 Woche 1 Tag 1	9	33,33	37,268	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	6	22,22	34,427	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	5	40,00	14,907	33,3	33,33	66,7
		Zyklus 11 Woche 1 Tag 1	4	41,67	16,667	33,3	33,33	66,7
		Zyklus 12 Woche 1 Tag 1	5	33,33	23,570	0,0	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	4	25,00	31,914	0,0	16,67	66,7
		Zyklus 15 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 17 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Capivasertib + Fulvestrant (N=11)	Baseline	11	84,85	18,936	41,7	91,67	100,0
		Zyklus 2 Woche 1 Tag 1	10	77,50	13,637	58,3	75,00	100,0
		Zyklus 3 Woche 1 Tag 1	11	83,33	13,437	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	80,30	17,189	50,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	10	81,67	16,102	58,3	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	9	76,85	21,155	41,7	75,00	100,0
		Zyklus 7 Woche 1 Tag 1	7	89,29	13,363	66,7	91,67	100,0
		Zyklus 8 Woche 1 Tag 1	7	80,95	14,203	58,3	75,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	87,50	13,693	66,7	91,67	100,0
		Zyklus 10 Woche 1 Tag 1	6	79,17	23,422	33,3	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	5	83,33	15,590	58,3	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	4	81,25	17,180	66,7	79,17	100,0
		Zyklus 13 Woche 1 Tag 1	2	87,50	5,893	83,3	87,50	91,7
		Zyklus 14 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	5	98,33	3,727	91,7	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	86,11	9,623	75,0	91,67	91,7
		Zyklus 3 Woche 1 Tag 1	4	95,83	4,811	91,7	95,83	100,0
		Zyklus 4 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	2	87,50	17,678	75,0	87,50	100,0
		Zyklus 7 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	3	97,22	4,811	91,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	94,44	4,811	91,7	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0
		Zyklus 13 Woche 1 Tag 1	2	95,83	5,893	91,7	95,83	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
		Zyklus 16 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Placebo + Fulvestrant (N=6)	Zyklus 17 Woche 1 Tag 1	1	91,67	NC	91,7	91,67	91,7
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=11)	Baseline	11	95,45	7,785	83,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	10	98,33	5,270	83,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	11	100,00	0,000	100,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	100,00	0,000	100,0	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	10	98,33	5,270	83,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	9	96,30	11,111	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	7	95,24	12,599	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	7	97,62	6,299	83,3	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	97,22	6,804	83,3	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	6	94,44	8,607	83,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	5	96,67	7,454	83,3	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=6)	Baseline	5	96,67	7,454	83,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Sexuelle Aktivität	Placebo + Fulvestrant (N=6)	Zyklus 16 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Freude an Sex	Capivasertib + Fulvestrant (N=11)	Baseline	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 6 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	1	66,67	NC	66,7	66,67	66,7
		Zyklus 2 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 3 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 4 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 6 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 16 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=11)	Baseline	11	60,61	25,025	33,3	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	10	60,00	21,082	33,3	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	11	60,61	29,129	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	11	69,70	17,979	33,3	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	10	66,67	22,222	33,3	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	9	62,96	20,031	33,3	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	7	61,90	23,002	33,3	66,67	100,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=11)	Zyklus 8 Woche 1 Tag 1	7	52,38	26,227	0,0	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	6	72,22	13,608	66,7	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	6	61,11	32,773	0,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	5	66,67	0,000	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	4	66,67	0,000	66,7	66,67	66,7
		Zyklus 13 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 14 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=6)	Baseline	5	60,00	36,515	0,0	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	3	44,44	38,490	0,0	66,67	66,7
		Zyklus 3 Woche 1 Tag 1	4	75,00	31,914	33,3	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	2	50,00	70,711	0,0	50,00	100,0
		Zyklus 6 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	3	77,78	38,490	33,3	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	3	77,78	38,490	33,3	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	77,78	38,490	33,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	3	77,78	38,490	33,3	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	66,67	47,140	33,3	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	2	66,67	47,140	33,3	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=11)	Baseline	11	10,39	5,561	4,8	9,52	19,0
		Zyklus 2 Woche 1 Tag 1	10	16,19	14,924	0,0	14,29	42,9
		Zyklus 3 Woche 1 Tag 1	11	13,85	16,694	0,0	9,52	57,1
		Zyklus 4 Woche 1 Tag 1	11	11,26	12,826	0,0	9,52	42,9
		Zyklus 5 Woche 1 Tag 1	10	17,14	10,336	4,8	16,67	33,3
		Zyklus 6 Woche 1 Tag 1	9	15,34	15,754	0,0	9,52	52,4

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=11)	Zyklus 7 Woche 1 Tag 1	7	10,88	11,240	0,0	14,29	28,6
		Zyklus 8 Woche 1 Tag 1	7	10,88	8,569	0,0	9,52	23,8
		Zyklus 9 Woche 1 Tag 1	6	10,32	10,176	0,0	9,52	23,8
		Zyklus 10 Woche 1 Tag 1	6	11,90	9,404	4,8	7,14	23,8
		Zyklus 11 Woche 1 Tag 1	5	13,33	14,831	0,0	9,52	38,1
		Zyklus 12 Woche 1 Tag 1	4	9,52	6,734	4,8	7,14	19,0
		Zyklus 13 Woche 1 Tag 1	2	4,76	0,000	4,8	4,76	4,8
		Zyklus 14 Woche 1 Tag 1	1	9,52	NC	9,5	9,52	9,5
		Zyklus 15 Woche 1 Tag 1	1	23,81	NC	23,8	23,81	23,8
	Placebo + Fulvestrant (N=6)	Baseline	5	8,57	3,984	4,8	9,52	14,3
		Zyklus 2 Woche 1 Tag 1	3	7,94	7,274	0,0	9,52	14,3
		Zyklus 3 Woche 1 Tag 1	4	9,52	10,287	0,0	7,14	23,8
		Zyklus 4 Woche 1 Tag 1	2	16,67	10,102	9,5	16,67	23,8
		Zyklus 5 Woche 1 Tag 1	2	26,19	16,836	14,3	26,19	38,1
		Zyklus 6 Woche 1 Tag 1	2	11,90	3,367	9,5	11,90	14,3
		Zyklus 7 Woche 1 Tag 1	3	12,70	9,913	4,8	9,52	23,8
		Zyklus 8 Woche 1 Tag 1	3	15,87	9,913	4,8	19,05	23,8
		Zyklus 9 Woche 1 Tag 1	3	12,70	10,997	0,0	19,05	19,0
		Zyklus 10 Woche 1 Tag 1	3	6,35	2,749	4,8	4,76	9,5
		Zyklus 11 Woche 1 Tag 1	3	11,11	7,274	4,8	9,52	19,0
		Zyklus 12 Woche 1 Tag 1	2	2,38	3,367	0,0	2,38	4,8
		Zyklus 13 Woche 1 Tag 1	2	11,90	3,367	9,5	11,90	14,3
		Zyklus 14 Woche 1 Tag 1	1	14,29	NC	14,3	14,29	14,3
		Zyklus 15 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 16 Woche 1 Tag 1	1	9,52	NC	9,5	9,52	9,5
		Zyklus 17 Woche 1 Tag 1	1	9,52	NC	9,5	9,52	9,5
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=11)	Baseline	11	9,85	12,812	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	10	12,50	16,782	0,0	4,17	41,7
		Zyklus 3 Woche 1 Tag 1	11	12,88	13,104	0,0	8,33	33,3
		Zyklus 4 Woche 1 Tag 1	11	12,12	15,076	0,0	8,33	41,7
		Zyklus 5 Woche 1 Tag 1	10	7,50	8,287	0,0	8,33	25,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=11)	Zyklus 6 Woche 1 Tag 1	9	13,89	11,785	0,0	8,33	33,3
		Zyklus 7 Woche 1 Tag 1	7	2,38	4,066	0,0	0,00	8,3
		Zyklus 8 Woche 1 Tag 1	7	4,76	6,557	0,0	0,00	16,7
		Zyklus 9 Woche 1 Tag 1	6	2,78	4,303	0,0	0,00	8,3
		Zyklus 10 Woche 1 Tag 1	6	8,33	10,541	0,0	4,17	25,0
		Zyklus 11 Woche 1 Tag 1	5	8,33	8,333	0,0	8,33	16,7
		Zyklus 12 Woche 1 Tag 1	4	6,25	7,979	0,0	4,17	16,7
		Zyklus 13 Woche 1 Tag 1	2	4,17	5,893	0,0	4,17	8,3
		Zyklus 14 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 15 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
	Placebo + Fulvestrant (N=6)	Baseline	5	15,00	10,865	0,0	16,67	25,0
		Zyklus 2 Woche 1 Tag 1	3	13,89	12,729	0,0	16,67	25,0
		Zyklus 3 Woche 1 Tag 1	4	27,08	21,916	8,3	20,83	58,3
		Zyklus 4 Woche 1 Tag 1	2	20,83	5,893	16,7	20,83	25,0
		Zyklus 5 Woche 1 Tag 1	2	25,00	11,785	16,7	25,00	33,3
		Zyklus 6 Woche 1 Tag 1	2	20,83	5,893	16,7	20,83	25,0
		Zyklus 7 Woche 1 Tag 1	3	19,44	9,623	8,3	25,00	25,0
		Zyklus 8 Woche 1 Tag 1	3	13,89	4,811	8,3	16,67	16,7
		Zyklus 9 Woche 1 Tag 1	3	8,33	8,333	0,0	8,33	16,7
		Zyklus 10 Woche 1 Tag 1	3	13,89	17,347	0,0	8,33	33,3
		Zyklus 11 Woche 1 Tag 1	3	11,11	9,623	0,0	16,67	16,7
		Zyklus 12 Woche 1 Tag 1	2	20,83	5,893	16,7	20,83	25,0
		Zyklus 13 Woche 1 Tag 1	2	25,00	0,000	25,0	25,00	25,0
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	1	25,00	NC	25,0	25,00	25,0
		Zyklus 16 Woche 1 Tag 1	1	25,00	NC	25,0	25,00	25,0
		Zyklus 17 Woche 1 Tag 1	1	25,00	NC	25,0	25,00	25,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Capivasertib + Fulvestrant (N=11)	Baseline	11	13,13	14,756	0,0	11,11	44,4
		Zyklus 2 Woche 1 Tag 1	10	12,22	13,302	0,0	11,11	33,3
		Zyklus 3 Woche 1 Tag 1	11	10,10	7,785	0,0	11,11	22,2
		Zyklus 4 Woche 1 Tag 1	11	8,08	8,736	0,0	11,11	22,2
		Zyklus 5 Woche 1 Tag 1	10	15,56	17,529	0,0	11,11	55,6
		Zyklus 6 Woche 1 Tag 1	9	13,58	15,494	0,0	11,11	44,4
		Zyklus 7 Woche 1 Tag 1	7	12,70	16,265	0,0	11,11	44,4
		Zyklus 8 Woche 1 Tag 1	7	7,94	13,929	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	6	12,96	20,387	0,0	0,00	44,4
		Zyklus 10 Woche 1 Tag 1	6	12,96	17,801	0,0	5,56	44,4
		Zyklus 11 Woche 1 Tag 1	5	8,89	9,296	0,0	11,11	22,2
		Zyklus 12 Woche 1 Tag 1	4	8,33	5,556	0,0	11,11	11,1
		Zyklus 13 Woche 1 Tag 1	2	5,56	7,857	0,0	5,56	11,1
		Zyklus 14 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 15 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
	Placebo + Fulvestrant (N=6)	Baseline	5	20,00	9,296	11,1	22,22	33,3
		Zyklus 2 Woche 1 Tag 1	3	22,22	0,000	22,2	22,22	22,2
		Zyklus 3 Woche 1 Tag 1	4	22,22	9,072	11,1	22,22	33,3
		Zyklus 4 Woche 1 Tag 1	2	11,11	0,000	11,1	11,11	11,1
		Zyklus 5 Woche 1 Tag 1	2	11,11	0,000	11,1	11,11	11,1
		Zyklus 6 Woche 1 Tag 1	2	11,11	0,000	11,1	11,11	11,1
		Zyklus 7 Woche 1 Tag 1	3	7,41	6,415	0,0	11,11	11,1
		Zyklus 8 Woche 1 Tag 1	3	7,41	12,830	0,0	0,00	22,2
		Zyklus 9 Woche 1 Tag 1	3	3,70	6,415	0,0	0,00	11,1
		Zyklus 10 Woche 1 Tag 1	3	11,11	11,111	0,0	11,11	22,2
		Zyklus 11 Woche 1 Tag 1	3	14,81	12,830	0,0	22,22	22,2
		Zyklus 12 Woche 1 Tag 1	2	5,56	7,857	0,0	5,56	11,1
		Zyklus 13 Woche 1 Tag 1	2	11,11	15,713	0,0	11,11	22,2
		Zyklus 14 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 15 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Placebo + Fulvestrant (N=6)	Zyklus 17 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
EORTC QLQ-BR23 Belastung durch Haarausfall	Capivasertib + Fulvestrant (N=11)	Baseline	6	16,67	18,257	0,0	16,67	33,3
		Zyklus 2 Woche 1 Tag 1	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	33,33	0,000	33,3	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	8	20,83	17,252	0,0	33,33	33,3
		Zyklus 6 Woche 1 Tag 1	6	5,56	13,608	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 8 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	3	33,33	0,000	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 14 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=6)	Baseline	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 3 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	2	50,00	70,711	0,0	50,00	100,0
		Zyklus 6 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 7 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 8 Woche 1 Tag 1	3	33,33	33,333	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	2	33,33	47,140	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.2 CAPItello-291 (China B2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Belastung durch Haarausfall	Placebo + Fulvestrant (N=6)	Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.3.1 CAPItello-291 (Global B2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Capivasertib + Fulvestrant (N=117)	Baseline	100	73,18	19,205	24,0	76,50	100,0
		Zyklus 2 Woche 1 Tag 1	104	70,59	20,476	0,0	77,00	100,0
		Zyklus 3 Woche 1 Tag 1	97	70,71	16,255	24,0	71,00	100,0
		Zyklus 4 Woche 1 Tag 1	87	70,72	19,043	20,0	73,00	100,0
		Zyklus 5 Woche 1 Tag 1	83	70,59	20,344	17,0	75,00	100,0
		Zyklus 6 Woche 1 Tag 1	68	70,00	18,881	20,0	70,00	100,0
		Zyklus 7 Woche 1 Tag 1	67	70,78	18,766	14,0	72,00	100,0
		Zyklus 8 Woche 1 Tag 1	55	72,04	17,132	34,0	73,00	100,0
		Zyklus 9 Woche 1 Tag 1	57	69,23	18,467	19,0	70,00	100,0
		Zyklus 10 Woche 1 Tag 1	54	69,24	18,779	22,0	70,00	100,0
		Zyklus 11 Woche 1 Tag 1	46	71,65	18,113	30,0	70,00	100,0
		Zyklus 12 Woche 1 Tag 1	40	71,15	17,401	18,0	70,00	100,0
		Zyklus 13 Woche 1 Tag 1	38	72,74	16,699	35,0	76,50	100,0
		Zyklus 14 Woche 1 Tag 1	34	70,74	16,971	39,0	70,00	98,0
		Zyklus 15 Woche 1 Tag 1	24	71,63	17,174	39,0	71,00	99,0
		Zyklus 16 Woche 1 Tag 1	22	70,27	18,082	40,0	68,50	100,0
		Zyklus 17 Woche 1 Tag 1	19	67,89	18,532	39,0	69,00	100,0
		Zyklus 18 Woche 1 Tag 1	16	69,94	16,450	46,0	73,00	92,0
		Zyklus 19 Woche 1 Tag 1	16	68,81	19,617	39,0	71,00	98,0
		Zyklus 20 Woche 1 Tag 1	15	67,00	21,696	30,0	70,00	99,0
		Zyklus 21 Woche 1 Tag 1	11	69,27	22,410	30,0	76,00	96,0
		Zyklus 22 Woche 1 Tag 1	10	72,80	21,065	40,0	77,50	100,0
		Zyklus 23 Woche 1 Tag 1	7	79,29	19,973	40,0	81,00	100,0
		Zyklus 24 Woche 1 Tag 1	4	71,75	43,400	7,0	91,50	97,0
		Zyklus 25 Woche 1 Tag 1	3	95,67	4,041	92,0	95,00	100,0
		Zyklus 26 Woche 1 Tag 1	2	94,50	3,536	92,0	94,50	97,0
		Zyklus 27 Woche 1 Tag 1	1	88,00	NC	88,0	88,00	88,0
		Zyklus 28 Woche 1 Tag 1	1	87,00	NC	87,0	87,00	87,0
		Zyklus 29 Woche 1 Tag 1	1	90,00	NC	90,0	90,00	90,0

Table 2.6.3.1 CAPItello-291 (Global B2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Placebo + Fulvestrant (N=87)	Baseline	71	68,54	17,722	29,0	70,00	97,0
		Zyklus 2 Woche 1 Tag 1	70	71,40	18,045	19,0	74,50	100,0
		Zyklus 3 Woche 1 Tag 1	61	68,28	18,437	19,0	70,00	100,0
		Zyklus 4 Woche 1 Tag 1	48	68,63	19,716	17,0	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	38	68,63	20,370	17,0	73,50	100,0
		Zyklus 6 Woche 1 Tag 1	34	69,88	20,821	8,0	74,50	100,0
		Zyklus 7 Woche 1 Tag 1	29	73,03	18,884	28,0	77,00	100,0
		Zyklus 8 Woche 1 Tag 1	23	73,00	16,545	39,0	79,00	98,0
		Zyklus 9 Woche 1 Tag 1	19	77,21	22,481	30,0	85,00	100,0
		Zyklus 10 Woche 1 Tag 1	15	73,27	20,499	35,0	73,00	100,0
		Zyklus 11 Woche 1 Tag 1	13	74,31	18,865	41,0	79,00	100,0
		Zyklus 12 Woche 1 Tag 1	17	70,35	20,627	36,0	70,00	100,0
		Zyklus 13 Woche 1 Tag 1	15	70,53	26,371	17,0	73,00	100,0
		Zyklus 14 Woche 1 Tag 1	11	79,45	23,419	29,0	90,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	80,13	18,388	51,0	85,00	100,0
		Zyklus 16 Woche 1 Tag 1	7	75,14	15,668	54,0	72,00	100,0
		Zyklus 17 Woche 1 Tag 1	5	70,00	14,983	55,0	68,00	90,0
		Zyklus 18 Woche 1 Tag 1	4	65,75	18,482	48,0	65,00	85,0
		Zyklus 19 Woche 1 Tag 1	3	61,33	9,074	51,0	65,00	68,0
		Zyklus 20 Woche 1 Tag 1	2	66,00	15,556	55,0	66,00	77,0
		Zyklus 21 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 22 Woche 1 Tag 1	1	64,00	NC	64,0	64,00	64,0
		Zyklus 23 Woche 1 Tag 1	1	71,00	NC	71,0	71,00	71,0
		Zyklus 24 Woche 1 Tag 1	1	76,00	NC	76,0	76,00	76,0
		Zyklus 25 Woche 1 Tag 1	1	66,00	NC	66,0	66,00	66,0
		Zyklus 26 Woche 1 Tag 1	1	46,00	NC	46,0	46,00	46,0
		Zyklus 27 Woche 1 Tag 1	1	20,00	NC	20,0	20,00	20,0

Table 2.6.3.1 CAPItello-291 (China B2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Capivasertib + Fulvestrant (N=11)	Baseline	11	84,45	14,418	48,0	88,00	100,0
		Zyklus 2 Woche 1 Tag 1	10	72,50	25,722	19,0	75,00	100,0
		Zyklus 3 Woche 1 Tag 1	11	77,36	21,416	38,0	89,00	99,0
		Zyklus 4 Woche 1 Tag 1	10	76,90	18,442	45,0	77,50	98,0
		Zyklus 5 Woche 1 Tag 1	10	81,50	12,358	66,0	82,50	98,0
		Zyklus 6 Woche 1 Tag 1	9	69,00	27,491	19,0	75,00	97,0
		Zyklus 7 Woche 1 Tag 1	7	78,14	16,658	48,0	82,00	94,0
		Zyklus 8 Woche 1 Tag 1	7	79,57	21,648	38,0	88,00	100,0
		Zyklus 9 Woche 1 Tag 1	6	75,50	22,278	41,0	78,00	100,0
		Zyklus 10 Woche 1 Tag 1	6	70,50	30,592	10,0	77,50	96,0
		Zyklus 11 Woche 1 Tag 1	5	78,60	10,526	68,0	76,00	95,0
		Zyklus 12 Woche 1 Tag 1	4	81,50	2,380	79,0	81,50	84,0
		Zyklus 13 Woche 1 Tag 1	2	83,00	4,243	80,0	83,00	86,0
		Zyklus 14 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 15 Woche 1 Tag 1	1	55,00	NC	55,0	55,00	55,0
	Placebo + Fulvestrant (N=6)	Baseline	5	89,00	9,274	76,0	91,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	86,00	12,490	72,0	90,00	96,0
		Zyklus 3 Woche 1 Tag 1	4	80,25	31,052	34,0	93,50	100,0
		Zyklus 4 Woche 1 Tag 1	2	82,50	24,749	65,0	82,50	100,0
		Zyklus 5 Woche 1 Tag 1	2	89,50	6,364	85,0	89,50	94,0
		Zyklus 6 Woche 1 Tag 1	2	79,50	13,435	70,0	79,50	89,0
		Zyklus 7 Woche 1 Tag 1	3	93,00	8,185	84,0	95,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	79,00	19,000	63,0	74,00	100,0
		Zyklus 9 Woche 1 Tag 1	3	86,67	11,930	77,0	83,00	100,0
		Zyklus 10 Woche 1 Tag 1	3	78,33	18,930	65,0	70,00	100,0
		Zyklus 11 Woche 1 Tag 1	3	82,00	15,716	71,0	75,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	84,00	22,627	68,0	84,00	100,0
		Zyklus 13 Woche 1 Tag 1	2	79,00	29,698	58,0	79,00	100,0
		Zyklus 14 Woche 1 Tag 1	1	71,00	NC	71,0	71,00	71,0
		Zyklus 15 Woche 1 Tag 1	1	90,00	NC	90,0	90,00	90,0

Table 2.6.3.1 CAPItello-291 (China B2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Placebo + Fulvestrant (N=6)	Zyklus 16 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	1	87,00	NC	87,0	87,00	87,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Capivasertib + Fulvestrant (N=117)	Baseline	94	1,51	0,839	1,0	1,00	5,0
		Zyklus 1 Woche 3 Tag 1	104	2,39	1,303	1,0	2,00	5,0
		Zyklus 2 Woche 1 Tag 1	98	2,30	1,114	1,0	2,00	5,0
		Zyklus 2 Woche 3 Tag 1	90	2,24	1,125	1,0	2,00	5,0
		Zyklus 3 Woche 1 Tag 1	96	2,21	1,004	1,0	2,00	5,0
		Zyklus 3 Woche 3 Tag 1	71	2,15	1,142	1,0	2,00	5,0
		Zyklus 4 Woche 1 Tag 1	86	2,15	1,012	1,0	2,00	5,0
		Zyklus 5 Woche 1 Tag 1	79	2,15	0,893	1,0	2,00	4,0
		Zyklus 6 Woche 1 Tag 1	65	2,06	0,882	1,0	2,00	5,0
		Zyklus 7 Woche 1 Tag 1	62	1,95	0,838	1,0	2,00	5,0
		Zyklus 8 Woche 1 Tag 1	49	2,10	1,104	1,0	2,00	5,0
		Zyklus 9 Woche 1 Tag 1	47	1,89	0,866	1,0	2,00	4,0
		Zyklus 10 Woche 1 Tag 1	45	2,07	0,780	1,0	2,00	4,0
		Zyklus 11 Woche 1 Tag 1	41	1,93	0,787	1,0	2,00	4,0
		Zyklus 12 Woche 1 Tag 1	35	1,94	0,725	1,0	2,00	4,0
		Zyklus 13 Woche 1 Tag 1	32	2,03	0,897	1,0	2,00	4,0
		Zyklus 14 Woche 1 Tag 1	28	2,14	0,803	1,0	2,00	4,0
		Zyklus 15 Woche 1 Tag 1	21	1,95	0,740	1,0	2,00	4,0
		Zyklus 16 Woche 1 Tag 1	17	1,82	0,636	1,0	2,00	3,0
		Zyklus 17 Woche 1 Tag 1	15	1,80	0,862	1,0	2,00	4,0
		Zyklus 18 Woche 1 Tag 1	13	1,85	0,899	1,0	2,00	4,0
		Zyklus 19 Woche 1 Tag 1	12	2,00	0,739	1,0	2,00	3,0
		Zyklus 20 Woche 1 Tag 1	12	1,75	0,965	1,0	1,50	4,0
		Zyklus 21 Woche 1 Tag 1	9	1,67	1,000	1,0	1,00	4,0
		Zyklus 22 Woche 1 Tag 1	8	2,00	0,926	1,0	2,00	4,0
		Zyklus 23 Woche 1 Tag 1	4	1,75	0,500	1,0	2,00	2,0
		Zyklus 24 Woche 1 Tag 1	3	2,67	2,082	1,0	2,00	5,0
		Zyklus 25 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 26 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 27 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 28 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 29 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Placebo + Fulvestrant (N=87)	Baseline	70	1,34	0,778	1,0	1,00	5,0
		Zyklus 1 Woche 3 Tag 1	73	1,75	0,969	1,0	2,00	5,0
		Zyklus 2 Woche 1 Tag 1	70	1,79	0,883	1,0	2,00	4,0
		Zyklus 2 Woche 3 Tag 1	65	1,75	1,104	1,0	1,00	5,0
		Zyklus 3 Woche 1 Tag 1	60	1,77	0,927	1,0	2,00	5,0
		Zyklus 3 Woche 3 Tag 1	43	1,79	0,940	1,0	2,00	5,0
		Zyklus 4 Woche 1 Tag 1	48	1,85	1,072	1,0	1,50	5,0
		Zyklus 5 Woche 1 Tag 1	35	1,80	0,994	1,0	1,00	5,0
		Zyklus 6 Woche 1 Tag 1	31	1,97	1,016	1,0	2,00	4,0
		Zyklus 7 Woche 1 Tag 1	26	1,73	0,778	1,0	2,00	4,0
		Zyklus 8 Woche 1 Tag 1	20	1,85	0,813	1,0	2,00	4,0
		Zyklus 9 Woche 1 Tag 1	18	1,89	1,183	1,0	1,50	5,0
		Zyklus 10 Woche 1 Tag 1	15	1,80	1,082	1,0	1,00	4,0
		Zyklus 11 Woche 1 Tag 1	13	1,38	0,768	1,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	16	1,69	0,793	1,0	1,50	3,0
		Zyklus 13 Woche 1 Tag 1	13	1,77	1,013	1,0	1,00	4,0
		Zyklus 14 Woche 1 Tag 1	10	1,40	0,966	1,0	1,00	4,0
		Zyklus 15 Woche 1 Tag 1	7	1,29	0,488	1,0	1,00	2,0
		Zyklus 16 Woche 1 Tag 1	6	1,33	0,516	1,0	1,00	2,0
		Zyklus 17 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 18 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PGIS	Capivasertib + Fulvestrant (N=117)	Baseline	96	1,45	1,239	0,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	101	1,37	1,231	0,0	1,00	5,0
		Zyklus 3 Woche 1 Tag 1	97	1,36	1,165	0,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	87	1,34	1,119	0,0	1,00	5,0
		Zyklus 5 Woche 1 Tag 1	83	1,43	1,171	0,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	68	1,50	1,191	0,0	2,00	5,0
		Zyklus 7 Woche 1 Tag 1	67	1,36	1,190	0,0	1,00	4,0
		Zyklus 8 Woche 1 Tag 1	54	1,37	1,186	0,0	1,00	4,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Capivasertib + Fulvestrant (N=117)	Zyklus 9 Woche 1 Tag 1	57	1,35	1,126	0,0	1,00	4,0
		Zyklus 10 Woche 1 Tag 1	54	1,41	1,267	0,0	1,50	4,0
		Zyklus 11 Woche 1 Tag 1	46	1,24	1,079	0,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	40	1,48	1,062	0,0	1,50	3,0
		Zyklus 13 Woche 1 Tag 1	38	1,24	1,025	0,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	34	1,26	1,163	0,0	1,00	4,0
		Zyklus 15 Woche 1 Tag 1	24	1,08	1,248	0,0	0,00	3,0
		Zyklus 16 Woche 1 Tag 1	21	1,24	1,091	0,0	1,00	3,0
		Zyklus 17 Woche 1 Tag 1	19	1,37	1,300	0,0	1,00	3,0
		Zyklus 18 Woche 1 Tag 1	16	1,13	1,258	0,0	0,50	3,0
		Zyklus 19 Woche 1 Tag 1	16	1,19	1,223	0,0	1,00	3,0
		Zyklus 20 Woche 1 Tag 1	15	1,20	1,320	0,0	1,00	4,0
		Zyklus 21 Woche 1 Tag 1	11	0,82	0,982	0,0	1,00	3,0
		Zyklus 22 Woche 1 Tag 1	10	1,30	1,418	0,0	1,00	3,0
		Zyklus 23 Woche 1 Tag 1	7	0,71	1,113	0,0	0,00	3,0
		Zyklus 24 Woche 1 Tag 1	4	1,75	2,217	0,0	1,00	5,0
		Zyklus 25 Woche 1 Tag 1	3	0,67	0,577	0,0	1,00	1,0
		Zyklus 26 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 28 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 29 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=87)	Baseline	70	1,30	1,334	0,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	69	1,52	1,279	0,0	1,00	4,0
		Zyklus 3 Woche 1 Tag 1	61	1,46	1,163	0,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	48	1,44	1,382	0,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	38	1,32	1,276	0,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	34	1,41	1,104	0,0	1,50	4,0
		Zyklus 7 Woche 1 Tag 1	29	1,14	1,125	0,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	23	1,35	1,071	0,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	19	1,37	1,257	0,0	1,00	4,0
		Zyklus 10 Woche 1 Tag 1	15	1,27	1,163	0,0	1,00	3,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Placebo + Fulvestrant (N=87)	Zyklus 11 Woche 1 Tag 1	13	1,15	1,214	0,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	17	1,47	1,179	0,0	1,00	4,0
		Zyklus 13 Woche 1 Tag 1	15	1,13	1,356	0,0	1,00	4,0
		Zyklus 14 Woche 1 Tag 1	11	0,55	1,036	0,0	0,00	3,0
		Zyklus 15 Woche 1 Tag 1	8	0,38	0,744	0,0	0,00	2,0
		Zyklus 16 Woche 1 Tag 1	7	0,71	0,951	0,0	0,00	2,0
		Zyklus 17 Woche 1 Tag 1	5	0,60	0,894	0,0	0,00	2,0
		Zyklus 18 Woche 1 Tag 1	4	0,75	0,957	0,0	0,50	2,0
		Zyklus 19 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 21 Woche 1 Tag 1	1	5,00	NC	5,0	5,00	5,0
		Zyklus 22 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 23 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 24 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 25 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 26 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 27 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
PGIC	Capivasertib + Fulvestrant (N=117)	Zyklus 2 Woche 1 Tag 1	98	3,45	1,415	1,0	4,00	7,0
		Zyklus 3 Woche 1 Tag 1	97	3,16	1,359	1,0	3,00	6,0
		Zyklus 4 Woche 1 Tag 1	87	3,08	1,693	1,0	3,00	7,0
		Zyklus 5 Woche 1 Tag 1	83	2,99	1,330	1,0	3,00	6,0
		Zyklus 6 Woche 1 Tag 1	68	2,87	1,326	1,0	3,00	6,0
		Zyklus 7 Woche 1 Tag 1	67	2,78	1,369	1,0	3,00	6,0
		Zyklus 8 Woche 1 Tag 1	54	2,98	1,498	1,0	3,00	7,0
		Zyklus 9 Woche 1 Tag 1	57	2,89	1,385	1,0	3,00	7,0
		Zyklus 10 Woche 1 Tag 1	54	2,78	1,269	1,0	3,00	6,0
		Zyklus 11 Woche 1 Tag 1	46	2,87	1,293	1,0	3,00	6,0
		Zyklus 12 Woche 1 Tag 1	40	2,50	1,261	1,0	2,50	5,0
		Zyklus 13 Woche 1 Tag 1	38	2,68	1,378	1,0	3,00	5,0
		Zyklus 14 Woche 1 Tag 1	34	2,59	1,234	1,0	3,00	5,0
		Zyklus 15 Woche 1 Tag 1	24	2,54	1,285	1,0	2,00	5,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIC	Capivasertib + Fulvestrant (N=117)	Zyklus 16 Woche 1 Tag 1	21	2,57	1,399	1,0	3,00	5,0
		Zyklus 17 Woche 1 Tag 1	19	2,58	1,305	1,0	3,00	5,0
		Zyklus 18 Woche 1 Tag 1	16	2,38	1,258	1,0	2,50	4,0
		Zyklus 19 Woche 1 Tag 1	16	2,50	1,211	1,0	3,00	4,0
		Zyklus 20 Woche 1 Tag 1	15	2,80	1,568	1,0	3,00	6,0
		Zyklus 21 Woche 1 Tag 1	11	2,64	1,502	1,0	3,00	5,0
		Zyklus 22 Woche 1 Tag 1	10	2,80	1,619	1,0	3,50	5,0
		Zyklus 23 Woche 1 Tag 1	7	2,71	1,604	1,0	4,00	4,0
		Zyklus 24 Woche 1 Tag 1	4	4,00	2,449	1,0	4,00	7,0
		Zyklus 25 Woche 1 Tag 1	3	3,00	1,732	1,0	4,00	4,0
		Zyklus 26 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 27 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 28 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 29 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
	Placebo + Fulvestrant (N=87)	Zyklus 2 Woche 1 Tag 1	68	3,66	1,205	1,0	4,00	6,0
		Zyklus 3 Woche 1 Tag 1	60	3,60	1,343	1,0	4,00	7,0
		Zyklus 4 Woche 1 Tag 1	48	3,48	1,458	1,0	4,00	7,0
		Zyklus 5 Woche 1 Tag 1	38	3,11	1,503	1,0	3,00	7,0
		Zyklus 6 Woche 1 Tag 1	34	3,32	1,471	1,0	3,00	7,0
		Zyklus 7 Woche 1 Tag 1	29	2,93	1,387	1,0	3,00	7,0
		Zyklus 8 Woche 1 Tag 1	23	2,74	1,137	1,0	3,00	5,0
		Zyklus 9 Woche 1 Tag 1	19	2,53	1,645	1,0	2,00	6,0
		Zyklus 10 Woche 1 Tag 1	15	3,07	1,438	1,0	3,00	5,0
		Zyklus 11 Woche 1 Tag 1	13	2,23	1,363	1,0	2,00	5,0
		Zyklus 12 Woche 1 Tag 1	17	2,71	1,448	1,0	2,00	5,0
		Zyklus 13 Woche 1 Tag 1	15	3,00	1,690	1,0	3,00	5,0
		Zyklus 14 Woche 1 Tag 1	11	2,00	1,549	1,0	1,00	6,0
		Zyklus 15 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 16 Woche 1 Tag 1	7	2,29	1,254	1,0	3,00	4,0
		Zyklus 17 Woche 1 Tag 1	5	2,00	1,000	1,0	2,00	3,0
		Zyklus 18 Woche 1 Tag 1	4	1,75	0,957	1,0	1,50	3,0

Table 2.6.4.1 CAPItello-291 (Global B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIC	Placebo + Fulvestrant (N=87)	Zyklus 19 Woche 1 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 20 Woche 1 Tag 1	2	3,00	1,414	2,0	3,00	4,0
		Zyklus 21 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 22 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 23 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 24 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 25 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 26 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 27 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0

Table 2.6.4.2 CAPItello-291 (China B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,82	0,982	1,0	2,00	4,0
		Zyklus 1 Woche 3 Tag 1	11	2,45	1,440	1,0	2,00	5,0
		Zyklus 2 Woche 1 Tag 1	10	2,00	0,471	1,0	2,00	3,0
		Zyklus 2 Woche 3 Tag 1	11	2,00	0,632	1,0	2,00	3,0
		Zyklus 3 Woche 1 Tag 1	11	1,64	0,674	1,0	2,00	3,0
		Zyklus 3 Woche 3 Tag 1	7	2,57	0,976	1,0	3,00	4,0
		Zyklus 4 Woche 1 Tag 1	10	2,00	0,816	1,0	2,00	4,0
		Zyklus 5 Woche 1 Tag 1	10	1,80	0,632	1,0	2,00	3,0
		Zyklus 6 Woche 1 Tag 1	9	2,00	1,000	1,0	2,00	4,0
		Zyklus 7 Woche 1 Tag 1	7	2,00	0,816	1,0	2,00	3,0
		Zyklus 8 Woche 1 Tag 1	7	1,57	0,535	1,0	2,00	2,0
		Zyklus 9 Woche 1 Tag 1	6	1,83	0,408	1,0	2,00	2,0
		Zyklus 10 Woche 1 Tag 1	6	2,00	1,095	1,0	2,00	4,0
		Zyklus 11 Woche 1 Tag 1	4	2,00	0,816	1,0	2,00	3,0
		Zyklus 12 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 13 Woche 1 Tag 1	2	2,00	0,000	2,0	2,00	2,0
		Zyklus 14 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=6)	Baseline	5	1,60	0,548	1,0	2,00	2,0
		Zyklus 1 Woche 3 Tag 1	4	1,75	0,500	1,0	2,00	2,0
		Zyklus 2 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	2,00	0,816	1,0	2,00	3,0
		Zyklus 3 Woche 1 Tag 1	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 3 Woche 3 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 4 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 6 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 8 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 9 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 10 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0

Table 2.6.4.2 CAPItello-291 (China B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Placebo + Fulvestrant (N=6)	Zyklus 11 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 12 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 13 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 14 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PGIS	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,00	1,342	0,0	1,00	4,0
		Zyklus 2 Woche 1 Tag 1	10	1,30	1,337	0,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	11	1,27	1,191	0,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	10	1,20	1,229	0,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	10	0,90	0,876	0,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	9	1,00	1,323	0,0	0,00	3,0
		Zyklus 7 Woche 1 Tag 1	7	0,57	0,787	0,0	0,00	2,0
		Zyklus 8 Woche 1 Tag 1	7	0,57	0,787	0,0	0,00	2,0
		Zyklus 9 Woche 1 Tag 1	6	0,17	0,408	0,0	0,00	1,0
		Zyklus 10 Woche 1 Tag 1	6	1,33	1,366	0,0	1,00	4,0
		Zyklus 11 Woche 1 Tag 1	5	1,00	0,707	0,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	4	1,25	0,957	0,0	1,50	2,0
		Zyklus 13 Woche 1 Tag 1	2	0,50	0,707	0,0	0,50	1,0
		Zyklus 14 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=6)	Baseline	5	0,60	0,548	0,0	1,00	1,0
		Zyklus 2 Woche 1 Tag 1	3	1,00	1,000	0,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	4	1,25	1,258	0,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	2	1,50	2,121	0,0	1,50	3,0
		Zyklus 5 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 6 Woche 1 Tag 1	2	2,00	2,828	0,0	2,00	4,0
		Zyklus 7 Woche 1 Tag 1	3	0,67	0,577	0,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	3	1,67	1,528	0,0	2,00	3,0
		Zyklus 9 Woche 1 Tag 1	3	1,33	1,155	0,0	2,00	2,0

Table 2.6.4.2 CAPItello-291 (China B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Placebo + Fulvestrant (N=6)	Zyklus 10 Woche 1 Tag 1	3	1,00	1,000	0,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	3	1,00	1,000	0,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	2	1,00	1,414	0,0	1,00	2,0
		Zyklus 13 Woche 1 Tag 1	2	1,50	2,121	0,0	1,50	3,0
		Zyklus 14 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 15 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
PGIC	Capivasertib + Fulvestrant (N=11)	Zyklus 2 Woche 1 Tag 1	10	3,30	1,418	1,0	3,50	5,0
		Zyklus 3 Woche 1 Tag 1	11	2,36	1,502	1,0	2,00	5,0
		Zyklus 4 Woche 1 Tag 1	10	2,70	1,337	1,0	3,00	4,0
		Zyklus 5 Woche 1 Tag 1	10	2,50	1,354	1,0	3,00	4,0
		Zyklus 6 Woche 1 Tag 1	9	2,89	1,537	1,0	3,00	5,0
		Zyklus 7 Woche 1 Tag 1	7	2,43	1,397	1,0	3,00	4,0
		Zyklus 8 Woche 1 Tag 1	7	2,71	1,254	1,0	3,00	4,0
		Zyklus 9 Woche 1 Tag 1	6	2,67	1,366	1,0	3,00	4,0
		Zyklus 10 Woche 1 Tag 1	6	3,17	1,941	1,0	3,50	6,0
		Zyklus 11 Woche 1 Tag 1	5	2,60	1,517	1,0	3,00	4,0
		Zyklus 12 Woche 1 Tag 1	4	3,00	1,414	1,0	3,50	4,0
		Zyklus 13 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=6)	Zyklus 2 Woche 1 Tag 1	3	2,67	1,528	1,0	3,00	4,0
		Zyklus 3 Woche 1 Tag 1	4	2,75	1,708	1,0	2,50	5,0
		Zyklus 4 Woche 1 Tag 1	2	3,00	2,828	1,0	3,00	5,0
		Zyklus 5 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 6 Woche 1 Tag 1	2	2,50	0,707	2,0	2,50	3,0
		Zyklus 7 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 8 Woche 1 Tag 1	3	3,00	2,000	1,0	3,00	5,0
		Zyklus 9 Woche 1 Tag 1	3	2,33	1,155	1,0	3,00	3,0
		Zyklus 10 Woche 1 Tag 1	3	3,00	1,732	1,0	4,00	4,0

Table 2.6.4.2 CAPItello-291 (China B2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIC	Placebo + Fulvestrant (N=6)	Zyklus 11 Woche 1 Tag 1	3	3,00	1,732	1,0	4,00	4,0
		Zyklus 12 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 13 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 14 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Capivasertib + Fulvestrant (N=117)	Baseline	96	1,12	0,396	1,0	1,00	4,0
		Zyklus 1 Woche 3 Tag 1	101	1,37	0,842	1,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	98	1,36	0,729	1,0	1,00	5,0
		Zyklus 2 Woche 3 Tag 1	90	1,25	0,587	1,0	1,00	4,0
		Zyklus 3 Woche 1 Tag 1	94	1,25	0,527	1,0	1,00	4,0
		Zyklus 3 Woche 3 Tag 1	70	1,29	0,605	1,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	84	1,17	0,442	1,0	1,00	3,5
		Zyklus 5 Woche 1 Tag 1	77	1,19	0,390	1,0	1,00	3,0
		Zyklus 6 Woche 1 Tag 1	63	1,21	0,446	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	60	1,14	0,358	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	49	1,16	0,344	1,0	1,00	2,5
		Zyklus 9 Woche 1 Tag 1	46	1,15	0,348	1,0	1,00	2,5
		Zyklus 10 Woche 1 Tag 1	45	1,13	0,327	1,0	1,00	2,5
		Zyklus 11 Woche 1 Tag 1	41	1,21	0,387	1,0	1,00	2,5
		Zyklus 12 Woche 1 Tag 1	35	1,23	0,505	1,0	1,00	3,0
		Zyklus 13 Woche 1 Tag 1	32	1,19	0,453	1,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	28	1,16	0,409	1,0	1,00	2,5
		Zyklus 15 Woche 1 Tag 1	21	1,21	0,435	1,0	1,00	2,5
		Zyklus 16 Woche 1 Tag 1	17	1,24	0,534	1,0	1,00	2,5
		Zyklus 17 Woche 1 Tag 1	15	1,33	0,699	1,0	1,00	3,0
		Zyklus 18 Woche 1 Tag 1	13	1,15	0,427	1,0	1,00	2,5
		Zyklus 19 Woche 1 Tag 1	12	1,21	0,396	1,0	1,00	2,0
		Zyklus 20 Woche 1 Tag 1	12	1,08	0,195	1,0	1,00	1,5
		Zyklus 21 Woche 1 Tag 1	9	1,00	0,000	1,0	1,00	1,0
		Zyklus 22 Woche 1 Tag 1	8	1,00	0,000	1,0	1,00	1,0
		Zyklus 23 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 24 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 25 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 26 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 27 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 28 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 29 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Placebo + Fulvestrant (N=87)	Baseline	67	1,07	0,260	1,0	1,00	2,5
		Zyklus 1 Woche 3 Tag 1	70	1,09	0,318	1,0	1,00	3,0
		Zyklus 2 Woche 1 Tag 1	68	1,13	0,484	1,0	1,00	4,5
		Zyklus 2 Woche 3 Tag 1	64	1,02	0,088	1,0	1,00	1,5
		Zyklus 3 Woche 1 Tag 1	60	1,07	0,195	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	42	1,14	0,387	1,0	1,00	2,5
		Zyklus 4 Woche 1 Tag 1	47	1,12	0,379	1,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	34	1,09	0,260	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	31	1,03	0,125	1,0	1,00	1,5
		Zyklus 7 Woche 1 Tag 1	26	1,08	0,232	1,0	1,00	2,0
		Zyklus 8 Woche 1 Tag 1	20	1,10	0,262	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	18	1,25	0,772	1,0	1,00	4,0
		Zyklus 10 Woche 1 Tag 1	15	1,20	0,455	1,0	1,00	2,5
		Zyklus 11 Woche 1 Tag 1	13	1,08	0,277	1,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	16	1,09	0,375	1,0	1,00	2,5
		Zyklus 13 Woche 1 Tag 1	13	1,19	0,480	1,0	1,00	2,5
		Zyklus 14 Woche 1 Tag 1	10	1,00	0,000	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	7	1,00	0,000	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	6	1,00	0,000	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 18 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=117)	Baseline	96	1,26	0,487	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	101	2,70	1,300	1,0	3,00	5,0
		Zyklus 2 Woche 1 Tag 1	98	2,47	1,195	1,0	2,00	5,0
		Zyklus 2 Woche 3 Tag 1	90	2,59	1,235	1,0	3,00	5,0
		Zyklus 3 Woche 1 Tag 1	94	2,52	1,180	1,0	3,00	5,0
		Zyklus 3 Woche 3 Tag 1	70	2,49	1,225	1,0	2,50	5,0
		Zyklus 4 Woche 1 Tag 1	84	2,49	1,207	1,0	3,00	5,0
		Zyklus 5 Woche 1 Tag 1	77	2,35	1,109	1,0	2,00	5,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=117)	Zyklus 6 Woche 1 Tag 1	63	2,37	1,235	1,0	2,00	5,0
		Zyklus 7 Woche 1 Tag 1	60	2,45	1,241	1,0	2,50	5,0
		Zyklus 8 Woche 1 Tag 1	49	2,45	1,226	1,0	2,00	5,0
		Zyklus 9 Woche 1 Tag 1	46	2,61	1,145	1,0	2,50	5,0
		Zyklus 10 Woche 1 Tag 1	45	2,62	1,211	1,0	2,00	5,0
		Zyklus 11 Woche 1 Tag 1	41	2,59	1,245	1,0	2,00	5,0
		Zyklus 12 Woche 1 Tag 1	35	2,43	0,948	1,0	2,00	4,0
		Zyklus 13 Woche 1 Tag 1	32	2,66	1,234	1,0	3,00	5,0
		Zyklus 14 Woche 1 Tag 1	28	2,54	1,105	1,0	3,00	5,0
		Zyklus 15 Woche 1 Tag 1	21	2,14	0,964	1,0	2,00	4,0
		Zyklus 16 Woche 1 Tag 1	17	2,00	1,000	1,0	2,00	4,0
		Zyklus 17 Woche 1 Tag 1	15	2,40	1,121	1,0	2,00	4,0
		Zyklus 18 Woche 1 Tag 1	13	2,38	1,387	1,0	2,00	5,0
		Zyklus 19 Woche 1 Tag 1	12	2,50	1,087	1,0	2,00	4,0
		Zyklus 20 Woche 1 Tag 1	12	2,75	1,288	1,0	2,50	5,0
		Zyklus 21 Woche 1 Tag 1	9	2,22	1,394	1,0	2,00	5,0
		Zyklus 22 Woche 1 Tag 1	8	2,38	1,302	1,0	2,00	5,0
		Zyklus 23 Woche 1 Tag 1	4	2,50	1,732	1,0	2,00	5,0
		Zyklus 24 Woche 1 Tag 1	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 25 Woche 1 Tag 1	2	3,00	0,000	3,0	3,00	3,0
		Zyklus 26 Woche 1 Tag 1	2	2,00	0,000	2,0	2,00	2,0
		Zyklus 27 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 28 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 29 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=87)	Baseline	67	1,34	0,750	1,0	1,00	4,0
		Zyklus 1 Woche 3 Tag 1	70	1,56	0,895	1,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	68	1,57	0,816	1,0	1,00	4,0
		Zyklus 2 Woche 3 Tag 1	64	1,47	0,835	1,0	1,00	5,0
		Zyklus 3 Woche 1 Tag 1	60	1,42	0,809	1,0	1,00	4,0
		Zyklus 3 Woche 3 Tag 1	42	1,55	0,916	1,0	1,00	5,0
		Zyklus 4 Woche 1 Tag 1	47	1,51	0,804	1,0	1,00	4,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Placebo + Fulvestrant (N=87)	Zyklus 5 Woche 1 Tag 1	34	1,47	0,896	1,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	31	1,35	0,839	1,0	1,00	4,0
		Zyklus 7 Woche 1 Tag 1	26	1,50	0,990	1,0	1,00	4,0
		Zyklus 8 Woche 1 Tag 1	20	1,50	1,000	1,0	1,00	5,0
		Zyklus 9 Woche 1 Tag 1	18	1,61	1,145	1,0	1,00	5,0
		Zyklus 10 Woche 1 Tag 1	15	1,67	1,234	1,0	1,00	5,0
		Zyklus 11 Woche 1 Tag 1	13	1,31	0,630	1,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	16	1,38	0,885	1,0	1,00	4,0
		Zyklus 13 Woche 1 Tag 1	13	1,31	0,855	1,0	1,00	4,0
		Zyklus 14 Woche 1 Tag 1	10	1,40	0,966	1,0	1,00	4,0
		Zyklus 15 Woche 1 Tag 1	7	1,43	1,134	1,0	1,00	4,0
		Zyklus 16 Woche 1 Tag 1	6	1,00	0,000	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	4	1,50	1,000	1,0	1,00	3,0
		Zyklus 18 Woche 1 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 19 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 20 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=117)	Baseline	96	1,24	0,453	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	101	1,72	1,176	1,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	98	1,52	0,876	1,0	1,00	5,0
		Zyklus 2 Woche 3 Tag 1	90	1,52	0,877	1,0	1,00	5,0
		Zyklus 3 Woche 1 Tag 1	94	1,35	0,714	1,0	1,00	5,0
		Zyklus 3 Woche 3 Tag 1	70	1,34	0,796	1,0	1,00	5,0
		Zyklus 4 Woche 1 Tag 1	84	1,39	0,792	1,0	1,00	5,0
		Zyklus 5 Woche 1 Tag 1	77	1,55	0,699	1,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	63	1,54	0,820	1,0	1,00	5,0
		Zyklus 7 Woche 1 Tag 1	60	1,62	0,761	1,0	1,00	4,0
		Zyklus 8 Woche 1 Tag 1	49	1,53	0,710	1,0	1,00	4,0
		Zyklus 9 Woche 1 Tag 1	46	1,59	0,933	1,0	1,00	5,0
		Zyklus 10 Woche 1 Tag 1	45	1,51	0,727	1,0	1,00	3,0
		Zyklus 11 Woche 1 Tag 1	41	1,63	0,829	1,0	1,00	4,0
		Zyklus 12 Woche 1 Tag 1	35	1,51	0,742	1,0	1,00	4,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=117)	Zyklus 13 Woche 1 Tag 1	32	1,44	0,619	1,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	28	1,50	0,745	1,0	1,00	3,0
		Zyklus 15 Woche 1 Tag 1	21	1,57	1,028	1,0	1,00	4,0
		Zyklus 16 Woche 1 Tag 1	17	1,59	0,795	1,0	1,00	4,0
		Zyklus 17 Woche 1 Tag 1	15	1,80	0,862	1,0	2,00	4,0
		Zyklus 18 Woche 1 Tag 1	13	1,23	0,439	1,0	1,00	2,0
		Zyklus 19 Woche 1 Tag 1	12	1,33	0,651	1,0	1,00	3,0
		Zyklus 20 Woche 1 Tag 1	12	1,17	0,389	1,0	1,00	2,0
		Zyklus 21 Woche 1 Tag 1	9	1,11	0,333	1,0	1,00	2,0
		Zyklus 22 Woche 1 Tag 1	8	1,13	0,354	1,0	1,00	2,0
		Zyklus 23 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 24 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 25 Woche 1 Tag 1	2	2,50	0,707	2,0	2,50	3,0
		Zyklus 26 Woche 1 Tag 1	2	2,50	0,707	2,0	2,50	3,0
		Zyklus 27 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 28 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 29 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=87)	Baseline	67	1,30	0,603	1,0	1,00	4,0
		Zyklus 1 Woche 3 Tag 1	70	1,30	0,548	1,0	1,00	3,0
		Zyklus 2 Woche 1 Tag 1	68	1,54	0,762	1,0	1,00	5,0
		Zyklus 2 Woche 3 Tag 1	64	1,22	0,487	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	60	1,33	0,510	1,0	1,00	3,0
		Zyklus 3 Woche 3 Tag 1	42	1,38	0,697	1,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	47	1,38	0,739	1,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	34	1,53	0,861	1,0	1,00	5,0
		Zyklus 6 Woche 1 Tag 1	31	1,39	0,558	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	26	1,46	0,582	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	20	1,55	0,826	1,0	1,00	4,0
		Zyklus 9 Woche 1 Tag 1	18	1,44	0,856	1,0	1,00	4,0
		Zyklus 10 Woche 1 Tag 1	15	1,53	0,915	1,0	1,00	4,0
		Zyklus 11 Woche 1 Tag 1	13	1,46	0,967	1,0	1,00	4,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Juckreiz	Placebo + Fulvestrant (N=87)	Zyklus 12 Woche 1 Tag 1	16	1,56	1,094	1,0	1,00	5,0
		Zyklus 13 Woche 1 Tag 1	13	1,77	1,013	1,0	1,00	4,0
		Zyklus 14 Woche 1 Tag 1	10	1,50	1,269	1,0	1,00	5,0
		Zyklus 15 Woche 1 Tag 1	7	1,29	0,488	1,0	1,00	2,0
		Zyklus 16 Woche 1 Tag 1	6	1,17	0,408	1,0	1,00	2,0
		Zyklus 17 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 18 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=117)	Baseline	96	1,39	0,719	1,0	1,00	4,5
		Zyklus 1 Woche 3 Tag 1	101	1,47	0,753	1,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	98	1,47	0,768	1,0	1,00	4,0
		Zyklus 2 Woche 3 Tag 1	90	1,41	0,590	1,0	1,00	3,5
		Zyklus 3 Woche 1 Tag 1	94	1,51	0,678	1,0	1,00	4,0
		Zyklus 3 Woche 3 Tag 1	70	1,46	0,663	1,0	1,00	3,5
		Zyklus 4 Woche 1 Tag 1	84	1,48	0,608	1,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	77	1,47	0,630	1,0	1,00	3,5
		Zyklus 6 Woche 1 Tag 1	63	1,56	0,629	1,0	1,50	3,0
		Zyklus 7 Woche 1 Tag 1	60	1,40	0,551	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	49	1,56	0,754	1,0	1,00	4,0
		Zyklus 9 Woche 1 Tag 1	46	1,51	0,563	1,0	1,50	3,0
		Zyklus 10 Woche 1 Tag 1	45	1,54	0,647	1,0	1,50	3,5
		Zyklus 11 Woche 1 Tag 1	41	1,49	0,586	1,0	1,50	3,0
		Zyklus 12 Woche 1 Tag 1	35	1,49	0,588	1,0	1,50	3,0
		Zyklus 13 Woche 1 Tag 1	32	1,55	0,711	1,0	1,25	3,5
		Zyklus 14 Woche 1 Tag 1	28	1,41	0,545	1,0	1,00	2,5
		Zyklus 15 Woche 1 Tag 1	21	1,40	0,645	1,0	1,00	3,0
		Zyklus 16 Woche 1 Tag 1	17	1,35	0,493	1,0	1,00	2,5
		Zyklus 17 Woche 1 Tag 1	15	1,67	0,673	1,0	1,50	3,0
		Zyklus 18 Woche 1 Tag 1	13	1,46	0,594	1,0	1,00	2,5
		Zyklus 19 Woche 1 Tag 1	12	1,58	0,949	1,0	1,00	4,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=117)	Zyklus 20 Woche 1 Tag 1	12	1,38	0,483	1,0	1,25	2,5
		Zyklus 21 Woche 1 Tag 1	9	1,28	0,441	1,0	1,00	2,0
		Zyklus 22 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 23 Woche 1 Tag 1	4	1,38	0,479	1,0	1,25	2,0
		Zyklus 24 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 25 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 26 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 27 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 28 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 29 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=87)	Baseline	67	1,30	0,652	1,0	1,00	4,5
		Zyklus 1 Woche 3 Tag 1	70	1,21	0,478	1,0	1,00	4,0
		Zyklus 2 Woche 1 Tag 1	68	1,32	0,509	1,0	1,00	3,0
		Zyklus 2 Woche 3 Tag 1	64	1,32	0,530	1,0	1,00	3,5
		Zyklus 3 Woche 1 Tag 1	60	1,36	0,530	1,0	1,00	3,5
		Zyklus 3 Woche 3 Tag 1	42	1,18	0,363	1,0	1,00	2,5
		Zyklus 4 Woche 1 Tag 1	47	1,34	0,635	1,0	1,00	4,5
		Zyklus 5 Woche 1 Tag 1	34	1,29	0,552	1,0	1,00	3,0
		Zyklus 6 Woche 1 Tag 1	31	1,37	0,591	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	26	1,37	0,540	1,0	1,00	2,5
		Zyklus 8 Woche 1 Tag 1	20	1,55	0,724	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	18	1,50	0,822	1,0	1,00	3,5
		Zyklus 10 Woche 1 Tag 1	15	1,33	0,488	1,0	1,00	2,5
		Zyklus 11 Woche 1 Tag 1	13	1,38	0,650	1,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	16	1,22	0,364	1,0	1,00	2,0
		Zyklus 13 Woche 1 Tag 1	13	1,31	0,480	1,0	1,00	2,0
		Zyklus 14 Woche 1 Tag 1	10	1,25	0,425	1,0	1,00	2,0
		Zyklus 15 Woche 1 Tag 1	7	1,21	0,567	1,0	1,00	2,5
		Zyklus 16 Woche 1 Tag 1	6	1,17	0,408	1,0	1,00	2,0
		Zyklus 17 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 18 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0

Table 2.6.5.1 CAPItello-291 (Global B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Placebo + Fulvestrant (N=87)	Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.5.2 CAPItello-291 (China B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,05	0,151	1,0	1,00	1,5
		Zyklus 1 Woche 3 Tag 1	11	1,23	0,518	1,0	1,00	2,5
		Zyklus 2 Woche 1 Tag 1	10	1,40	0,738	1,0	1,00	3,0
		Zyklus 2 Woche 3 Tag 1	11	1,41	0,664	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	11	1,36	0,710	1,0	1,00	3,0
		Zyklus 3 Woche 3 Tag 1	8	2,00	1,512	1,0	1,00	5,0
		Zyklus 4 Woche 1 Tag 1	10	1,60	1,287	1,0	1,00	5,0
		Zyklus 5 Woche 1 Tag 1	10	1,50	0,707	1,0	1,00	3,0
		Zyklus 6 Woche 1 Tag 1	9	1,39	0,993	1,0	1,00	4,0
		Zyklus 7 Woche 1 Tag 1	7	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	7	1,07	0,189	1,0	1,00	1,5
		Zyklus 9 Woche 1 Tag 1	6	1,00	0,000	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	6	1,08	0,204	1,0	1,00	1,5
		Zyklus 11 Woche 1 Tag 1	4	1,13	0,250	1,0	1,00	1,5
		Zyklus 12 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
	Placebo + Fulvestrant (N=6)	Baseline	5	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 3 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 4 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 5 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 6 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0

Table 2.6.5.2 CAPItello-291 (China B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Placebo + Fulvestrant (N=6)	Zyklus 11 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 12 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,45	0,688	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	11	2,36	1,120	1,0	2,00	4,0
		Zyklus 2 Woche 1 Tag 1	10	2,10	0,994	1,0	2,00	4,0
		Zyklus 2 Woche 3 Tag 1	11	2,18	1,168	1,0	2,00	4,0
		Zyklus 3 Woche 1 Tag 1	11	1,82	1,079	1,0	1,00	4,0
		Zyklus 3 Woche 3 Tag 1	8	2,38	0,744	1,0	2,50	3,0
		Zyklus 4 Woche 1 Tag 1	10	1,90	0,876	1,0	2,00	3,0
		Zyklus 5 Woche 1 Tag 1	10	2,30	1,160	1,0	2,00	4,0
		Zyklus 6 Woche 1 Tag 1	9	2,33	1,000	1,0	2,00	4,0
		Zyklus 7 Woche 1 Tag 1	7	2,00	1,291	1,0	1,00	4,0
		Zyklus 8 Woche 1 Tag 1	7	1,57	0,976	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	6	1,67	1,033	1,0	1,00	3,0
		Zyklus 10 Woche 1 Tag 1	6	1,67	0,816	1,0	1,50	3,0
		Zyklus 11 Woche 1 Tag 1	4	2,25	0,957	1,0	2,50	3,0
		Zyklus 12 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 13 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 14 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=6)	Baseline	5	1,40	0,548	1,0	1,00	2,0
		Zyklus 1 Woche 3 Tag 1	4	1,75	0,500	1,0	2,00	2,0
		Zyklus 2 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,75	0,500	1,0	2,00	2,0
		Zyklus 3 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 3 Tag 1	2	1,50	0,707	1,0	1,50	2,0

Table 2.6.5.2 CAPItello-291 (China B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Placebo + Fulvestrant (N=6)	Zyklus 4 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 6 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 11 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 12 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,18	0,603	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	11	2,09	1,136	1,0	2,00	4,0
		Zyklus 2 Woche 1 Tag 1	10	1,80	1,033	1,0	1,50	4,0
		Zyklus 2 Woche 3 Tag 1	11	1,36	0,674	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	11	1,36	0,674	1,0	1,00	3,0
		Zyklus 3 Woche 3 Tag 1	8	1,50	0,756	1,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	10	1,10	0,316	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	10	1,30	0,483	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	9	1,67	0,500	1,0	2,00	2,0
		Zyklus 7 Woche 1 Tag 1	7	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	7	1,29	0,488	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	6	1,17	0,408	1,0	1,00	2,0
		Zyklus 10 Woche 1 Tag 1	6	1,50	0,837	1,0	1,00	3,0
		Zyklus 11 Woche 1 Tag 1	4	1,75	0,957	1,0	1,50	3,0
		Zyklus 12 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.5.2 CAPItello-291 (China B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=11)	Zyklus 15 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
	Placebo + Fulvestrant (N=6)	Baseline	5	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 3 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 4 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 5 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 6 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 9 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 11 Woche 1 Tag 1	2	2,00	0,000	2,0	2,00	2,0
		Zyklus 12 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 13 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=11)	Baseline	11	1,09	0,202	1,0	1,00	1,5
		Zyklus 1 Woche 3 Tag 1	11	1,73	1,367	1,0	1,00	5,0
		Zyklus 2 Woche 1 Tag 1	10	1,60	0,810	1,0	1,25	3,5
		Zyklus 2 Woche 3 Tag 1	11	1,32	0,405	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	11	1,50	0,632	1,0	1,00	2,5
		Zyklus 3 Woche 3 Tag 1	8	1,44	0,496	1,0	1,25	2,0
		Zyklus 4 Woche 1 Tag 1	10	1,40	0,658	1,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	10	1,60	0,966	1,0	1,25	4,0
		Zyklus 6 Woche 1 Tag 1	9	1,50	0,829	1,0	1,00	3,5
		Zyklus 7 Woche 1 Tag 1	7	1,64	0,690	1,0	1,50	2,5

Table 2.6.5.2 CAPItello-291 (China B2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=11)	Zyklus 8 Woche 1 Tag 1	7	1,14	0,378	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	6	1,33	0,408	1,0	1,25	2,0
		Zyklus 10 Woche 1 Tag 1	6	1,67	0,983	1,0	1,25	3,5
		Zyklus 11 Woche 1 Tag 1	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 12 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=6)	Baseline	5	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 1 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 3 Woche 3 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 4 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 6 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 12 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 14 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.7.1.1 CAPItello-291 (Global B2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	102	102	87,2	100
	Placebo + Fulvestrant (N=87)	87	68	68	78,2	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	103	103	88,0	100
	Placebo + Fulvestrant (N=87)	87	73	73	83,9	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	109	109	93,2	100
	Placebo + Fulvestrant (N=87)	87	73	73	83,9	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	98	98	84,5	100
	Placebo + Fulvestrant (N=87)	85	63	63	74,1	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	115	89	89	77,4	100
	Placebo + Fulvestrant (N=87)	80	48	48	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	113	83	83	73,5	100
	Placebo + Fulvestrant (N=87)	80	39	39	48,8	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	109	68	68	62,4	100
	Placebo + Fulvestrant (N=87)	76	34	34	44,7	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	106	67	67	63,2	100
	Placebo + Fulvestrant (N=87)	75	30	30	40,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	105	56	56	53,3	100
	Placebo + Fulvestrant (N=87)	70	23	23	32,9	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	103	58	58	56,3	100
	Placebo + Fulvestrant (N=87)	64	20	20	31,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	54	54	55,7	100
	Placebo + Fulvestrant (N=87)	63	15	15	23,8	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	46	46	47,4	100
	Placebo + Fulvestrant (N=87)	61	13	13	21,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	95	41	41	43,2	100
	Placebo + Fulvestrant (N=87)	61	17	17	27,9	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	92	38	38	41,3	100
	Placebo + Fulvestrant (N=87)	60	15	15	25,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	87	34	34	39,1	100
	Placebo + Fulvestrant (N=87)	56	11	11	19,6	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	77	24	24	31,2	100
	Placebo + Fulvestrant (N=87)	52	8	8	15,4	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.1 CAPItello-291 (Global B2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	67	22	22	32,8	100
	Placebo + Fulvestrant (N=87)	44	7	7	15,9	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	19	19	33,9	100
	Placebo + Fulvestrant (N=87)	37	5	5	13,5	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	16	16	32,7	100
	Placebo + Fulvestrant (N=87)	31	4	4	12,9	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	38	16	16	42,1	100
	Placebo + Fulvestrant (N=87)	28	3	3	10,7	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	35	15	15	42,9	100
	Placebo + Fulvestrant (N=87)	24	2	2	8,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	30	11	11	36,7	100
	Placebo + Fulvestrant (N=87)	20	1	1	5,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	27	10	10	37,0	100
	Placebo + Fulvestrant (N=87)	17	1	1	5,9	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	7	7	31,8	100
	Placebo + Fulvestrant (N=87)	14	1	1	7,1	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	18	4	4	22,2	100
	Placebo + Fulvestrant (N=87)	10	1	1	10,0	100
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	3	3	30,0	100
	Placebo + Fulvestrant (N=87)	8	1	1	12,5	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.2 CAPItello-291 (Global B2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	99	99	84,6	100
	Placebo + Fulvestrant (N=87)	87	68	68	78,2	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	100	100	85,5	100
	Placebo + Fulvestrant (N=87)	87	72	72	82,8	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	106	106	90,6	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	97	97	83,6	100
	Placebo + Fulvestrant (N=87)	85	61	61	71,8	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	115	87	87	75,7	100
	Placebo + Fulvestrant (N=87)	80	48	48	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	113	83	83	73,5	100
	Placebo + Fulvestrant (N=87)	80	38	38	47,5	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	109	68	68	62,4	100
	Placebo + Fulvestrant (N=87)	76	34	34	44,7	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	106	67	67	63,2	100
	Placebo + Fulvestrant (N=87)	75	30	30	40,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	105	55	55	52,4	100
	Placebo + Fulvestrant (N=87)	70	23	23	32,9	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	103	57	57	55,3	100
	Placebo + Fulvestrant (N=87)	64	20	20	31,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	54	54	55,7	100
	Placebo + Fulvestrant (N=87)	63	15	15	23,8	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	46	46	47,4	100
	Placebo + Fulvestrant (N=87)	61	13	13	21,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	95	41	41	43,2	100
	Placebo + Fulvestrant (N=87)	61	17	17	27,9	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	92	38	38	41,3	100
	Placebo + Fulvestrant (N=87)	60	15	15	25,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	87	34	34	39,1	100
	Placebo + Fulvestrant (N=87)	56	11	11	19,6	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	77	24	24	31,2	100
	Placebo + Fulvestrant (N=87)	52	8	8	15,4	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.2 CAPItello-291 (Global B2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	67	22	22	32,8	100
	Placebo + Fulvestrant (N=87)	44	7	7	15,9	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	19	19	33,9	100
	Placebo + Fulvestrant (N=87)	37	5	5	13,5	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	16	16	32,7	100
	Placebo + Fulvestrant (N=87)	31	4	4	12,9	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	38	16	16	42,1	100
	Placebo + Fulvestrant (N=87)	28	3	3	10,7	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	35	15	15	42,9	100
	Placebo + Fulvestrant (N=87)	24	2	2	8,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	30	11	11	36,7	100
	Placebo + Fulvestrant (N=87)	20	1	1	5,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	27	10	10	37,0	100
	Placebo + Fulvestrant (N=87)	17	1	1	5,9	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	7	7	31,8	100
	Placebo + Fulvestrant (N=87)	14	1	1	7,1	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	18	4	4	22,2	100
	Placebo + Fulvestrant (N=87)	10	1	1	10,0	100
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	3	3	30,0	100
	Placebo + Fulvestrant (N=87)	8	1	1	12,5	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.3 CAPItello-291 (Global B2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	99	99	84,6	100
	Placebo + Fulvestrant (N=87)	87	67	67	77,0	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	100	100	85,5	100
	Placebo + Fulvestrant (N=87)	87	71	71	81,6	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	104	104	88,9	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	97	97	83,6	100
	Placebo + Fulvestrant (N=87)	85	61	61	71,8	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	115	87	87	75,7	100
	Placebo + Fulvestrant (N=87)	80	48	48	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	113	83	83	73,5	100
	Placebo + Fulvestrant (N=87)	80	38	38	47,5	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	109	68	68	62,4	100
	Placebo + Fulvestrant (N=87)	76	34	34	44,7	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	106	67	67	63,2	100
	Placebo + Fulvestrant (N=87)	75	29	29	38,7	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	105	55	55	52,4	100
	Placebo + Fulvestrant (N=87)	70	23	23	32,9	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	103	57	57	55,3	100
	Placebo + Fulvestrant (N=87)	64	19	19	29,7	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	54	54	55,7	100
	Placebo + Fulvestrant (N=87)	63	15	15	23,8	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	46	46	47,4	100
	Placebo + Fulvestrant (N=87)	61	13	13	21,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	95	40	40	42,1	100
	Placebo + Fulvestrant (N=87)	61	17	17	27,9	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	92	38	38	41,3	100
	Placebo + Fulvestrant (N=87)	60	15	15	25,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	87	34	34	39,1	100
	Placebo + Fulvestrant (N=87)	56	11	11	19,6	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	77	24	24	31,2	100
	Placebo + Fulvestrant (N=87)	52	8	8	15,4	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.3 CAPItello-291 (Global B2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	67	22	22	32,8	100
	Placebo + Fulvestrant (N=87)	44	7	7	15,9	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	19	19	33,9	100
	Placebo + Fulvestrant (N=87)	37	5	5	13,5	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	16	16	32,7	100
	Placebo + Fulvestrant (N=87)	31	4	4	12,9	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	38	16	16	42,1	100
	Placebo + Fulvestrant (N=87)	28	3	3	10,7	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	35	15	15	42,9	100
	Placebo + Fulvestrant (N=87)	24	2	2	8,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	30	11	11	36,7	100
	Placebo + Fulvestrant (N=87)	20	1	1	5,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	27	10	10	37,0	100
	Placebo + Fulvestrant (N=87)	17	1	1	5,9	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	7	7	31,8	100
	Placebo + Fulvestrant (N=87)	14	1	1	7,1	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	18	4	4	22,2	100
	Placebo + Fulvestrant (N=87)	10	1	1	10,0	100
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	3	3	30,0	100
	Placebo + Fulvestrant (N=87)	8	1	1	12,5	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.4 CAPItello-291 (Global B2): Summary of compliance with PGI-TT by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	93	93	79,5	100
	Placebo + Fulvestrant (N=87)	87	69	69	79,3	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	94	94	80,3	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	117	104	104	88,9	100
	Placebo + Fulvestrant (N=87)	87	73	73	83,9	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	98	98	83,8	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	117	90	90	76,9	100
	Placebo + Fulvestrant (N=87)	87	65	65	74,7	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	96	96	82,8	100
	Placebo + Fulvestrant (N=87)	84	60	60	71,4	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	111	71	71	64,0	100
	Placebo + Fulvestrant (N=87)	80	43	43	53,8	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	110	86	86	78,2	100
	Placebo + Fulvestrant (N=87)	74	48	48	64,9	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	96	79	79	82,3	100
	Placebo + Fulvestrant (N=87)	51	35	35	68,6	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	89	65	65	73,0	100
	Placebo + Fulvestrant (N=87)	41	31	31	75,6	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	73	62	62	84,9	100
	Placebo + Fulvestrant (N=87)	31	26	26	83,9	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	70	49	49	70,0	100
	Placebo + Fulvestrant (N=87)	27	20	20	74,1	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	59	47	47	79,7	100
	Placebo + Fulvestrant (N=87)	25	18	18	72,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	45	45	80,4	100
	Placebo + Fulvestrant (N=87)	21	15	15	71,4	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	41	41	83,7	100
	Placebo + Fulvestrant (N=87)	18	13	13	72,2	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	44	35	35	79,5	100
	Placebo + Fulvestrant (N=87)	17	16	16	94,1	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.4 CAPItello-291 (Global B2): Summary of compliance with PGI-TT by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	39	32	32	82,1	100
	Placebo + Fulvestrant (N=87)	15	13	13	86,7	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	36	28	28	77,8	100
	Placebo + Fulvestrant (N=87)	15	10	10	66,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	28	21	21	75,0	100
	Placebo + Fulvestrant (N=87)	11	7	7	63,6	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	17	17	77,3	100
	Placebo + Fulvestrant (N=87)	10	6	6	60,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	19	15	15	78,9	100
	Placebo + Fulvestrant (N=87)	7	4	4	57,1	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	16	13	13	81,3	100
	Placebo + Fulvestrant (N=87)	6	3	3	50,0	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=87)	4	2	2	50,0	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	12	12	12	100	100
	Placebo + Fulvestrant (N=87)	3	1	1	33,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	9	9	90,0	100
	Placebo + Fulvestrant (N=87)	2	0	0	0	0
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=87)	1	0	0	0	0

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.1 CAPItello-291 (China B2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	7	7	70,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	9	7	7	77,8	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	6	6	75,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	7	6	6	85,7	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	5	5	83,3	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	4	4	66,7	100
	Placebo + Fulvestrant (N=6)	5	2	2	40,0	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	2	2	40,0	100
	Placebo + Fulvestrant (N=6)	4	2	2	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	4	1	1	25,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.1 CAPItello-291 (China B2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	0	0	0	0
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	0	0	0	0
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.2 CAPItello-291 (China B2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	7	7	70,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	9	7	7	77,8	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	6	6	75,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	7	6	6	85,7	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	5	5	83,3	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	4	4	66,7	100
	Placebo + Fulvestrant (N=6)	5	2	2	40,0	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	2	2	40,0	100
	Placebo + Fulvestrant (N=6)	4	2	2	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	4	1	1	25,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.2 CAPItello-291 (China B2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	0	0	0	0
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	0	0	0	0
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.3 CAPItello-291 (China B2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	7	7	70,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	9	7	7	77,8	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	6	6	75,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	7	6	6	85,7	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	5	5	83,3	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	4	4	66,7	100
	Placebo + Fulvestrant (N=6)	5	2	2	40,0	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	2	2	40,0	100
	Placebo + Fulvestrant (N=6)	4	2	2	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	4	1	1	25,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.3 CAPItello-291 (China B2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	0	0	0	0
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	0	0	0	0
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.4 CAPItello-291 (China B2): Summary of compliance with PGI-TT by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	10	10	100	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	9	9	90,0	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	7	7	87,5	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	7	7	116,7	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	6	6	120,0	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	6	6	120,0	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	4	4	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	3	3	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.4 CAPItello-291 (China B2): Summary of compliance with PGI-TT by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	2	2	2	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	1	1	100	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	1	1	100	100
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 16 Week 1 Day 1	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 17 Week 1 Day 1	Placebo + Fulvestrant (N=6)	1	1	1	100	100

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Figure 6.1.12.2 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Global Health Status/QoL

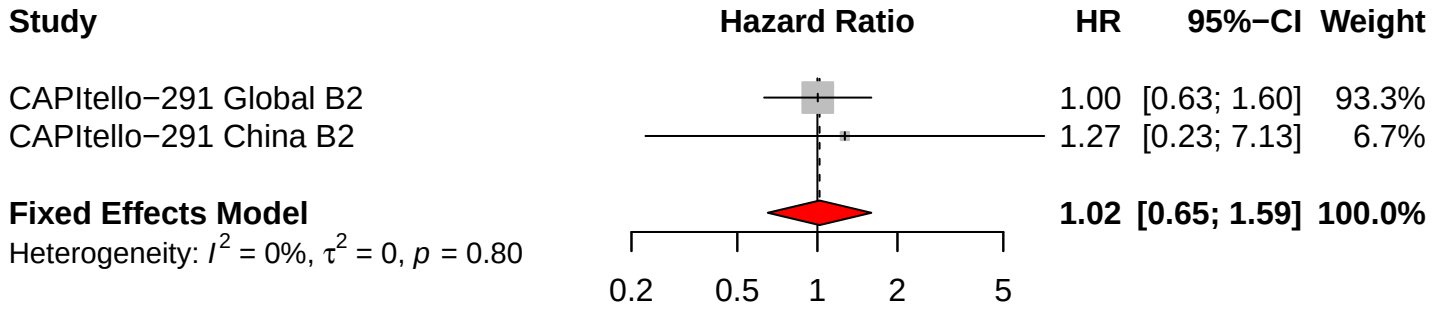


Figure 6.1.12.4 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Physical Functioning

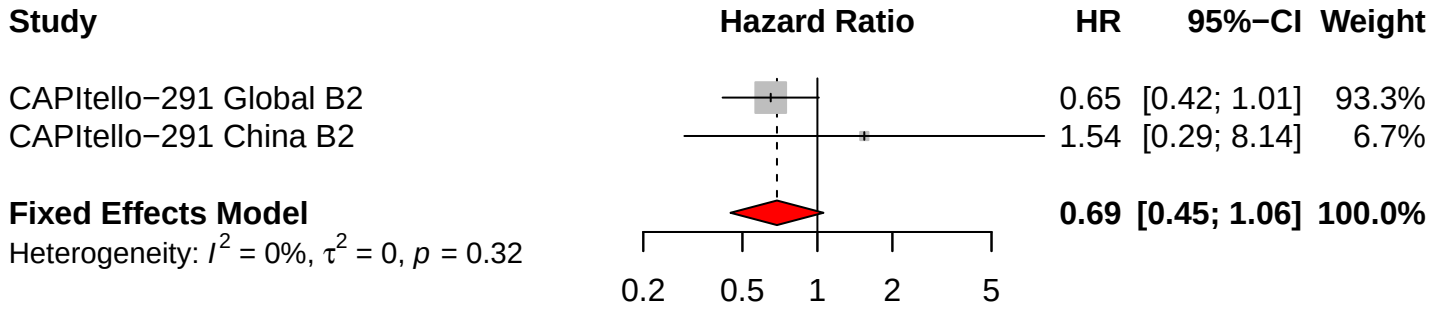


Figure 6.1.12.6 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Role Functioning

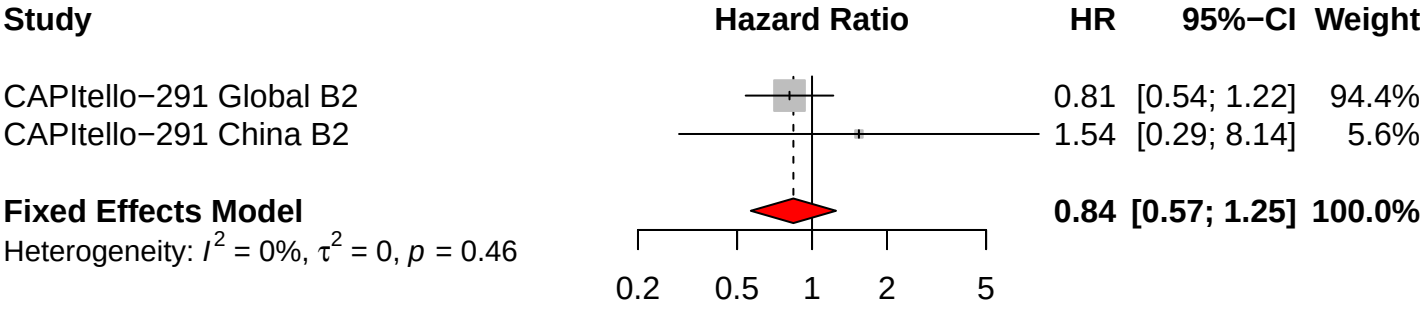


Figure 6.1.12.8 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Cognitive Functioning

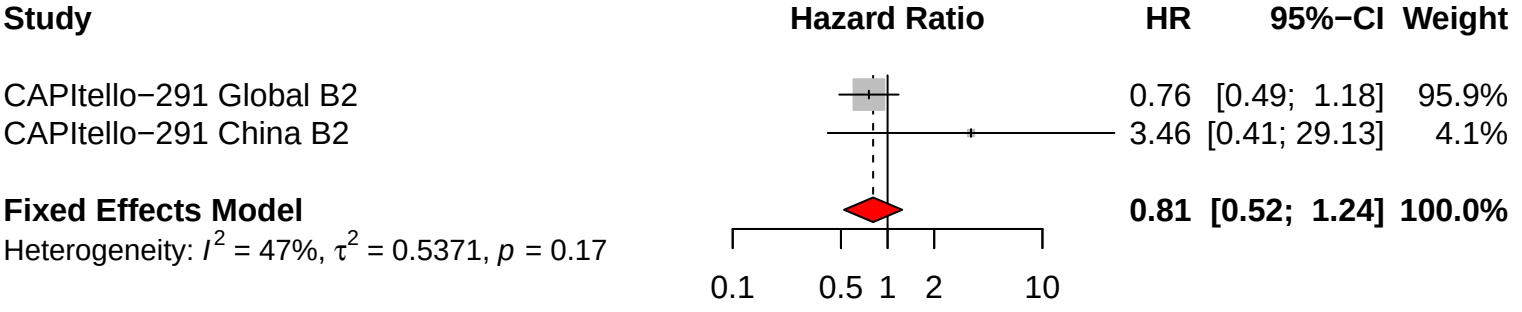


Figure 6.1.12.10 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Emotional Functioning

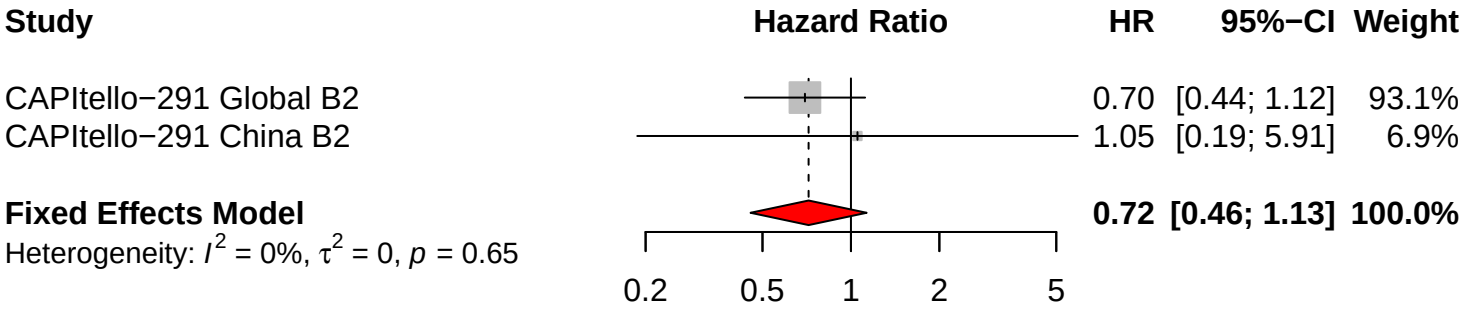


Figure 6.1.12.12 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Social Functioning

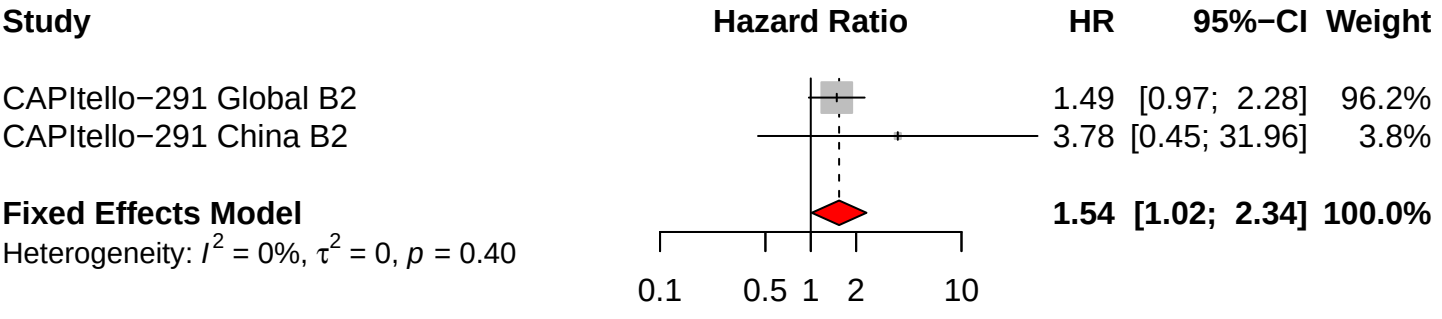


Figure 6.1.12.14 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Pain

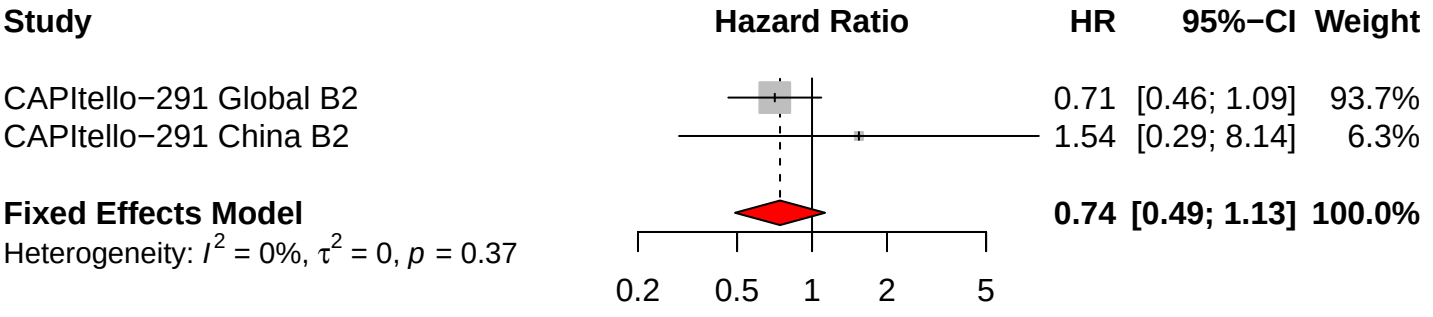


Figure 6.1.12.16 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Dyspnea

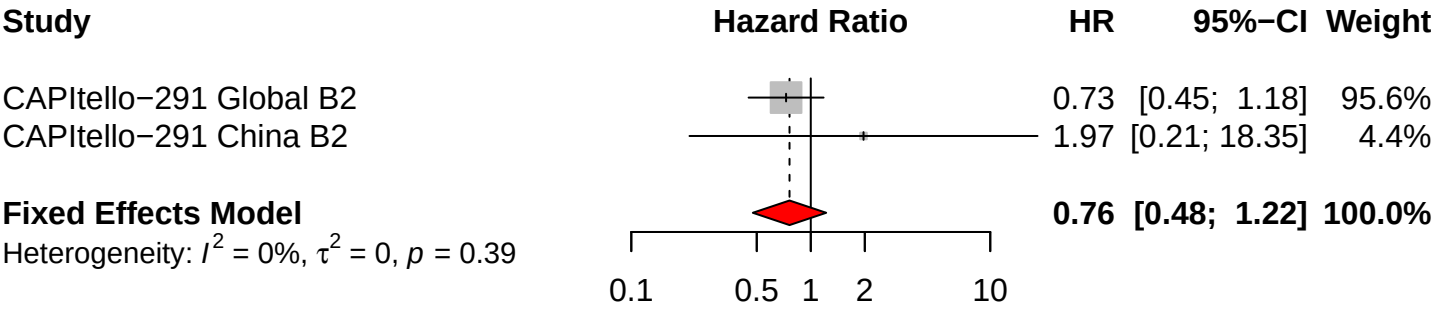
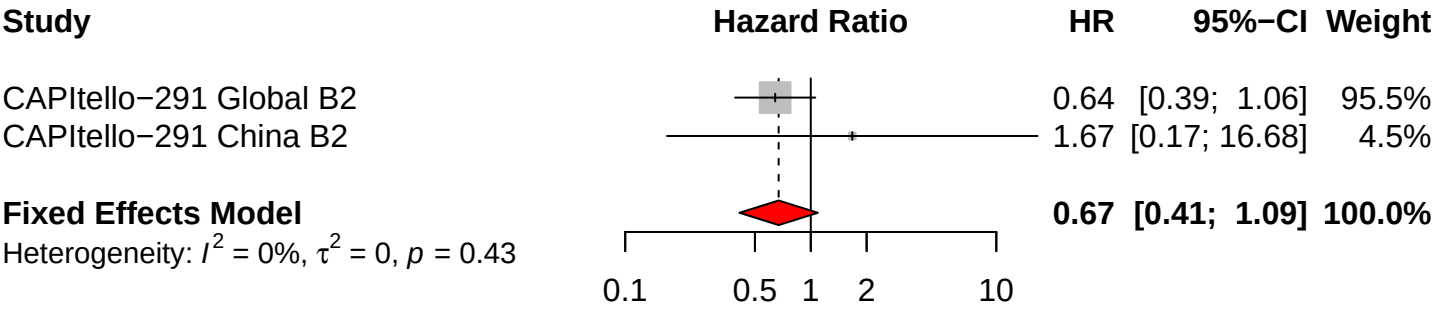


Figure 6.1.12.18 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−C30 Insomnia



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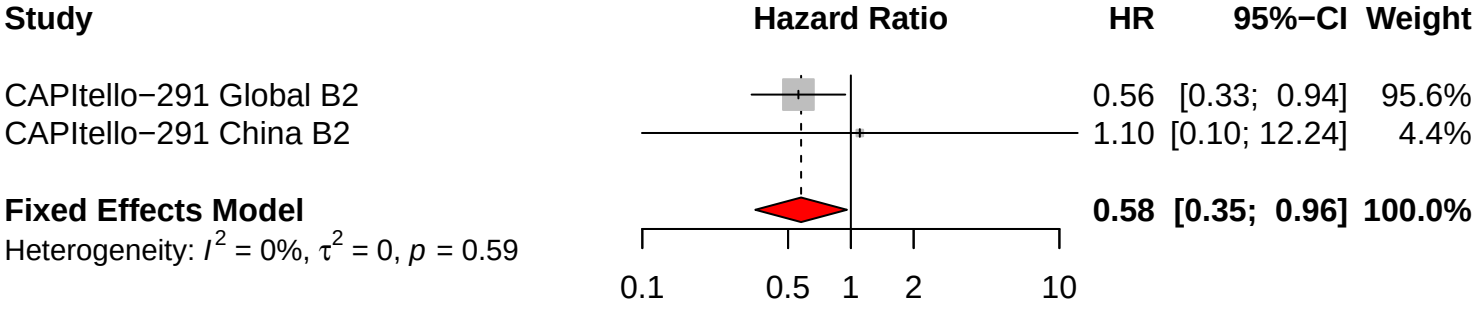


Figure 6.1.13.2 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−BR23 Body Image

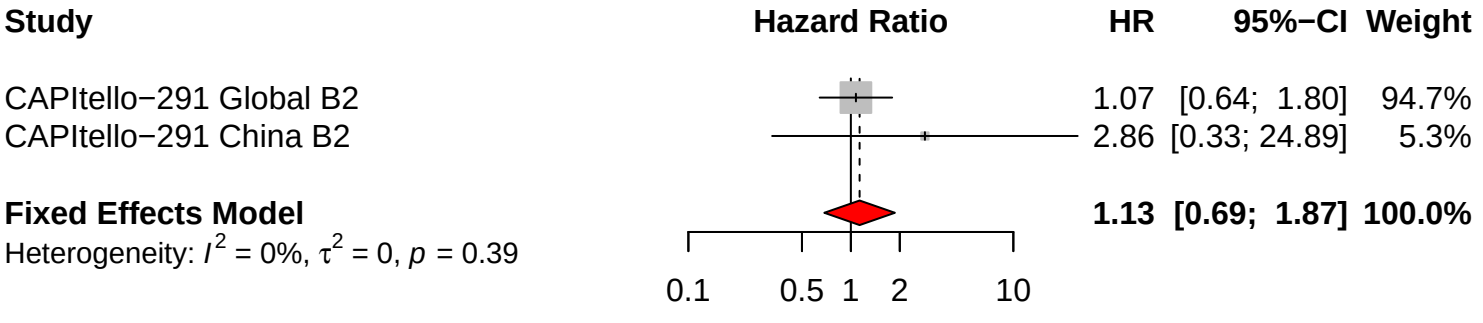
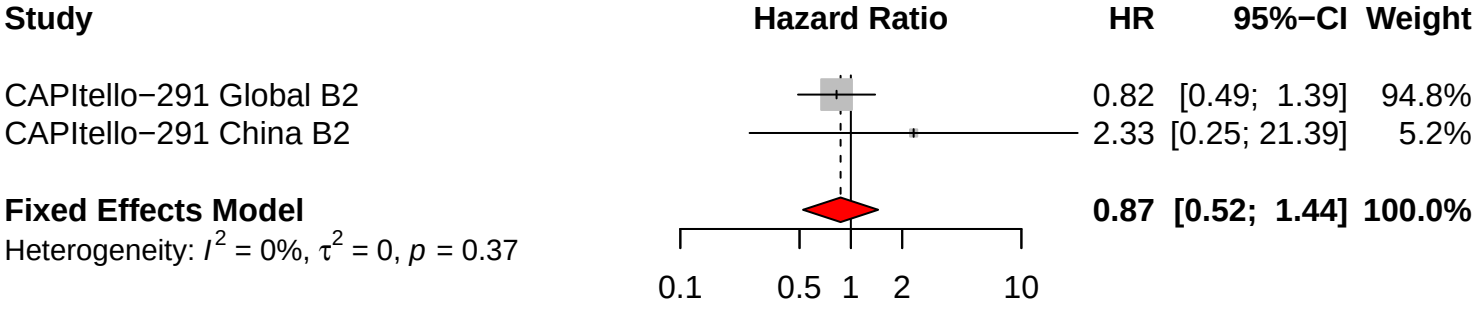


Figure 6.1.13.4 Meta−Analysis of Time to First Deterioration in EORTC−QLQ−BR23
Future Perspective



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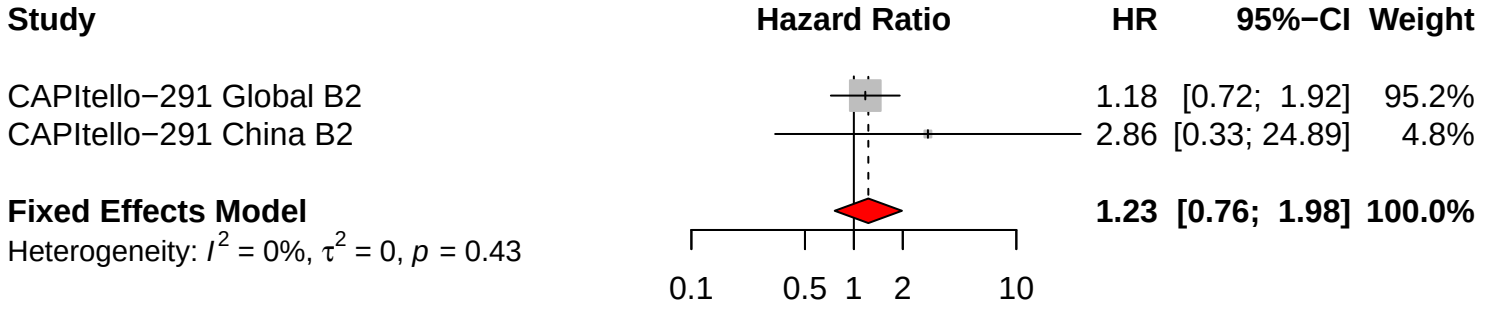

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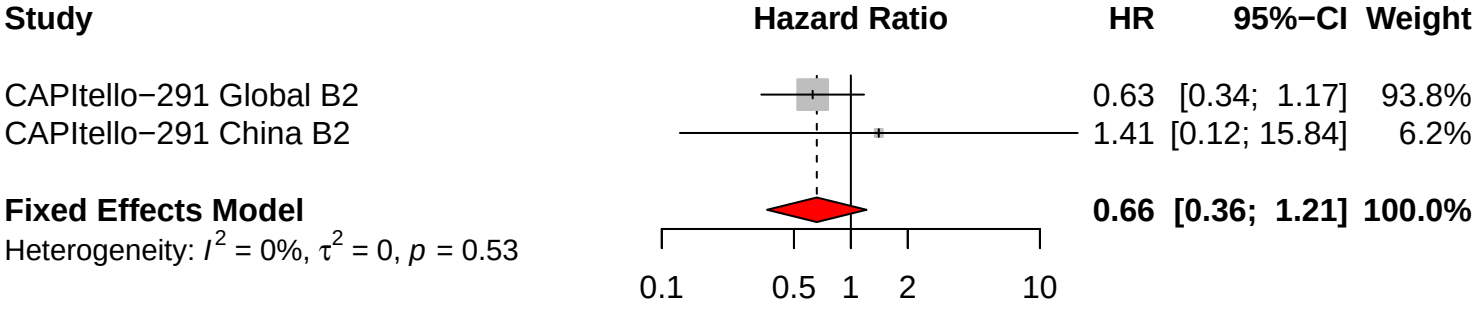

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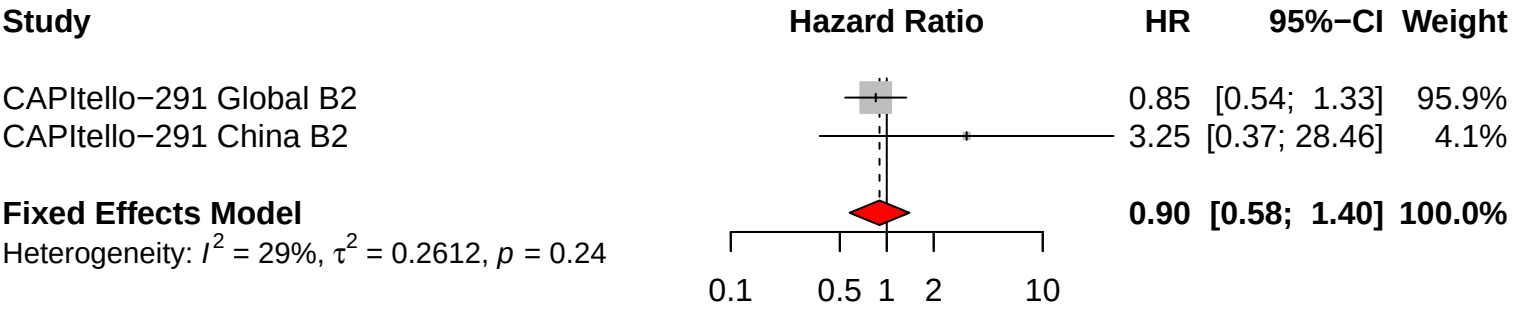

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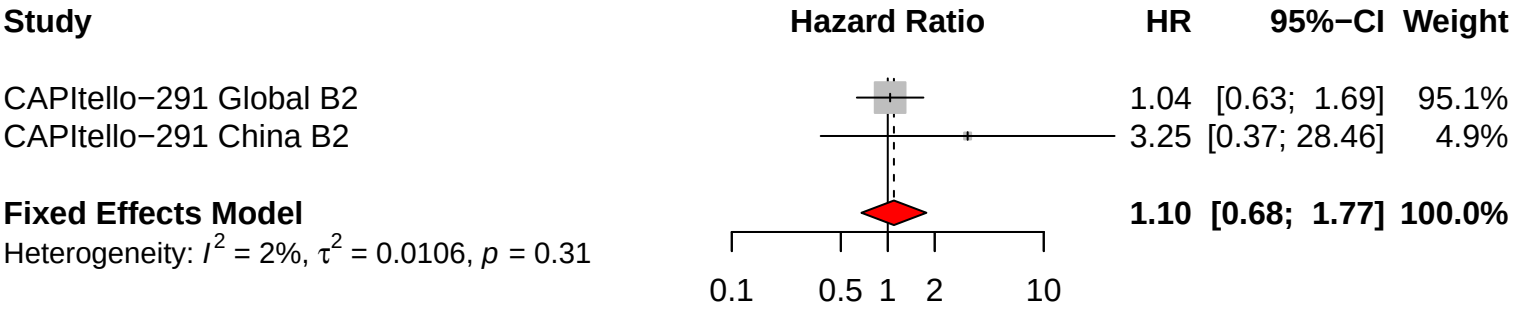

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Table 3.1.1 CAPItello-291 (Global B2): Summary of observation period (months) for all safety outcomes
Altered safety analysis set DCO 27MAR2023

		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=86)
UE	n	117	86
	Mediane	7,29	3,88
	Min	1,6	0,5
	Max	33,7	25,8

Observation period for all safety outcomes is defined as the duration from the date of first dose of study treatment to the earliest of the date of data cut-off, the date of death or 37 days following the date of last dose.

Table 3.1.2 CAPItello-291 (China B2): Summary of observation period (months) for all safety outcomes
Altered safety analysis set DCO 08MAY2023

		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
UE	n	11	6
	Mediane	6,70	3,19
	Min	3,0	3,0
	Max	13,6	15,0

Observation period for all safety outcomes is defined as the duration from the date of first dose of study treatment to the earliest of the date of data cut-off, the date of death or 37 days following the date of last dose.

Table 3.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event
(total, and by SOC and PT occurring with frequency >=10 patients and at least 1% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE	117	113 (96,6)	0,1 [0,1; 0,3]	86	74 (86,0)	0,5 [0,5; 0,9]	2,04	[1,51; 2,74]	<0,0001*
SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	117	59 (50,4)	7,0 [3,7; NE]	86	34 (39,5)	13,3 [4,6; NE]	1,18	[0,78; 1,79]	0,4429
PT: Asthenie	117	20 (17,1)	NE [NE; NE]	86	16 (18,6)	NE [NE; NE]	0,72	[0,36; 1,43]	0,3536
PT: Ermuedung	117	28 (23,9)	NE [NE; NE]	86	11 (12,8)	NE [NE; NE]	1,58	[0,82; 3,01]	0,1697
PT: Fieber	117	10 (8,5)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	1,93	[0,62; 5,95]	0,2550
SOC: Augenerkrankungen	117	12 (10,3)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	2,08	[0,71; 6,08]	0,1819
SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums	117	25 (21,4)	NE [NE; NE]	86	21 (24,4)	NE [NE; NE]	0,63	[0,34; 1,16]	0,1368
SOC: Erkrankungen der Haut und des Unterhautgewebes	117	70 (59,8)	0,9 [0,5; 6,1]	86	15 (17,4)	NE [NE; NE]	3,59	[2,34; 5,51]	<0,0001*
PT: Ausschlag	117	21 (17,9)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	2,89	[1,30; 6,43]	0,0092*

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event
(total, and by SOC and PT occurring with frequency >=10 patients and at least 1% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Ausschlag makulo-papuloes	117	24 (20,5)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	4,41	[2,03; 9,58]	0,0002*
PT: Pruritus	117	19 (16,2)	NE [NE; NE]	86	5 (5,8)	NE [NE; NE]	2,07	[0,90; 4,77]	0,0885
PT: Trockene Haut	117	11 (9,4)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	1,93	[0,64; 5,80]	0,2424
SOC: Erkrankungen der Nieren und Harnwege	117	16 (13,7)	NE [NE; NE]	86	5 (5,8)	NE [NE; NE]	1,87	[0,77; 4,53]	0,1676
SOC: Erkrankungen des Blutes und des Lymphsystems	117	16 (13,7)	28,1 [25,6; NE]	86	7 (8,1)	NE [NE; NE]	1,27	[0,53; 3,04]	0,5969
PT: Anaemie	117	14 (12,0)	28,1 [22,3; NE]	86	6 (7,0)	NE [NE; NE]	1,19	[0,46; 3,08]	0,7250
SOC: Erkrankungen des Gastrointestinaltrakts	117	101 (86,3)	0,3 [0,1; 0,4]	86	43 (50,0)	3,7 [1,8; NE]	2,78	[2,00; 3,88]	<0,0001*
PT: Diarrhoe	117	90 (76,9)	0,4 [0,2; 0,7]	86	19 (22,1)	NE [NE; NE]	4,36	[2,98; 6,38]	<0,0001*
PT: Erbrechen	117	26 (22,2)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	2,50	[1,23; 5,09]	0,0116*
PT: Obstipation	117	15 (12,8)	NE [NE; NE]	86	9 (10,5)	NE [NE; NE]	1,01	[0,44; 2,32]	0,9872
PT: Stomatitis	117	22 (18,8)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	4,02	[1,76; 9,20]	0,0010*

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event
(total, and by SOC and PT occurring with frequency >=10 patients and at least 1% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Uebelkeit	117	44 (37,6)	NE [NE; NE]	86	13 (15,1)	NE [NE; NE]	2,26	[1,34; 3,83]	0,0024*
SOC: Erkrankungen des Nervensystems	117	39 (33,3)	23,2 [11,1; NE]	86	21 (24,4)	NE [NE; NE]	1,14	[0,67; 1,93]	0,6318
PT: Dysgeusie	117	10 (8,5)	NE [NE; NE]	86	0	NE [NE; NE]	5,18	[1,42; 18,88]	0,0126*
PT: Kopfschmerzen	117	20 (17,1)	NE [NE; NE]	86	10 (11,6)	NE [NE; NE]	1,19	[0,56; 2,52]	0,6488
SOC: Gefaesserkrankungen	117	15 (12,8)	NE [NE; NE]	86	11 (12,8)	NE [NE; NE]	0,83	[0,37; 1,84]	0,6464
SOC: Infektionen und parasitaere Erkrankungen	117	45 (38,5)	13,9 [9,1;18,6]	86	15 (17,4)	19,3 [10,8; NE]	1,81	[1,07; 3,06]	0,0270*
PT: COVID-19	117	11 (9,4)	24,9 [22,8; NE]	86	2 (2,3)	NE [NE; NE]	1,62	[0,44; 5,91]	0,4678
PT: Harnwegsinfektion	117	13 (11,1)	NE [NE; NE]	86	7 (8,1)	NE [NE; NE]	1,06	[0,42; 2,67]	0,8997
SOC: Psychiatrische Erkrankungen	117	11 (9,4)	NE [NE; NE]	86	9 (10,5)	NE [NE; NE]	0,69	[0,27; 1,72]	0,4203
SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen	117	45 (38,5)	15,2 [6,5; NE]	86	25 (29,1)	NE [NE; NE]	1,10	[0,68; 1,79]	0,6993
PT: Arthralgie	117	18 (15,4)	NE [NE; NE]	86	9 (10,5)	NE [NE; NE]	1,16	[0,53; 2,56]	0,7130

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event
(total, and by SOC and PT occurring with frequency >=10 patients and at least 1% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Schmerz in einer Extremitaet	117	12 (10,3)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	2,71	[0,91; 8,06]	0,0742
SOC: Stoffwechsel- und Ernaehrungsstoerungen	117	52 (44,4)	10,2 [5,5; NE]	86	15 (17,4)	NE [NE; NE]	2,30	[1,41; 3,74]	0,0008*
PT: Appetit vermindert	117	21 (17,9)	NE [NE; NE]	86	9 (10,5)	NE [NE; NE]	1,51	[0,72; 3,15]	0,2731
PT: Hyperglykaemie	117	20 (17,1)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	3,27	[1,42; 7,52]	0,0053*
SOC: Untersuchungen	117	37 (31,6)	NE [NE; NE]	86	16 (18,6)	NE [NE; NE]	1,53	[0,88; 2,65]	0,1338
PT: Alaninaminotransferase erhoeht	117	11 (9,4)	NE [NE; NE]	86	5 (5,8)	NE [NE; NE]	1,39	[0,51; 3,83]	0,5231
PT: Aspartataminotransferase erhoeht	117	14 (12,0)	NE [NE; NE]	86	8 (9,3)	NE [NE; NE]	1,08	[0,45; 2,56]	0,8669

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Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE	11	11 (100)	0,0 [0,0; 0,4]	6	6 (100)	0,0 [0,0; NE]	1,26	[0,45; 3,50]	0,6626
SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	11	6 (54,5)	11,2 [0,4; NE]	6	1 (16,7)	NE [NE; NE]	2,99	[0,62; 14,44]	0,1719
PT: Fieber	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
PT: Grippeaehnliche Erkrankung	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	3,54	[0,11;109,49]	0,4701
PT: Schmerz	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
SOC: Endokrine Erkrankungen	11	1 (9,1)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,27	[0,01; 6,86]	0,4280
PT: Hypothyreose	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	2,21	[0,37; 13,41]	0,3872
PT: Pneumonitis	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757

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Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Schmerzen im Oropharynx	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
SOC: Erkrankungen der Haut und des Unterhautgewebes	11	9 (81,8)	0,4 [0,3; 7,8]	6	0	NE [NE; NE]	6,59	[1,74; 24,87]	0,0054*
PT: Ausschlag	11	5 (45,5)	NE [NE; NE]	6	0	NE [NE; NE]	5,28	[0,88; 31,80]	0,0691
PT: Ausschlag makulo-papuloes	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
PT: Erythem	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,38	[0,22; 86,25]	0,3315
SOC: Erkrankungen der Nieren und Harnwege	11	2 (18,2)	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	0,30	[0,05; 1,93]	0,2042
PT: Albuminurie	11	1 (9,1)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	1,04	[0,06; 19,36]	0,9767
PT: Proteinurie	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	0,04	[0,00; 0,46]	0,0097*
SOC: Erkrankungen des Blutes und des Lymphsystems	11	6 (54,5)	8,3 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	2,51	[0,53; 11,99]	0,2481
PT: Anaemie	11	5 (45,5)	8,3 [1,8; NE]	6	1 (16,7)	NE [NE; NE]	2,09	[0,38; 11,69]	0,3992

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SOC: Erkrankungen des Gastrointestinaltrakts	11	8 (72,7)	0,1 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	4,49	[1,18; 17,16]	0,0280*
PT: Diarrhoe	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	4,59	[1,20; 17,49]	0,0255*
PT: Mundulzeration	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
PT: Uebelkeit	11	4 (36,4)	13,1 [0,1; NE]	6	0	NE [NE; NE]	5,43	[0,73; 40,71]	0,0995
SOC: Erkrankungen des Nervensystems	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	4,44	[0,37; 53,18]	0,2396
PT: Kopfschmerzen	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
SOC: Herzerkrankungen	11	1 (9,1)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,27	[0,01; 6,86]	0,4280
PT: Tachykardie	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
SOC: Infektionen und parasitaere Erkrankungen	11	7 (63,6)	2,2 [0,2; NE]	6	4 (66,7)	6,6 [0,0; NE]	1,06	[0,31; 3,65]	0,9205
PT: COVID-19	11	3 (27,3)	12,4 [2,2; NE]	6	1 (16,7)	NE [NE; NE]	1,20	[0,12; 12,43]	0,8787
PT: Harnwegsinfektion	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	0,91	[0,16; 5,25]	0,9134

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All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Pneumonie durch Bakterien	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen	11	3 (27,3)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	1,63	[0,20; 13,31]	0,6469
PT: Brustschmerzen die Skelettmuskulatur betreffend	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,08	[0,00; 4,49]	0,2207
PT: Knochenschmerzen	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,13	[0,17;100,43]	0,3839
SOC: Stoffwechsel- und Ernaehrungsstoerungen	11	9 (81,8)	0,9 [0,0; 2,9]	6	5 (83,3)	1,0 [0,0; NE]	1,13	[0,38; 3,34]	0,8250
PT: Hypalbuminaemie	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	1,57	[0,22; 11,19]	0,6521
PT: Hyperglykaemie	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	1,26	[0,33; 4,85]	0,7325
PT: Hyperkalzaemie	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
PT: Hyperphosphataemie	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
PT: Hypertriglyzeridaemie	11	1 (9,1)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,74	[0,04; 12,51]	0,8316
PT: Hypokaliaemie	11	5 (45,5)	8,3 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	3,16	[0,61; 16,48]	0,1716

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Hypokalzaemie	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846
PT: Hyponatriaemie	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,38	[0,22; 86,25]	0,3315
PT: Hypophosphataemie	11	3 (27,3)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,80	[0,07; 9,21]	0,8615
SOC: Untersuchungen	11	9 (81,8)	1,4 [0,5; 3,9]	6	6 (100)	0,7 [0,0; NE]	0,63	[0,21; 1,93]	0,4220
PT: Alaninaminotransferase erhoeht	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	0,06	[0,01; 0,63]	0,0190*
PT: Alkalische Phosphatase im Blut erhoeht	11	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	0,05	[0,00; 0,94]	0,0450*
PT: Aspartataminotransferase erhoeht	11	1 (9,1)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	0,19	[0,02; 2,18]	0,1815
PT: Bilirubin im Blut erhoeht	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
PT: Blut im Urin nachweisbar	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,14	[0,00; 6,82]	0,3173

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Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.1.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Cholesterin im Blut erhoeht	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,66	[0,05; 9,17]	0,7571
PT: Elektrokardiogramm QT verlaengert	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,12	[0,16;104,48]	0,3912
PT: Gamma-Glutamyltransferase erhoeht	11	1 (9,1)	NE [NE; NE]	6	2 (33,3)	8,5 [1,4; NE]	0,22	[0,02; 2,45]	0,2197
PT: Glykolisiertes Haemoglobin erhoeht	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	4,45	[0,40; 50,17]	0,2266
PT: Leukozytenzahl erniedrigt	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,86	[0,07; 10,58]	0,9081
PT: Lymphozytenzahl erniedrigt	11	2 (18,2)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	0,58	[0,08; 4,38]	0,5938
PT: Thyreotropin im Blut erhoeht	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,82	[0,27; 86,00]	0,2846

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.2.1 CAPItello-291 (Global B2): Summary of analysis of time to first serious adverse event (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUE	117	23 (19,7)	33,3 [NE; NE]	86	8 (9,3)	NE [NE; NE]	1,66	[0,79; 3,49]	0,1820
SUE SOC: Erkrankungen der Haut und des Unterhautgewebes	117	6 (5,1)	NE [NE; NE]	86	0	NE [NE; NE]	5,76	[1,14; 28,99]	0,0339*
SUE SOC: Erkrankungen des Gastrointestinaltrakts	117	8 (6,8)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	3,05	[0,75; 12,41]	0,1201
SUE SOC: Infektionen und parasitaere Erkrankungen	117	6 (5,1)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	0,74	[0,19; 2,79]	0,6536

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.2.2 CAPItello-291 (China B2): Summary of analysis of time to first serious adverse event
(total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUE	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,13	[0,17;100,43]	0,3839
SUE SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,32	[0,02;638,51]	0,6547
SUE PT: Fieber	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,32	[0,02;638,51]	0,6547
SUE SOC: Erkrankungen der Haut und des Unterhautgewebes	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
SUE PT: Ausschlag makulo-papuloes	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
SUE SOC: Infektionen und parasitaere Erkrankungen	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,39	[0,02;546,68]	0,6374
SUE PT: Knochentuberkulose	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,39	[0,02;546,68]	0,6374

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.3.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event leading to discontinuation of study treatment
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Therapieabbruch aufgrund von UE	117	8 (6,8)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	3,25	[0,84; 12,63]	0,0886

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.3.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event leading to discontinuation of study treatment
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Therapieabbruch aufgrund von UE	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.4.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE mit CTCAE Grad >=3	117	50 (42,7)	12,5 [8,2; NE]	86	14 (16,3)	NE [NE; NE]	2,33	[1,42; 3,84]	0,0009*
G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes	117	19 (16,2)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	4,91	[2,03; 11,88]	0,0004*
G>=3 PT: Ausschlag makulo-papuloes	117	7 (6,0)	NE [NE; NE]	86	0	NE [NE; NE]	5,78	[1,29; 25,79]	0,0216*
G>=3 SOC: Erkrankungen des Gastrointestinaltrakts	117	23 (19,7)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	3,93	[1,76; 8,77]	0,0009*
G>=3 PT: Diarrhoe	117	17 (14,5)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	4,43	[1,72; 11,37]	0,0020*
G>=3 SOC: Infektionen und parasitaere Erkrankungen	117	6 (5,1)	NE [NE; NE]	86	5 (5,8)	NE [NE; NE]	0,60	[0,17; 2,11]	0,4229
G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen	117	7 (6,0)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	2,17	[0,57; 8,27]	0,2580
G>=3 SOC: Untersuchungen	117	9 (7,7)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	2,36	[0,69; 8,08]	0,1710

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.4.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE mit CTCAE Grad >=3	11	4 (36,4)	NE [NE; NE]	6	0	NE [NE; NE]	5,08	[0,67; 38,29]	0,1146
G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	4,89	[0,47; 51,18]	0,1852
G>=3 PT: Ausschlag	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 PT: Ausschlag makulo-papuloes	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 PT: Erythem	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 SOC: Erkrankungen des Gastrointestinaltrakts	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 PT: Diarrhoe	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 SOC: Infektionen und parasitaere Erkrankungen	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 PT: Infektion der oberen Atemwege	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
G>=3 SOC: Untersuchungen	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,32	[0,02;638,51]	0,6547

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.4.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
G>=3 PT: Elektrokardiogramm QT verlaengert	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,32	[0,02;638,51]	0,6547

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.5.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI GT: Ausschlag	117	46 (39,3)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	4,02	[2,32; 6,94]	<0,0001*
UESI GT: Harnwegsinfektionen	117	18 (15,4)	NE [NE; NE]	86	7 (8,1)	NE [NE; NE]	1,45	[0,64; 3,31]	0,3734
UESI GT: Hyperglykämie	117	20 (17,1)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	2,81	[1,24; 6,35]	0,0129*
UESI GT: Infektiöse Lungenentzündung	117	2 (1,7)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	0,29	[0,04; 1,91]	0,1975
UESI GT: Nichtinfektiöse Diarrhö	117	90 (76,9)	0,4 [0,2; 0,7]	86	19 (22,1)	NE [NE; NE]	4,36	[2,98; 6,38]	<0,0001*
UESI GT: QT-Verlängerung	117	5 (4,3)	NE [NE; NE]	86	0	NE [NE; NE]	5,09	[0,81; 31,90]	0,0826
UESI GT: Stomatitis	117	31 (26,5)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	4,47	[2,22; 9,00]	<0,0001*

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.5.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI GT: Ausschlag	11	6 (54,5)	0,4 [0,3; NE]	6	0	NE [NE; NE]	5,52	[1,08; 28,28]	0,0405*
UESI GT: Harnwegsinfektionen	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	0,91	[0,16; 5,25]	0,9134
UESI GT: Hyperglykämie	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	1,26	[0,33; 4,85]	0,7325
UESI GT: Infektiöse Lungenentzündung	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	0,06	[0,00; 3,55]	0,1757
UESI GT: Nichtinfektiöse Diarrhö	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	4,59	[1,20; 17,49]	0,0255*
UESI GT: QT-Verlängerung	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,12	[0,16;104,48]	0,3912
UESI GT: Stomatitis	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	4,98	[0,48; 51,58]	0,1785

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.6.1 CAPItello-291 (Global B2): Summary of analysis of time to first adverse event of special interest with max. CTCAE grade 3 or higher (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI G>=3 GT: Ausschlag	117	13 (11,1)	NE [NE; NE]	86	0	NE [NE; NE]	5,87	[1,96; 17,57]	0,0016*
UESI G>=3 GT: Harnwegsinfektionen	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Hyperglykämie	117	2 (1,7)	NE [NE; NE]	86	0	NE [NE; NE]	5,67	[0,34; 93,67]	0,2253
UESI G>=3 GT: Infektiöse Lungenentzündung	117	1 (0,9)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	0,21	[0,02; 2,41]	0,2107
UESI G>=3 GT: Nichtinfektiöse Diarrhö	117	17 (14,5)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	4,43	[1,72; 11,37]	0,0020*
UESI G>=3 GT: QT-Verlängerung	117	2 (1,7)	NE [NE; NE]	86	0	NE [NE; NE]	5,69	[0,34; 93,88]	0,2243
UESI G>=3 GT: Stomatitis	117	3 (2,6)	NE [NE; NE]	86	0	NE [NE; NE]	5,09	[0,47; 54,91]	0,1796

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.6.2 CAPItello-291 (China B2): Summary of analysis of time to first adverse event of special interest with max. CTCAE grade 3 or higher (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI G>=3 GT: Ausschlag	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,26; 85,25]	0,2963
UESI G>=3 GT: Harnwegsinfektionen	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Hyperglykämie	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Infektiöse Lungenentzündung	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Nichtinfektiöse Diarrhö	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
UESI G>=3 GT: QT-Verlängerung	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	3,32	[0,02;638,51]	0,6547
UESI G>=3 GT: Stomatitis	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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Table 3.2.7.1 CAPItello-291 (Global B2): Summary of analysis of time to first serious adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUESI GT: Ausschlag	117	5 (4,3)	NE [NE; NE]	86	0	NE [NE; NE]	5,74	[0,98; 33,73]	0,0533
SUESI GT: Harnwegsinfektionen	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Hyperglykämie	117	1 (0,9)	NE [NE; NE]	86	0	NE [NE; NE]	5,67	[0,11;299,31]	0,3913
SUESI GT: Infektiöse Lungenentzündung	117	1 (0,9)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	0,35	[0,02; 7,53]	0,5028
SUESI GT: Nichtinfektiöse Diarrhö	117	5 (4,3)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	2,57	[0,47; 14,13]	0,2779
SUESI GT: QT-Verlängerung	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Stomatitis	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
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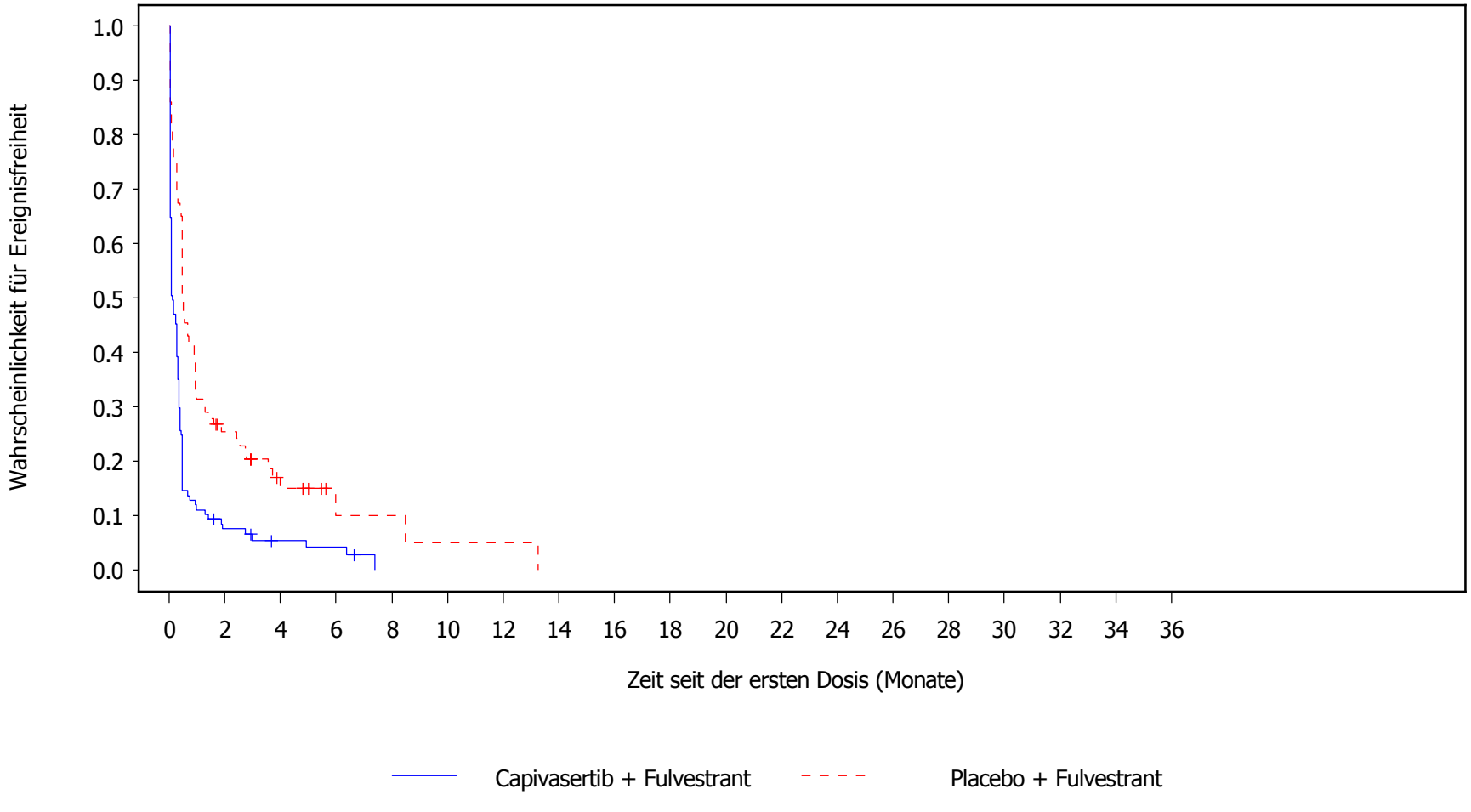
Table 3.2.7.2 CAPItello-291 (China B2): Summary of analysis of time to first serious adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUESI GT: Ausschlag	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	4,69	[0,08;283,38]	0,4602
SUESI GT: Harnwegsinfektionen	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Hyperglykämie	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Infektiöse Lungenentzündung	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Nichtinfektiöse Diarrhö	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
SUESI GT: QT-Verlängerung	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Stomatitis	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics.
Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/ttemainae2.sas gttemainae2ag 02AUG2024:11:52

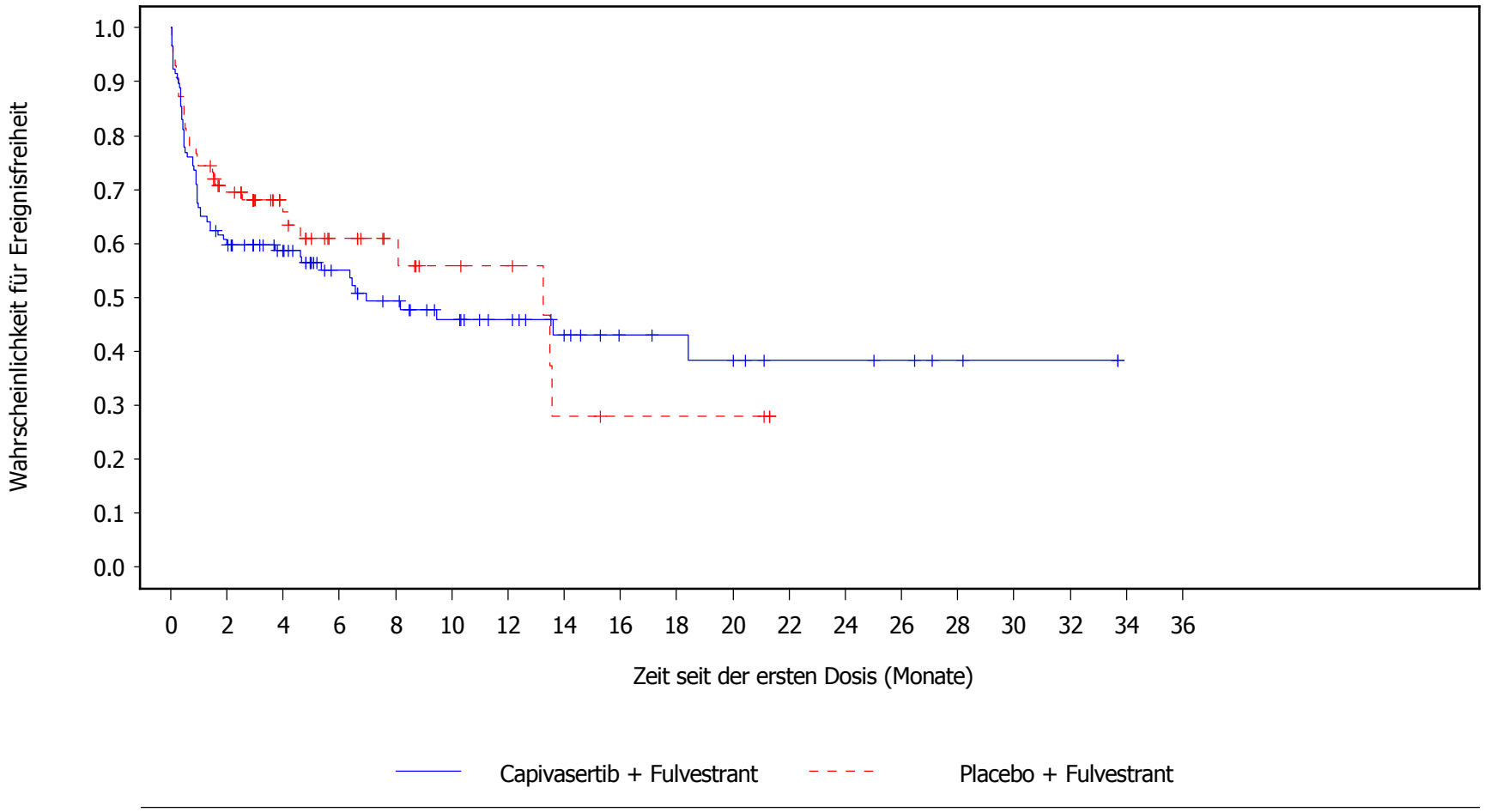
Figure 3.3.1.1 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	8	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
86	20	9	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

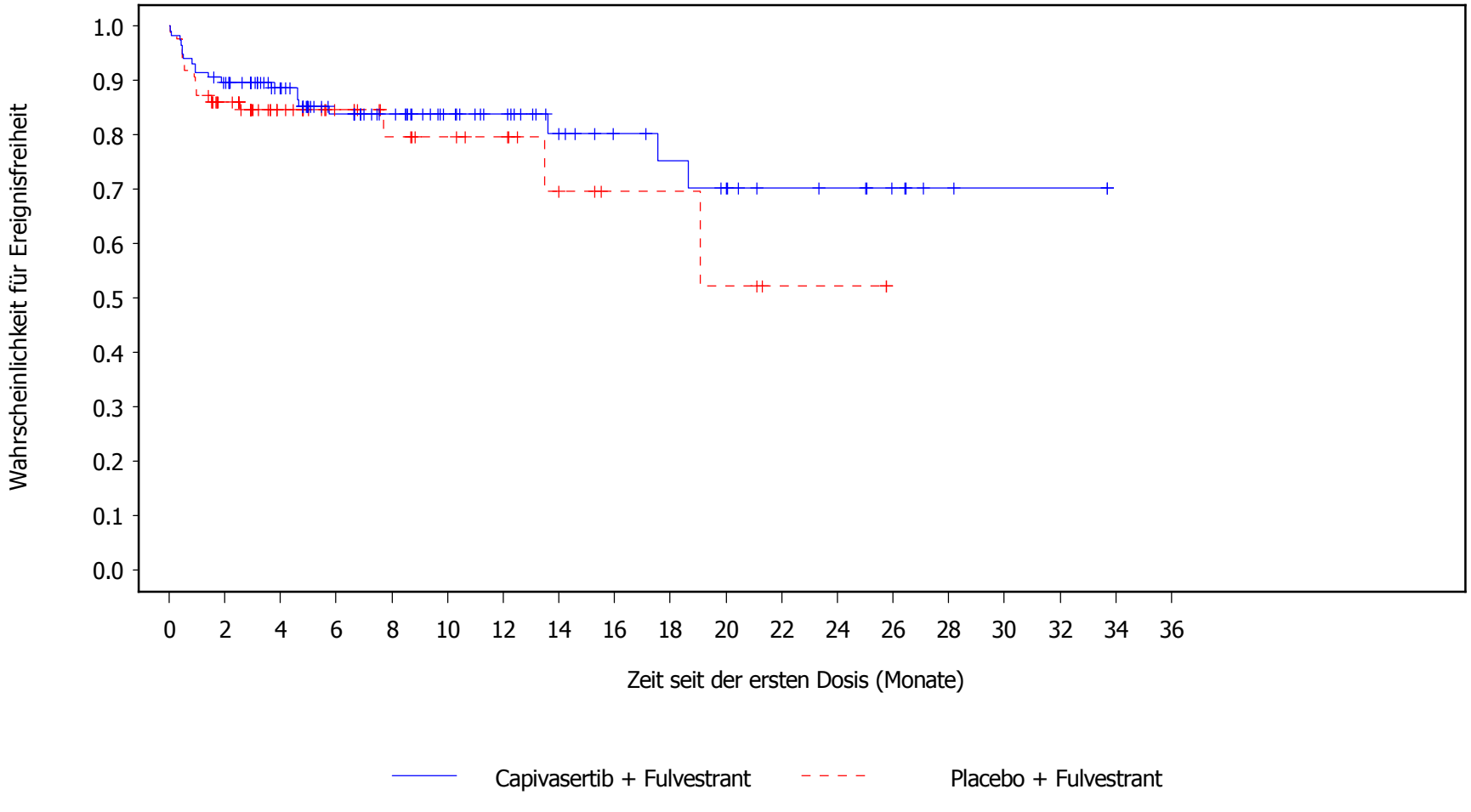
Figure 3.3.1.2 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	70	54	39	32	25	20	14	10	9	8	5	5	4	2	1	1	0	0	Capivasertib + Fulvestrant
86	54	29	17	12	8	7	3	2	2	2	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

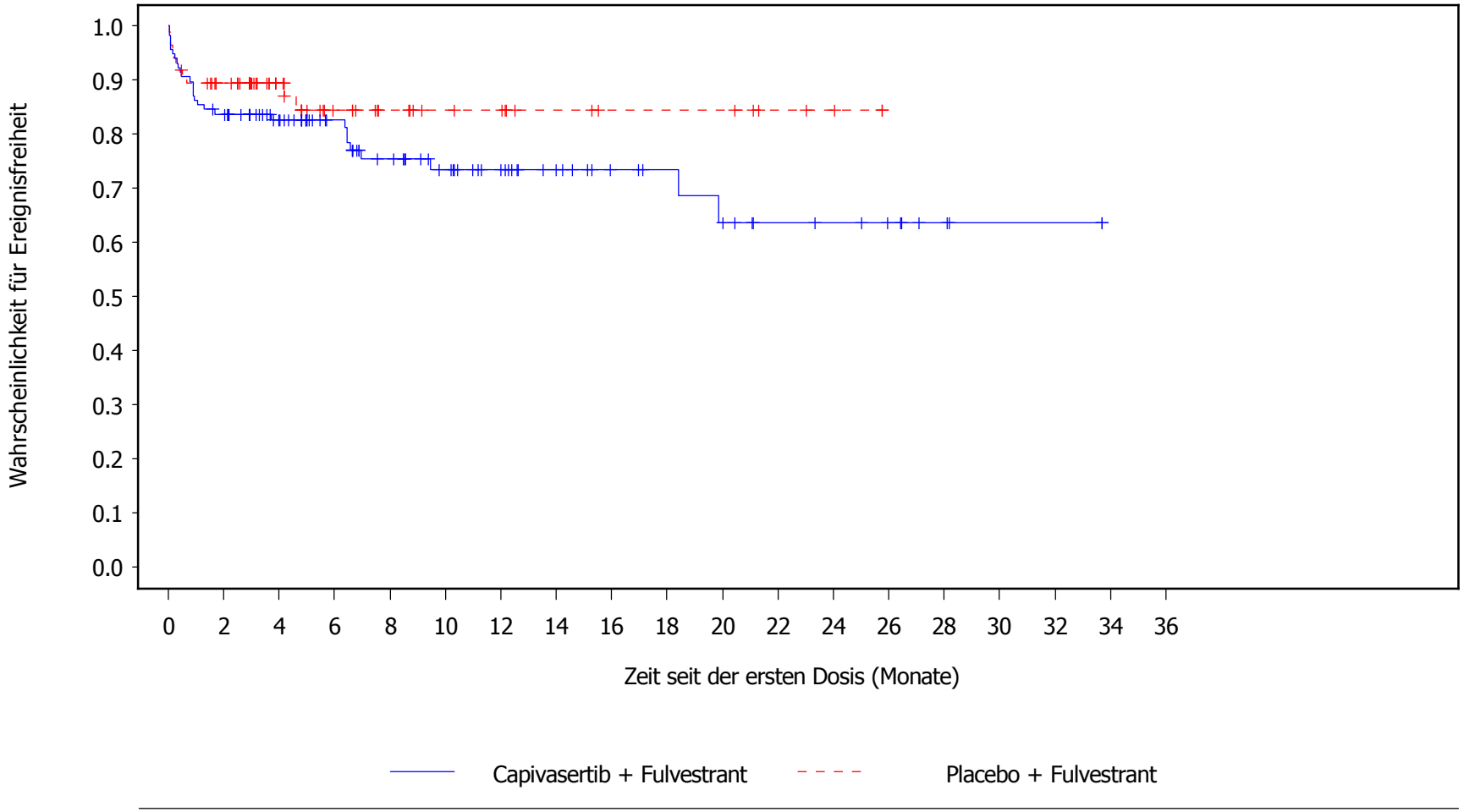
Figure 3.3.1.3 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Asthenie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	103	81	59	47	36	30	21	17	15	13	9	8	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	66	36	22	16	13	11	6	4	4	3	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

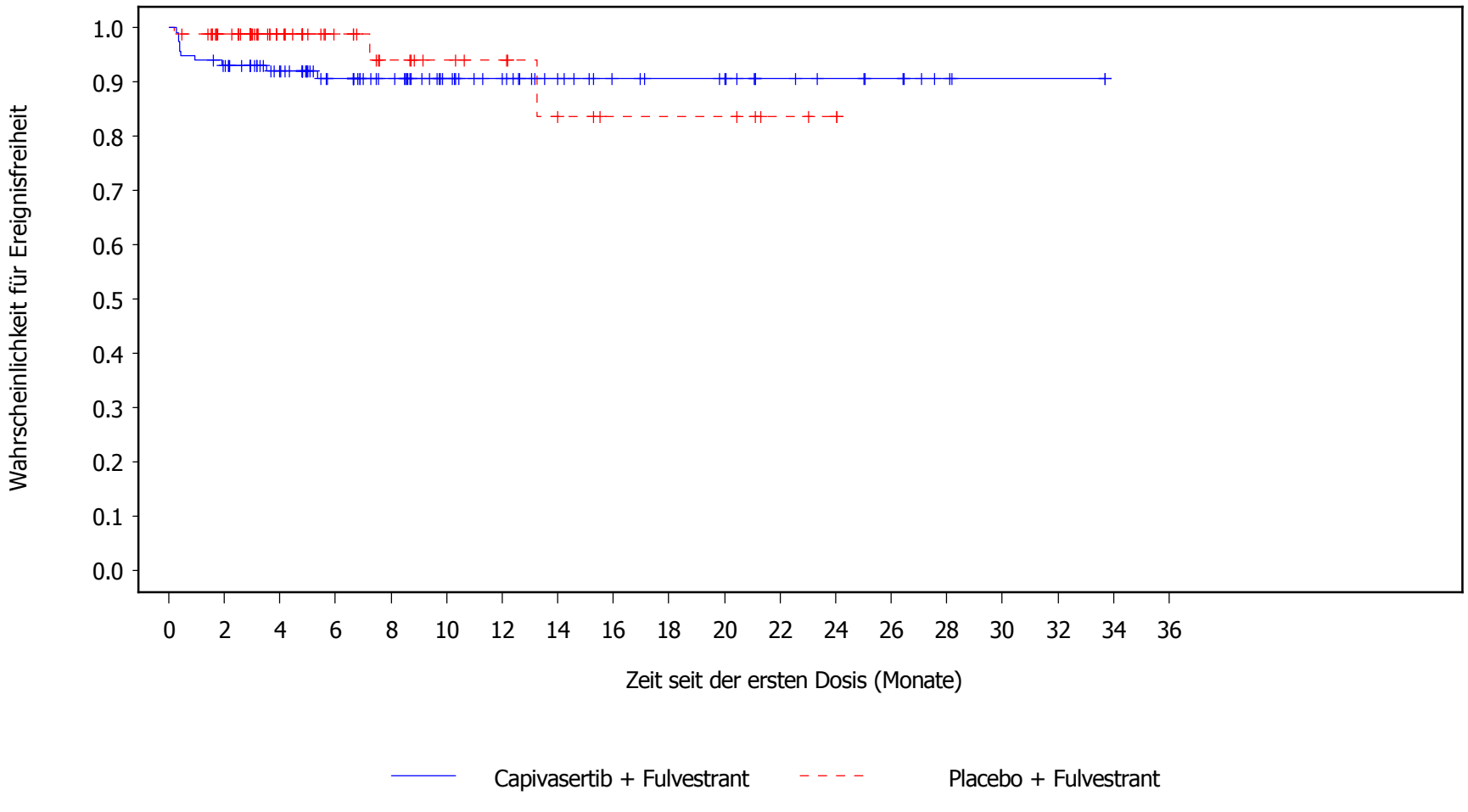
Figure 3.3.1.4 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Ermuedung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	97	75	59	45	37	29	22	17	15	13	9	8	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	70	38	23	17	13	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

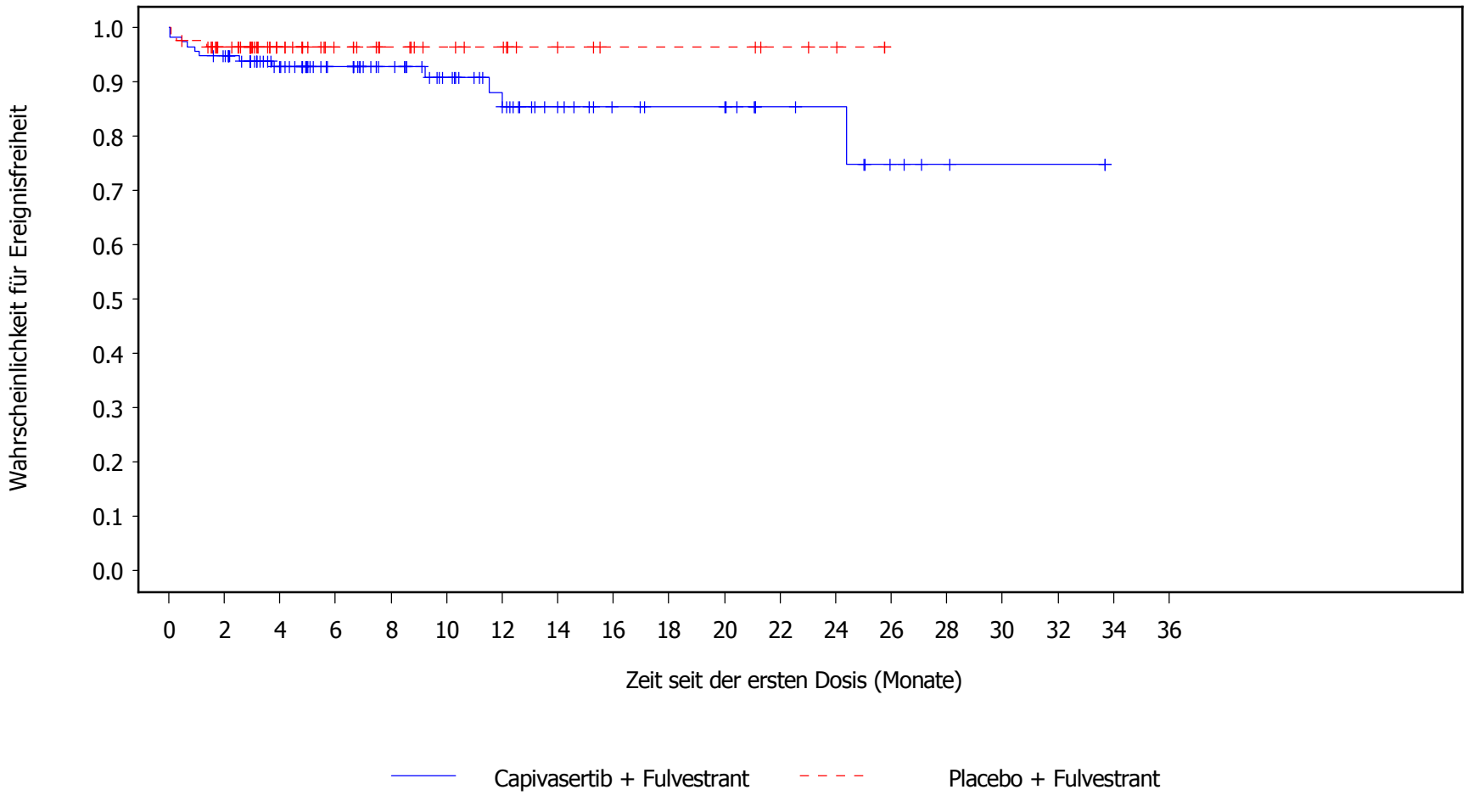
Figure 3.3.1.5 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Fieber
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	107	86	65	53	40	33	25	20	18	17	11	9	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	76	40	24	17	13	11	7	5	5	5	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

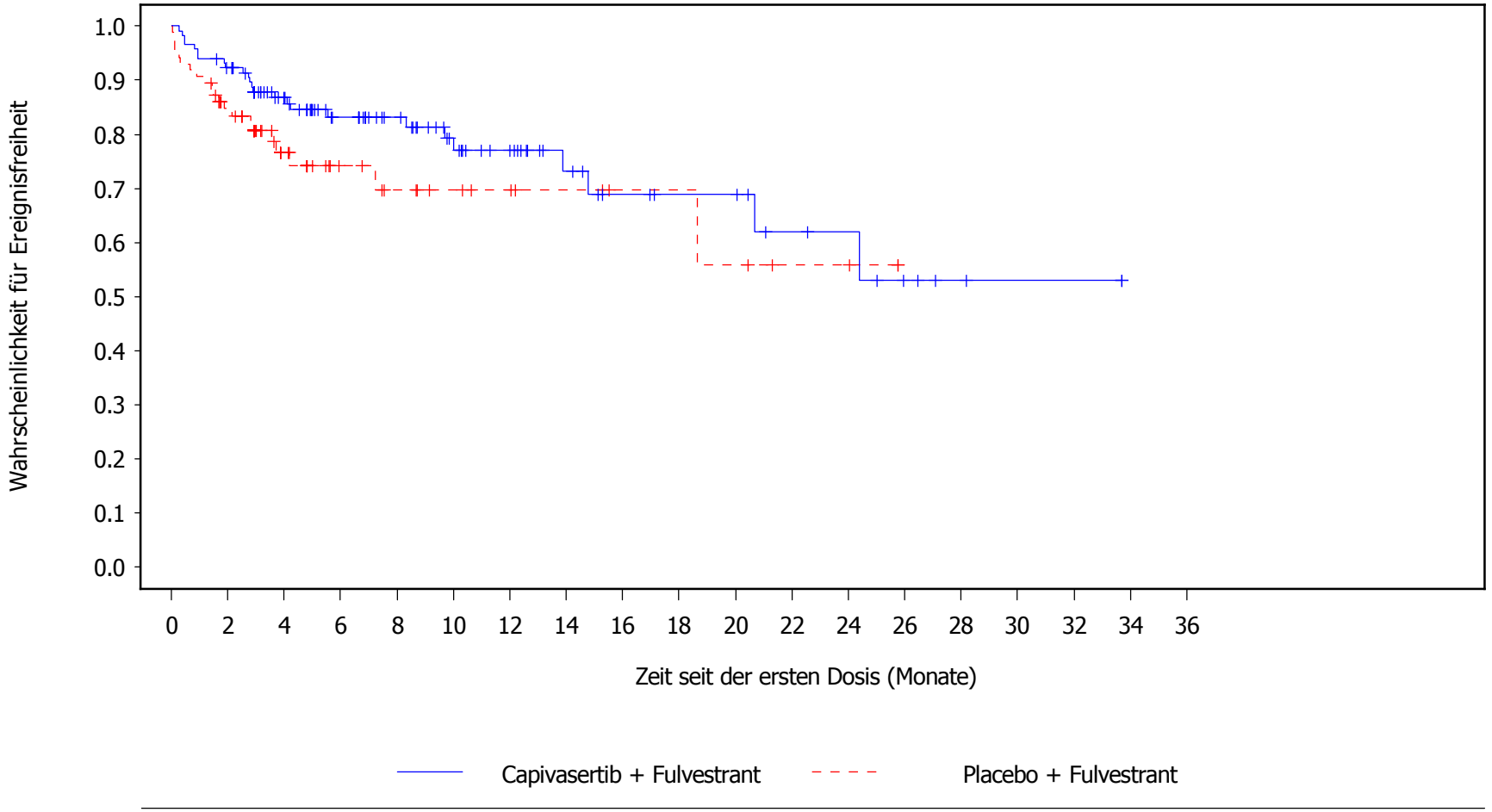
Figure 3.3.1.6 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Augenerkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	83	64	51	41	31	22	17	15	15	9	8	4	2	1	1	0	0	Capivasertib + Fulvestrant
86	74	39	24	18	14	12	7	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

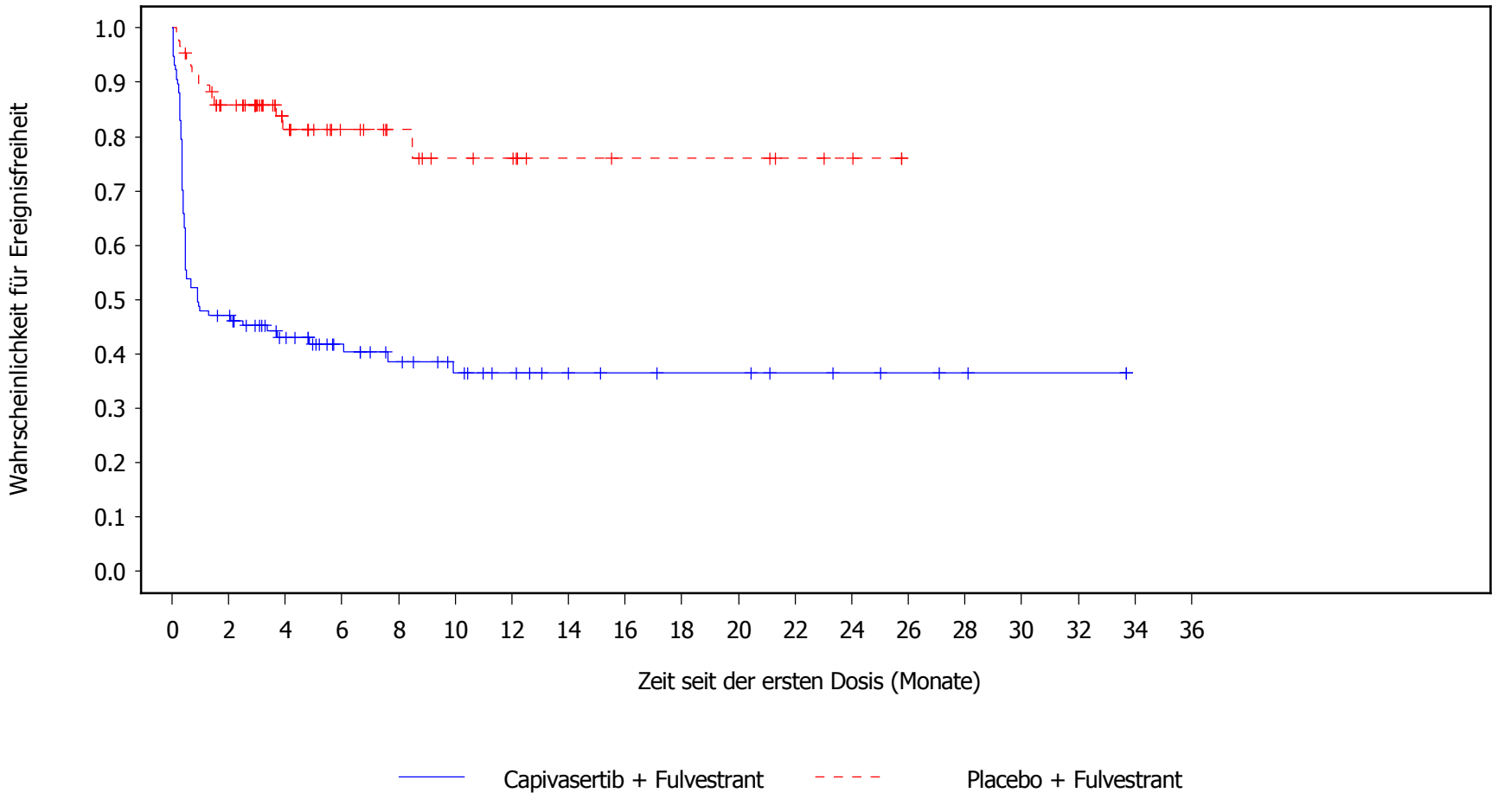
Figure 3.3.1.7 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	106	80	60	47	35	27	19	14	12	12	8	7	4	2	1	1	0	0	Capivasertib + Fulvestrant
86	67	32	18	14	11	9	7	5	5	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

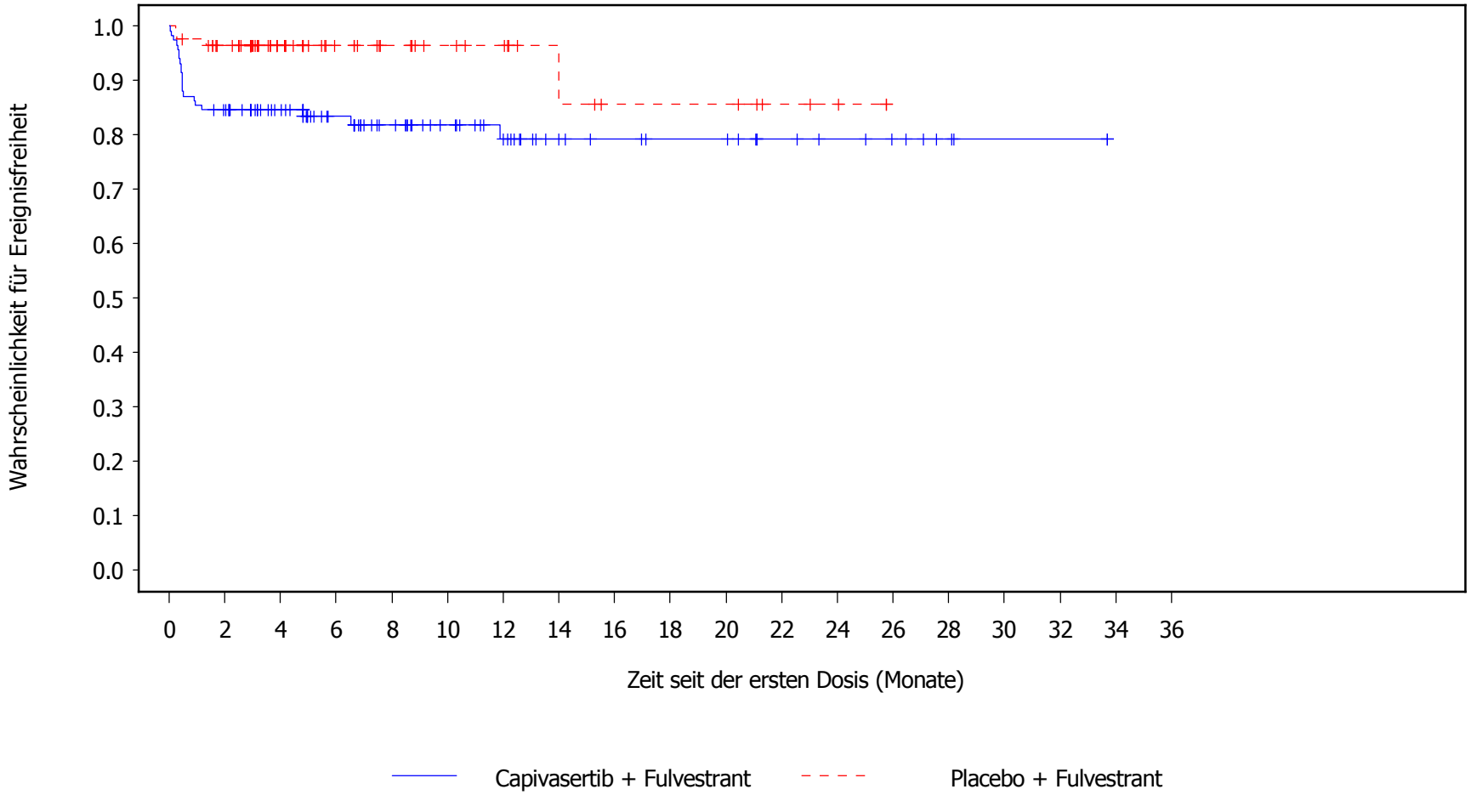
Figure 3.3.1.8 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	54	40	28	22	17	13	9	8	7	7	5	4	3	2	1	1	0	0	Capivasertib + Fulvestrant
86	67	34	20	15	11	10	6	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

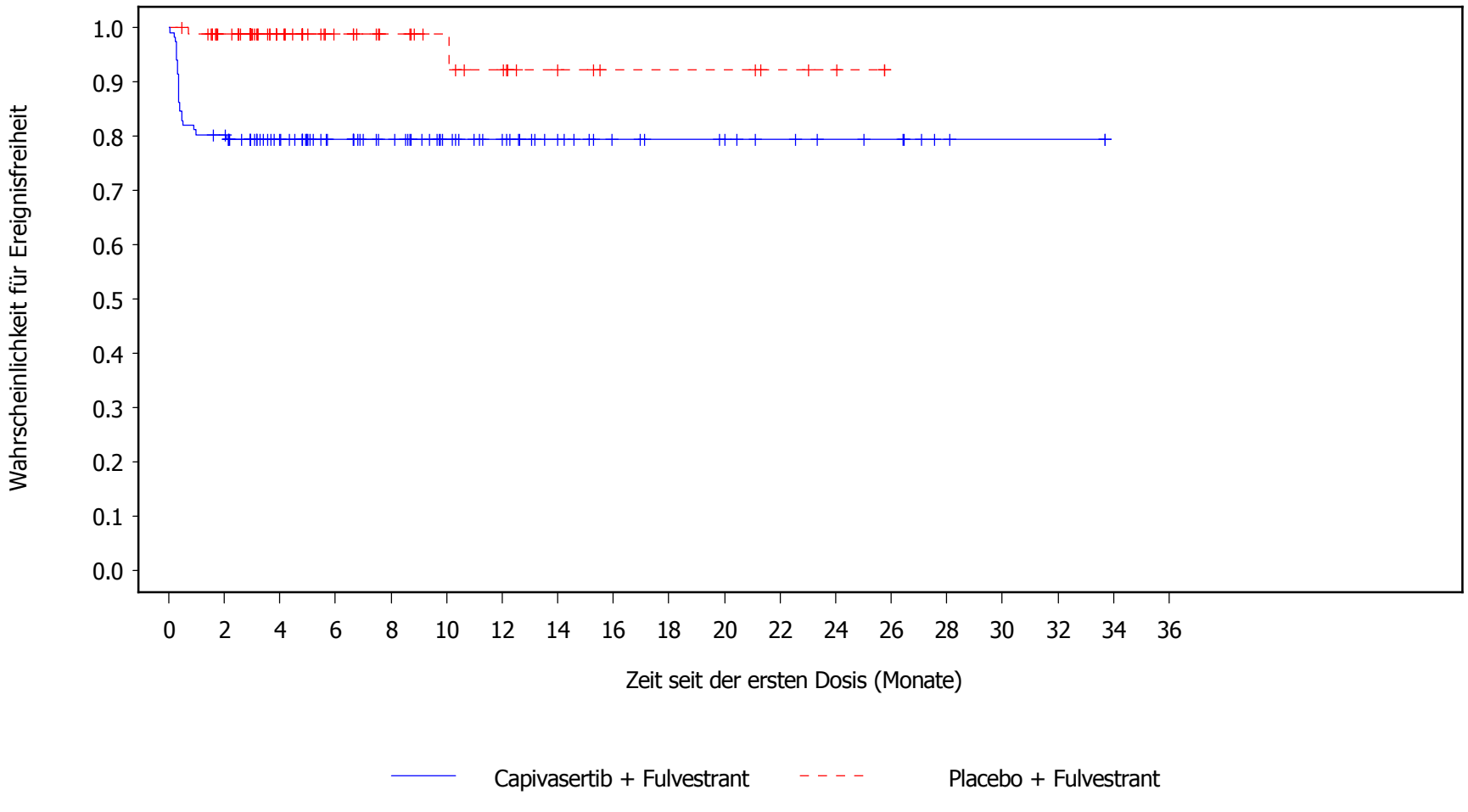
Figure 3.3.1.9 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	97	78	58	45	36	28	19	17	15	15	10	8	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	76	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

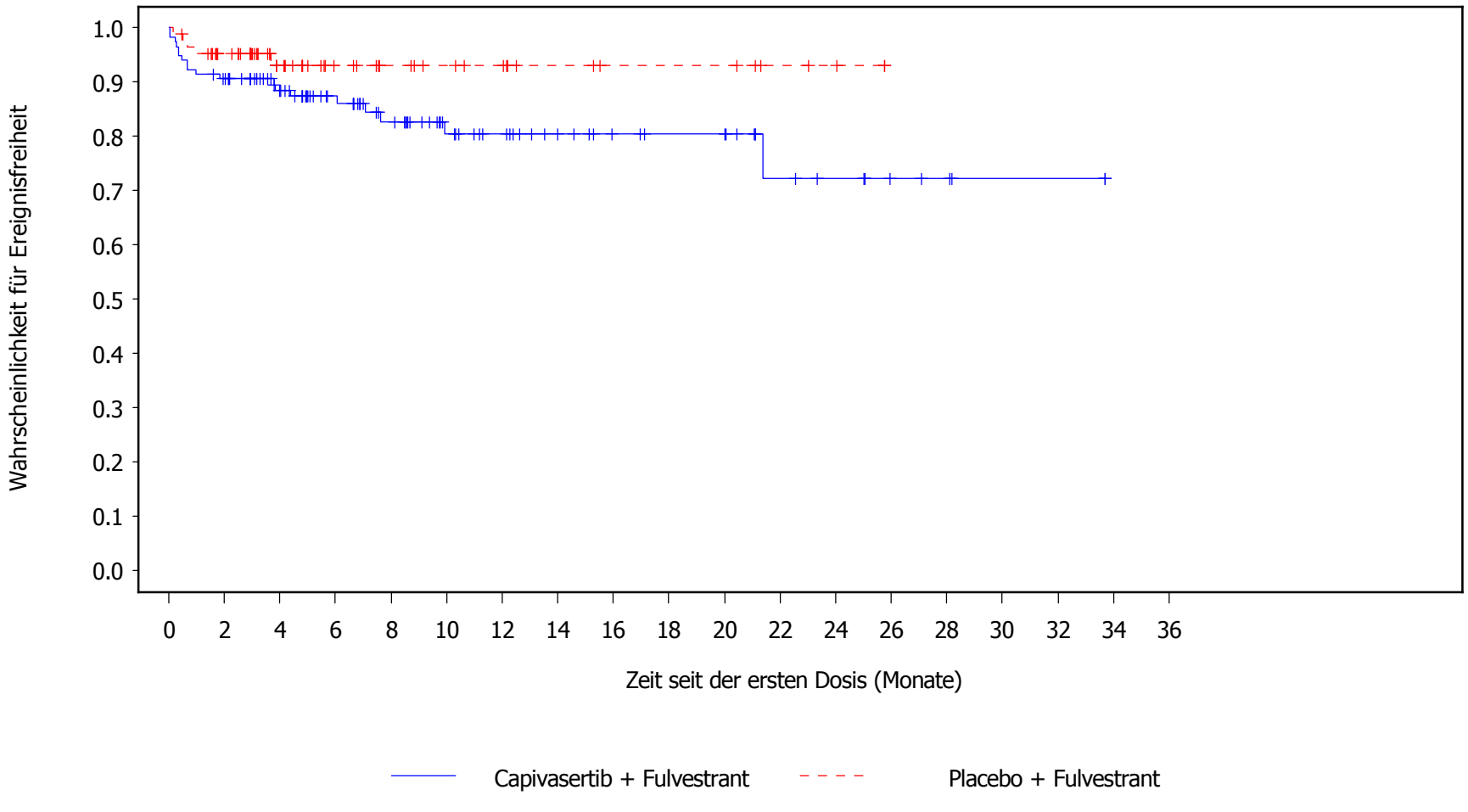
Figure 3.3.1.10 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	93	72	56	46	35	28	20	15	13	12	9	7	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	41	25	19	15	12	7	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

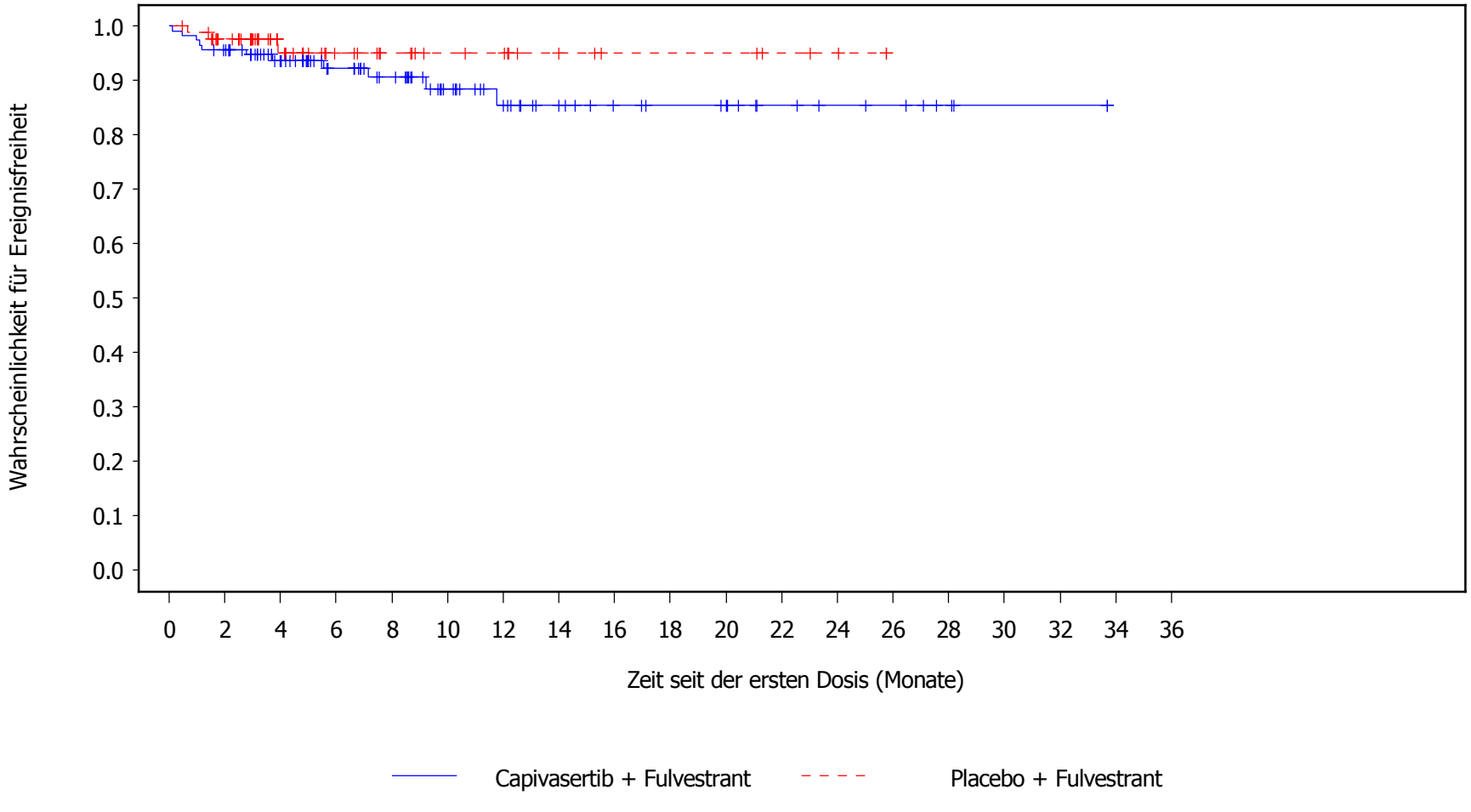
Figure 3.3.1.11 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Pruritus
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	104	84	64	48	35	29	22	18	16	16	9	7	4	3	1	1	0	0	Capivasertib + Fulvestrant
86	73	38	22	17	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

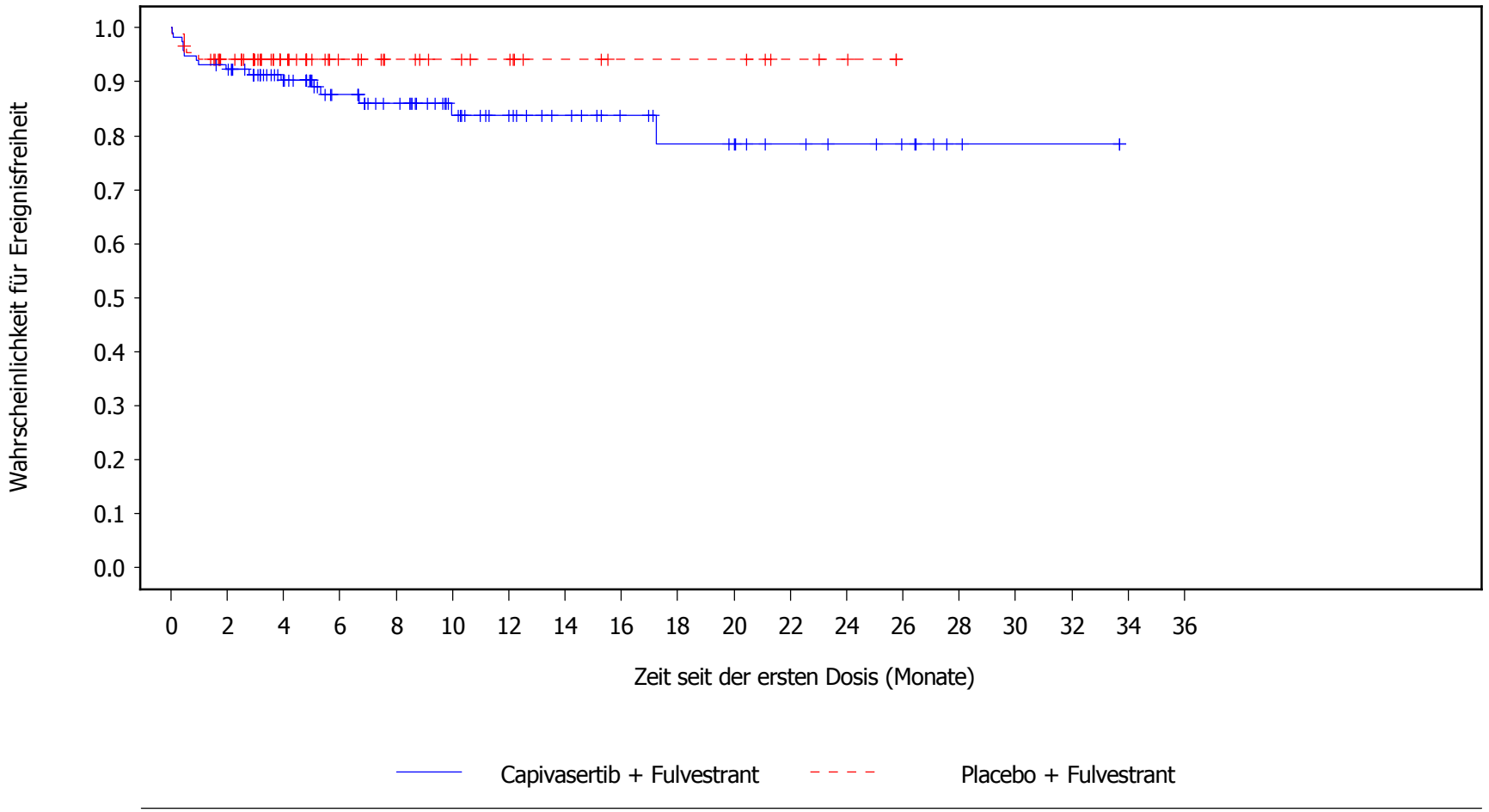
Figure 3.3.1.12 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Trockene Haut
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	85	63	51	37	28	21	17	15	14	9	7	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	75	38	22	17	13	12	7	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

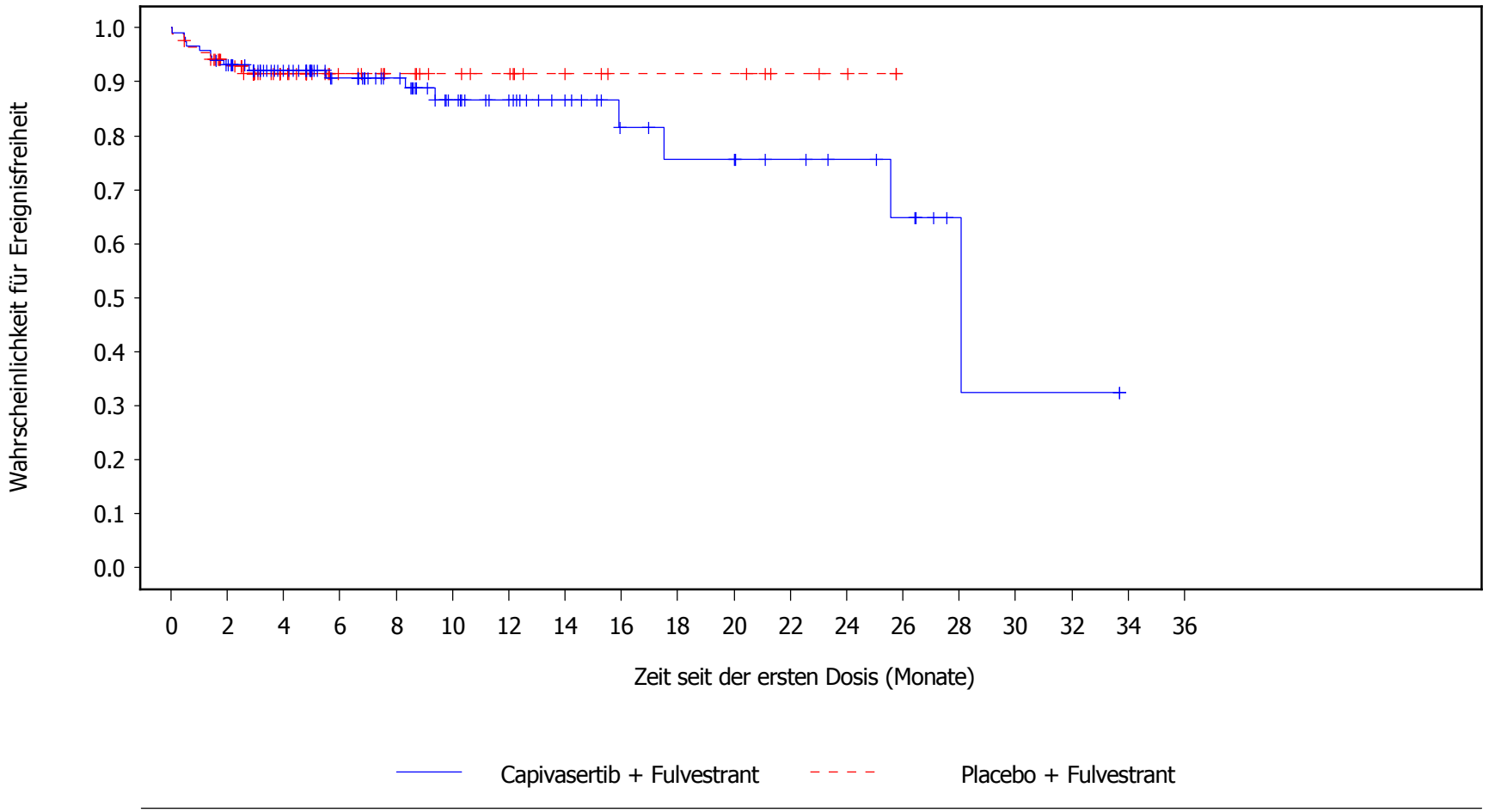
Figure 3.3.1.13 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Nieren und Harnwege
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	107	83	61	49	36	28	23	18	15	14	10	8	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	73	39	23	17	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

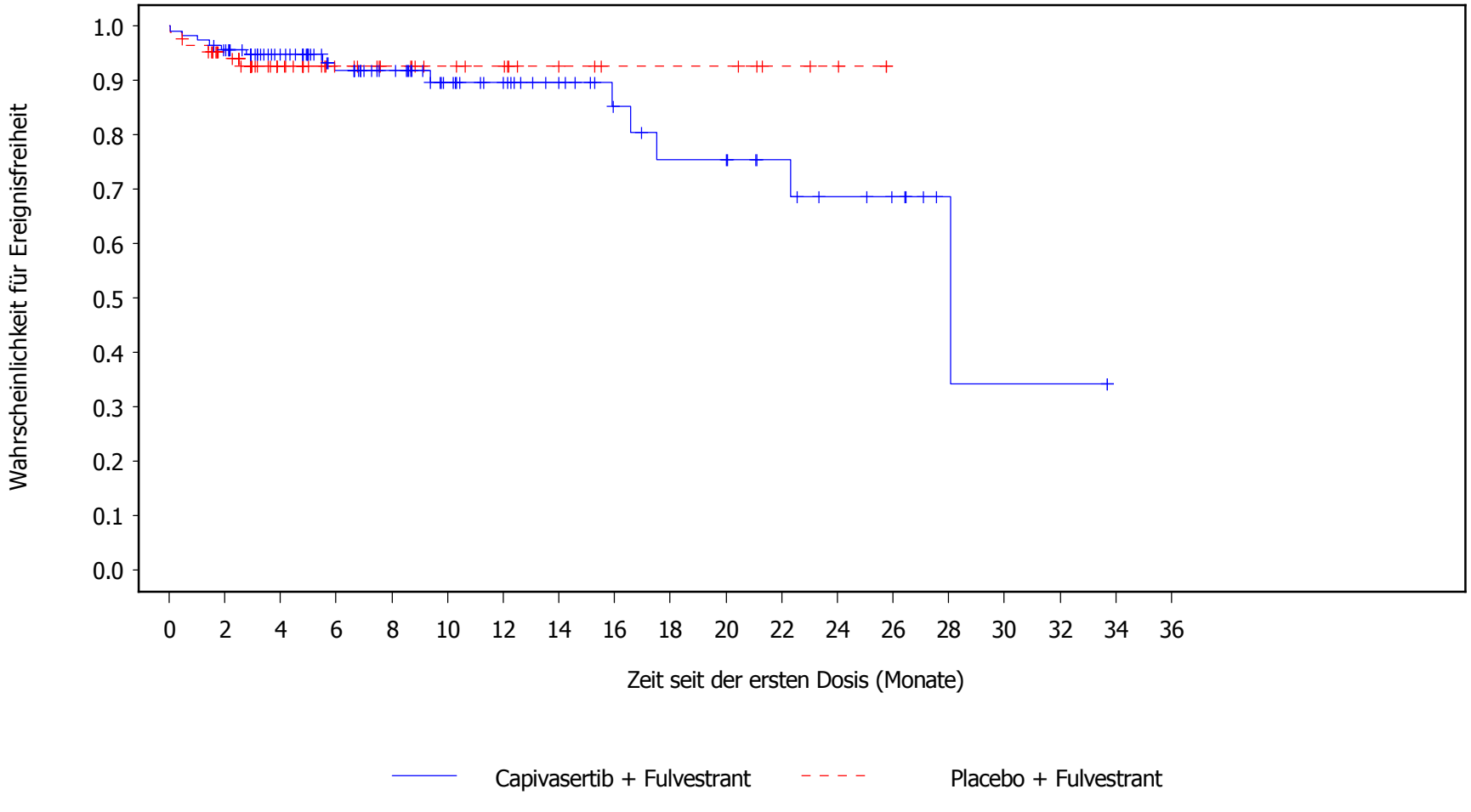
Figure 3.3.1.14 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Blutes und des Lymphsystems
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	107	82	61	48	35	28	21	15	13	13	10	8	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	72	39	24	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

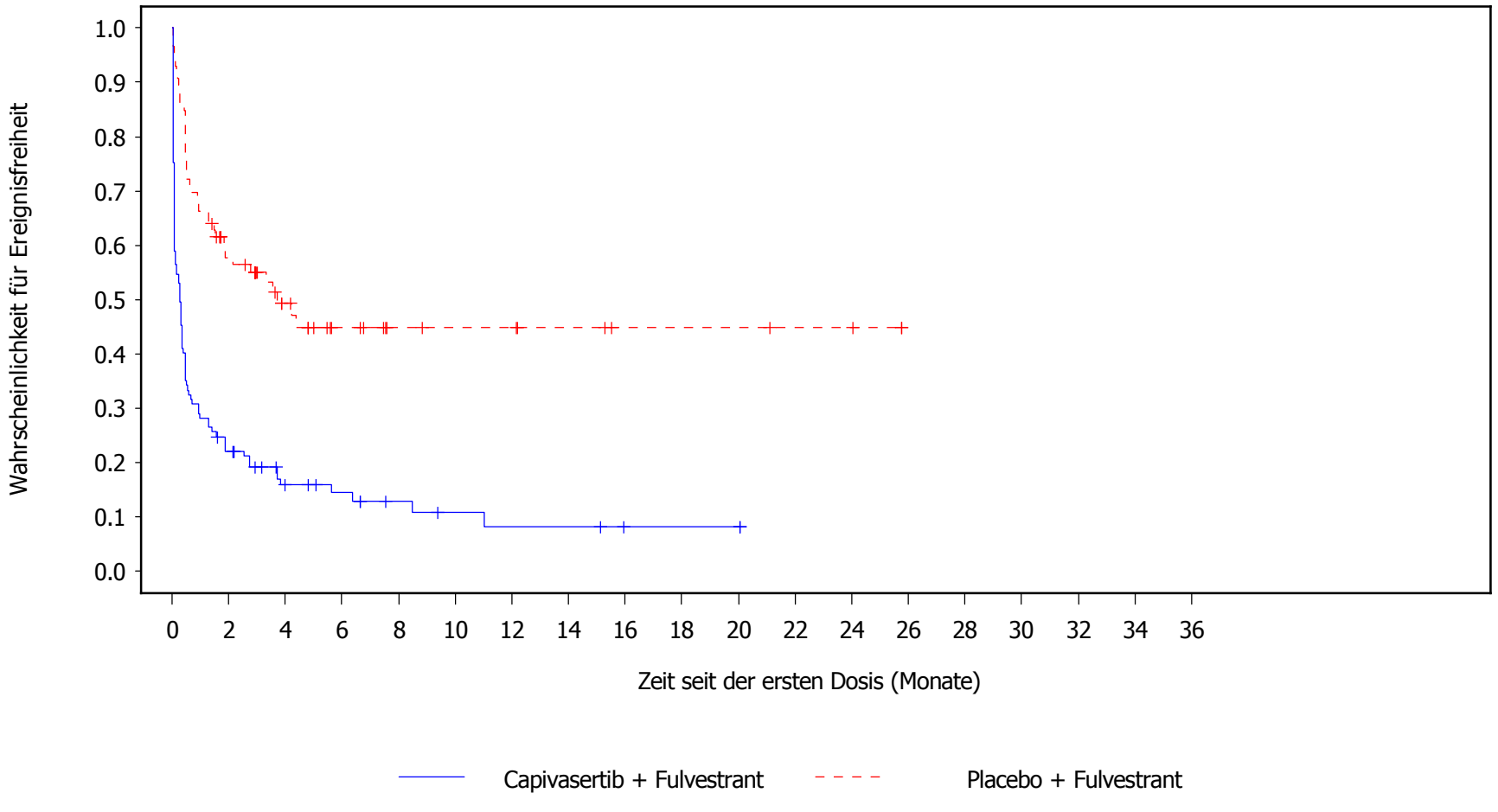
Figure 3.3.1.15 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Anaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	85	63	50	38	31	24	18	15	15	11	8	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	72	39	24	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

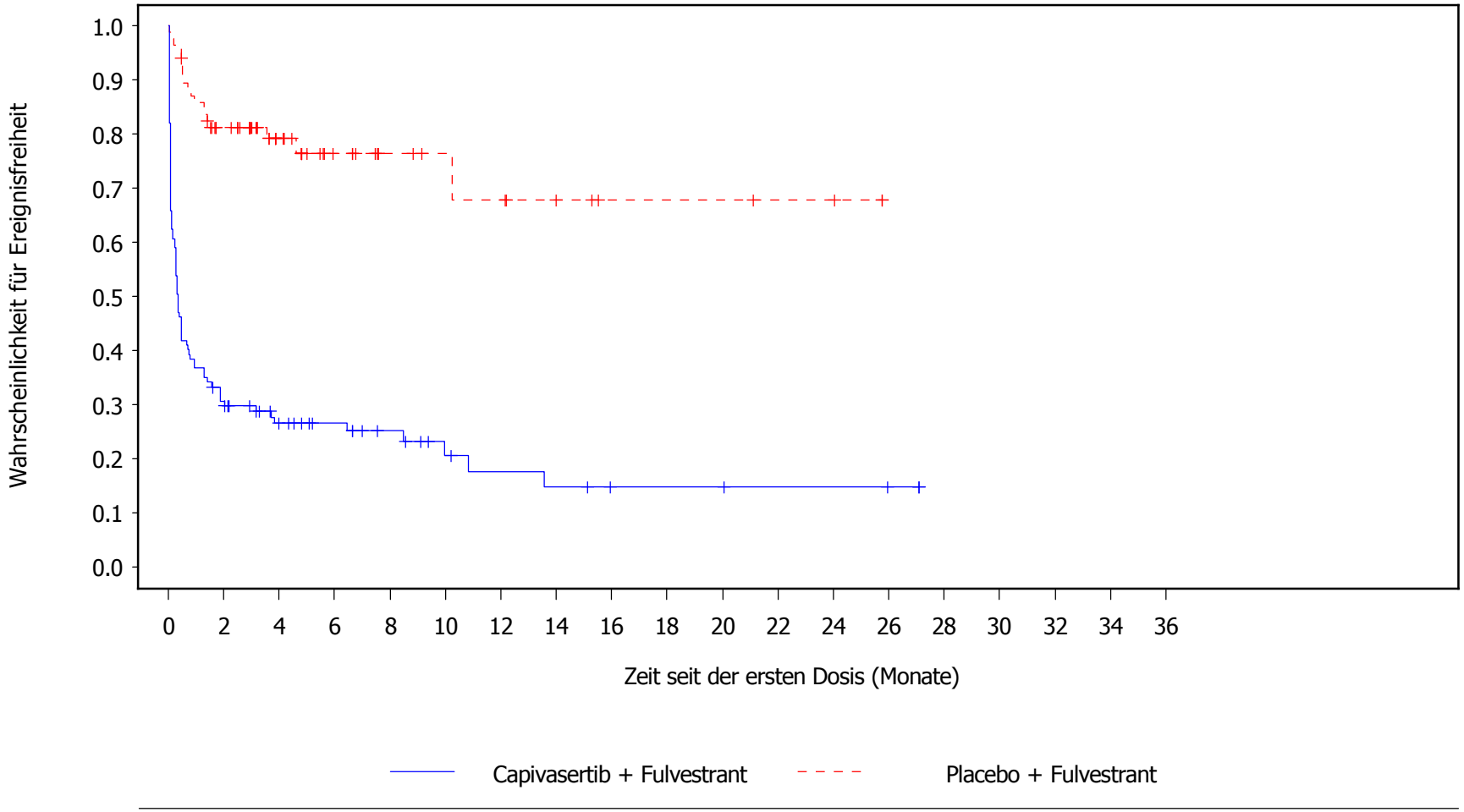
Figure 3.3.1.16 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	25	13	10	6	4	3	3	1	1	1	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
86	45	23	13	8	7	7	5	3	3	3	2	2	0	0	0	0	0	Placebo + Fulvestrant

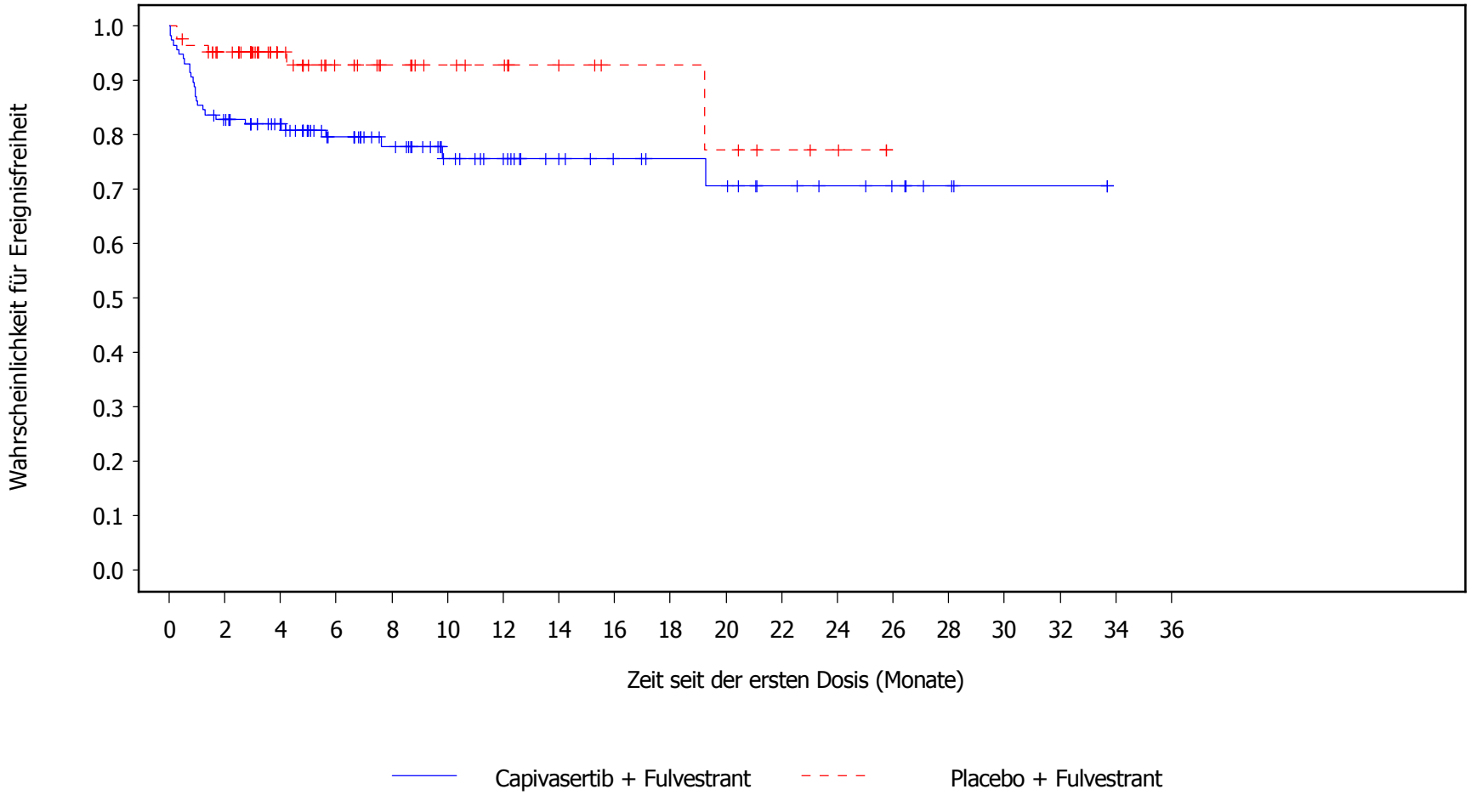
Figure 3.3.1.17 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Diarrhoe
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	35	23	18	13	8	6	5	3	3	3	2	2	1	0	0	0	0	0	Capivasertib + Fulvestrant
86	63	32	17	11	9	8	5	3	3	3	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

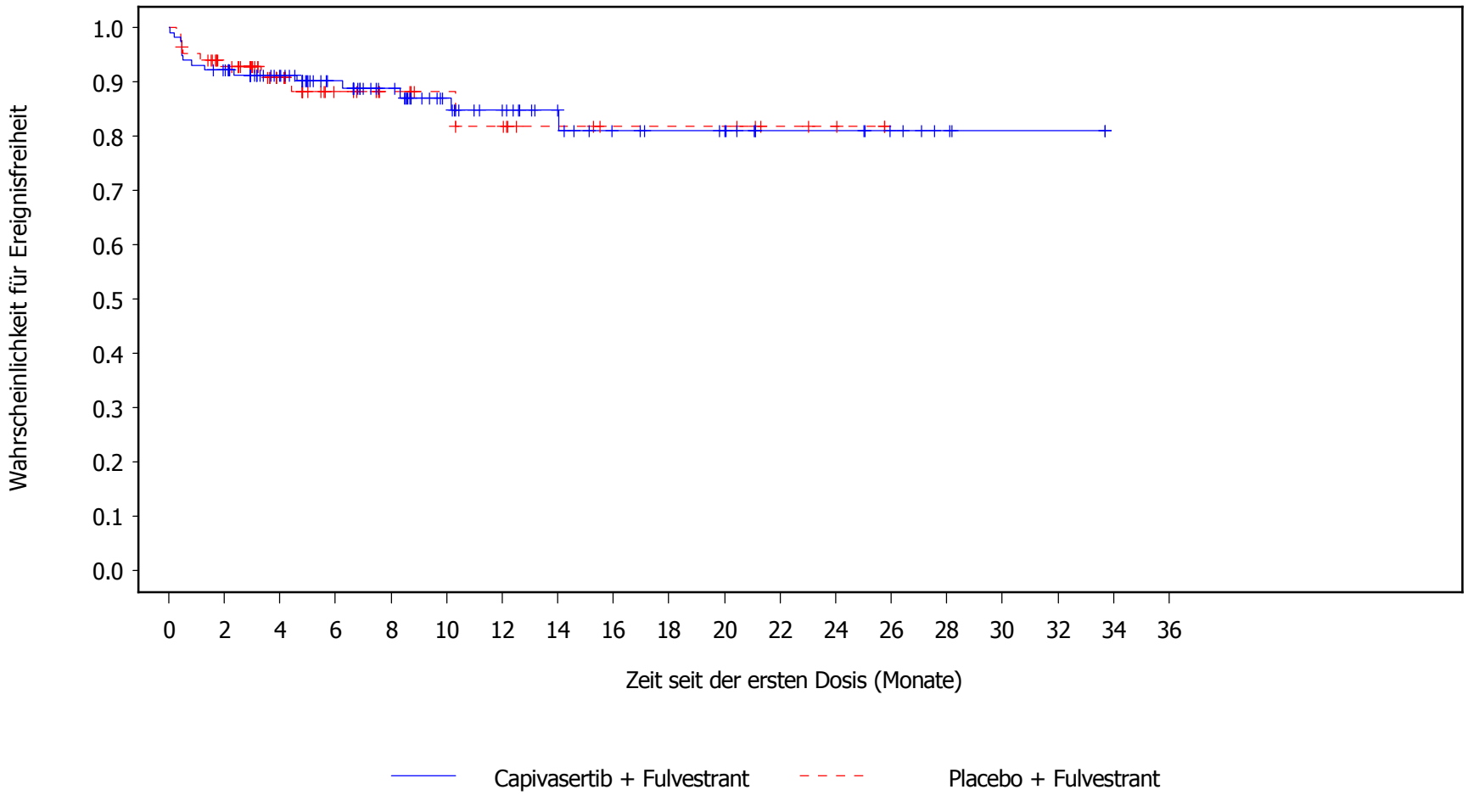
Figure 3.3.1.18 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Erbrechen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	95	79	58	45	33	27	20	17	15	14	10	8	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	75	39	24	18	14	12	8	6	6	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

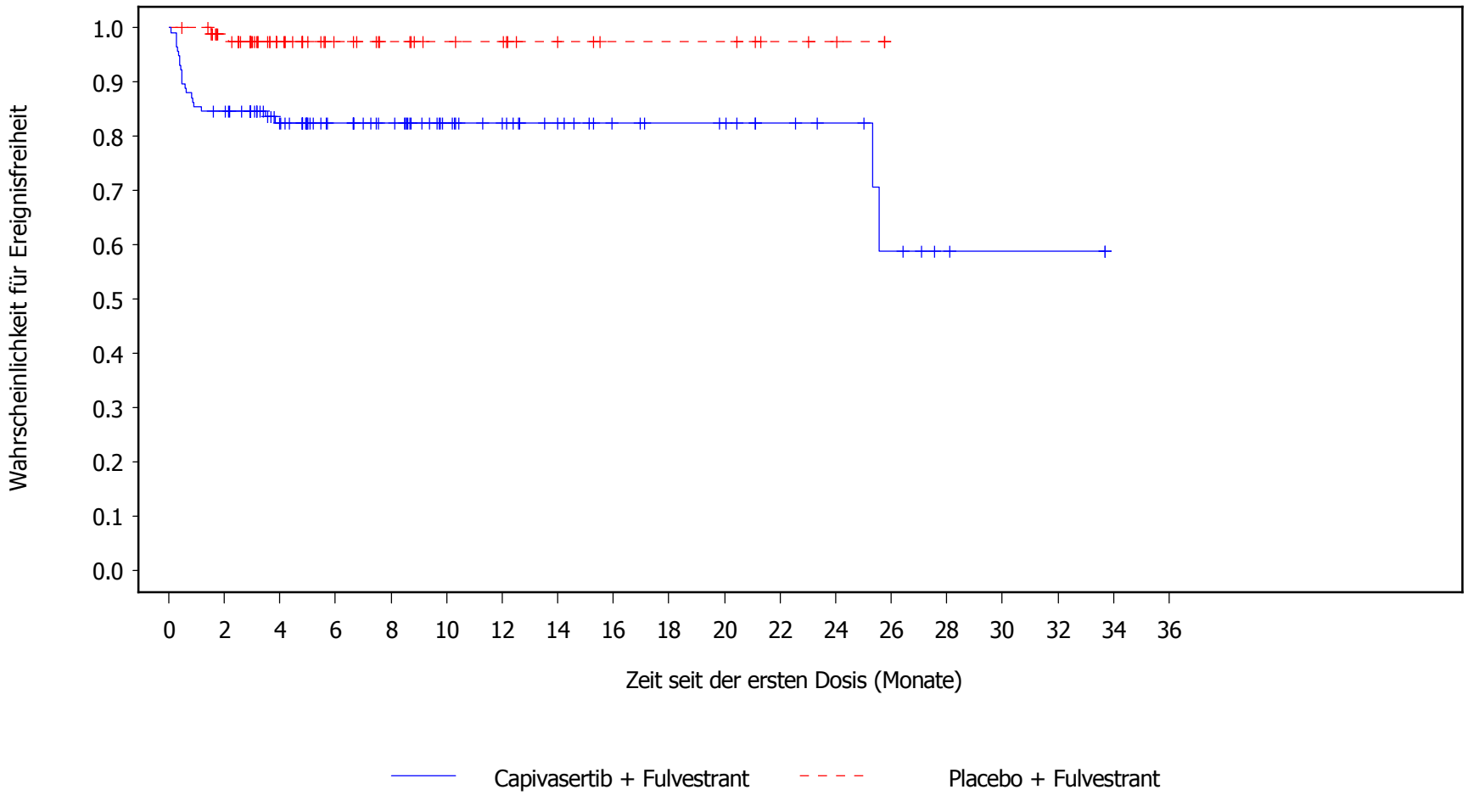
Figure 3.3.1.19 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Obstipation
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	106	84	65	51	38	30	23	18	16	15	9	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	72	38	22	17	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

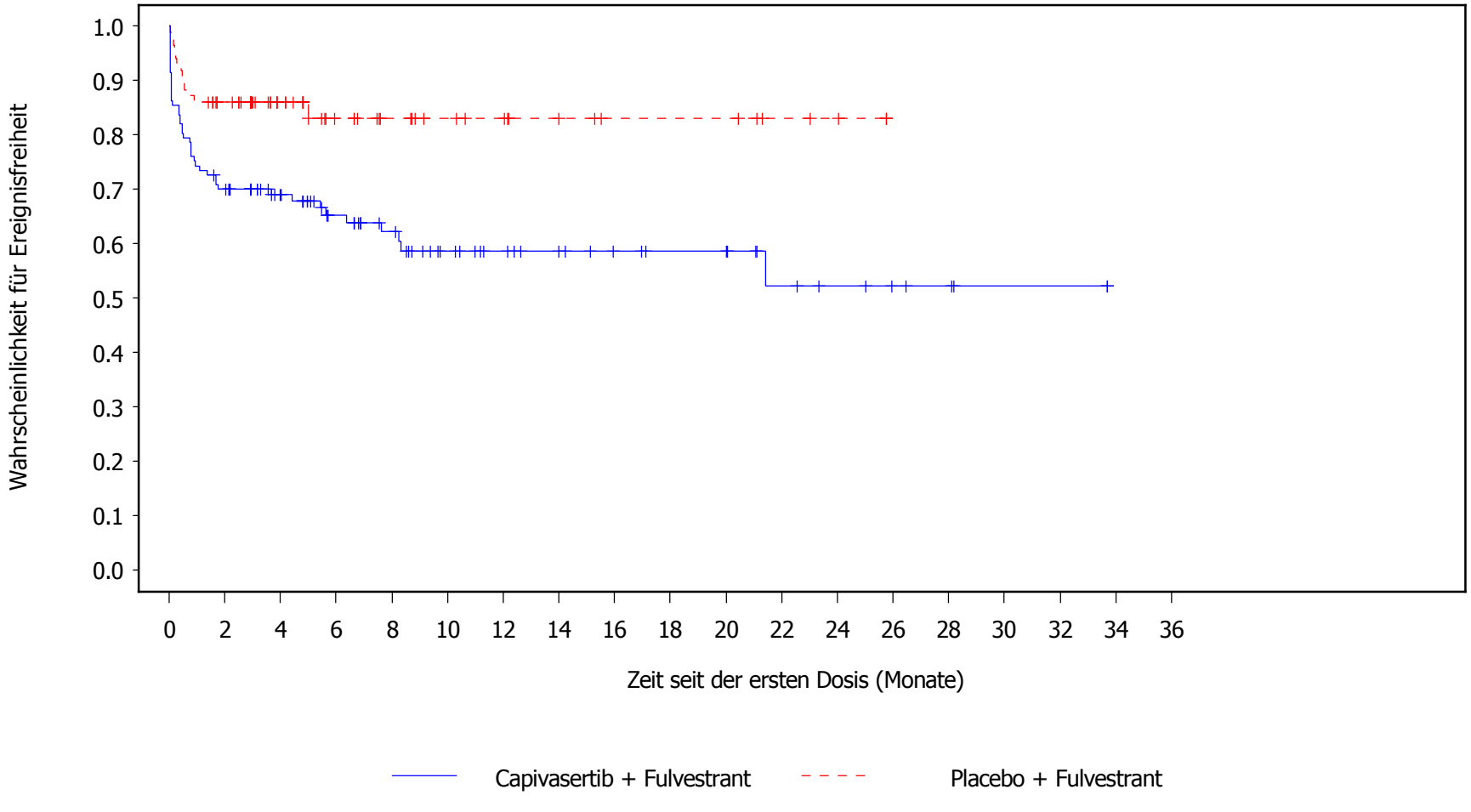
Figure 3.3.1.20 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	98	76	57	47	34	28	22	17	15	14	10	8	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	39	23	18	14	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

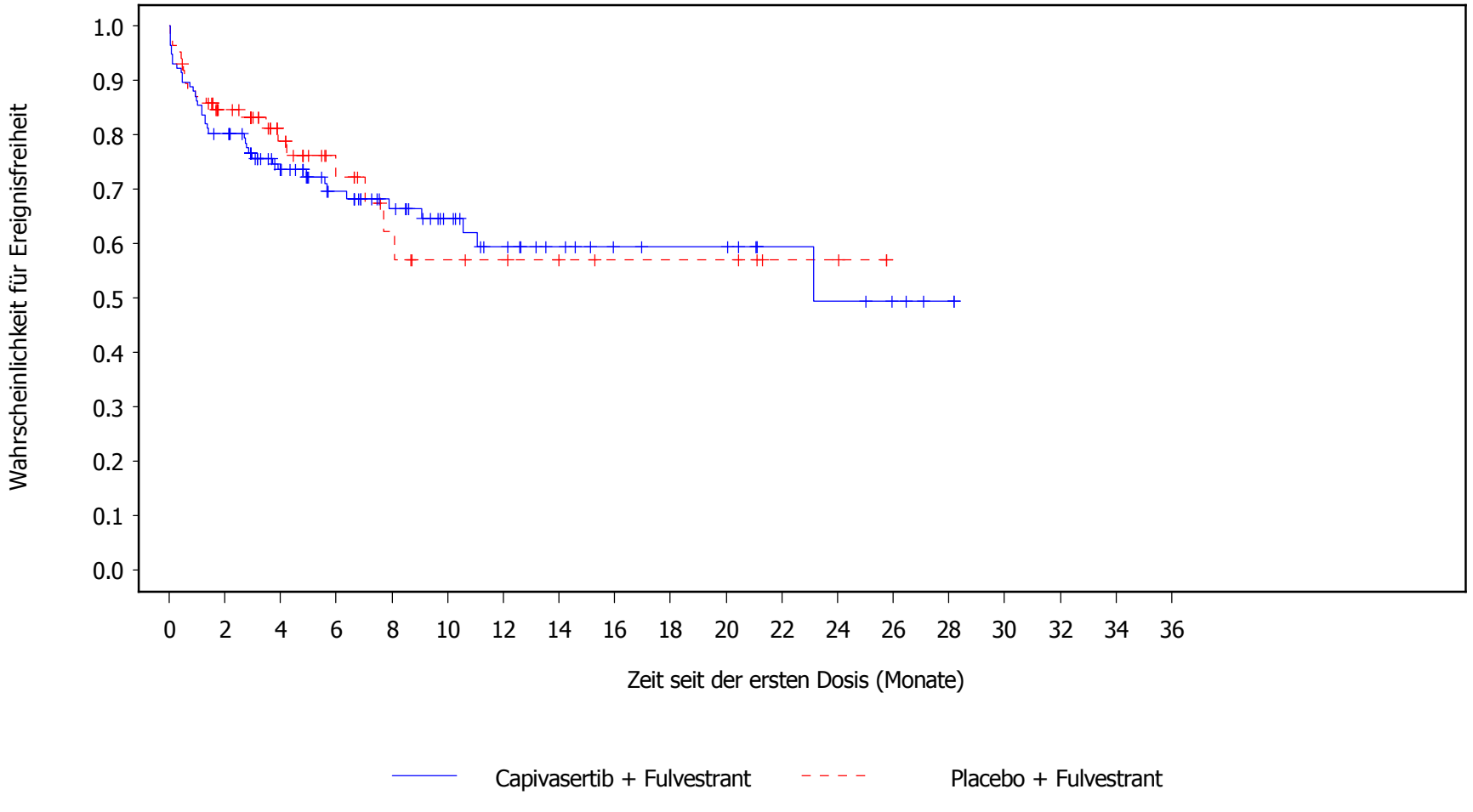
Figure 3.3.1.21 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Uebelkeit
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	81	63	47	37	27	22	18	15	13	13	8	6	4	3	1	1	0	0	Capivasertib + Fulvestrant
86	68	38	24	18	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

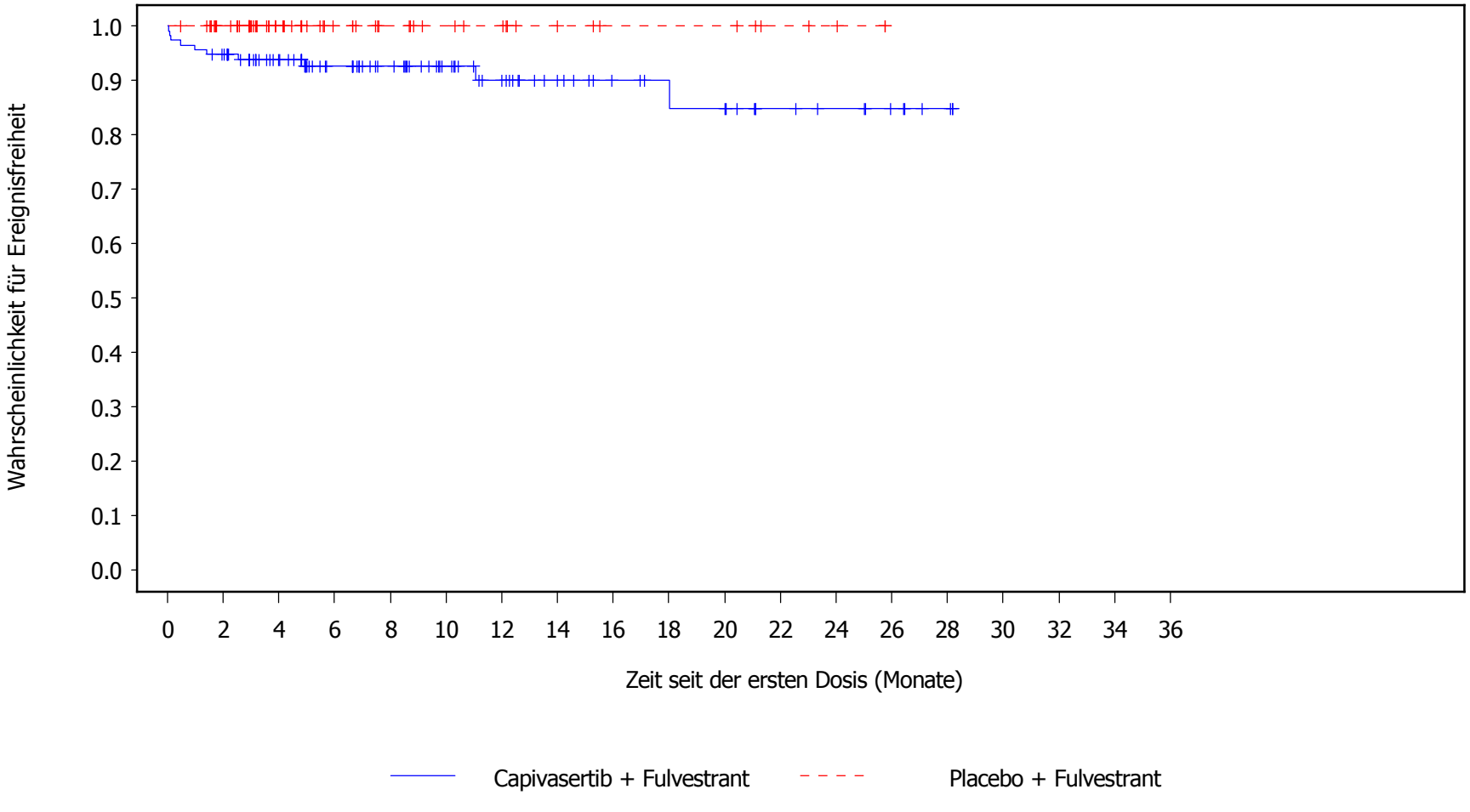
Figure 3.3.1.22 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Nervensystems
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	93	67	50	38	28	21	16	12	11	11	6	5	3	1	0	0	0	0	Capivasertib + Fulvestrant
86	64	32	18	12	9	8	6	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

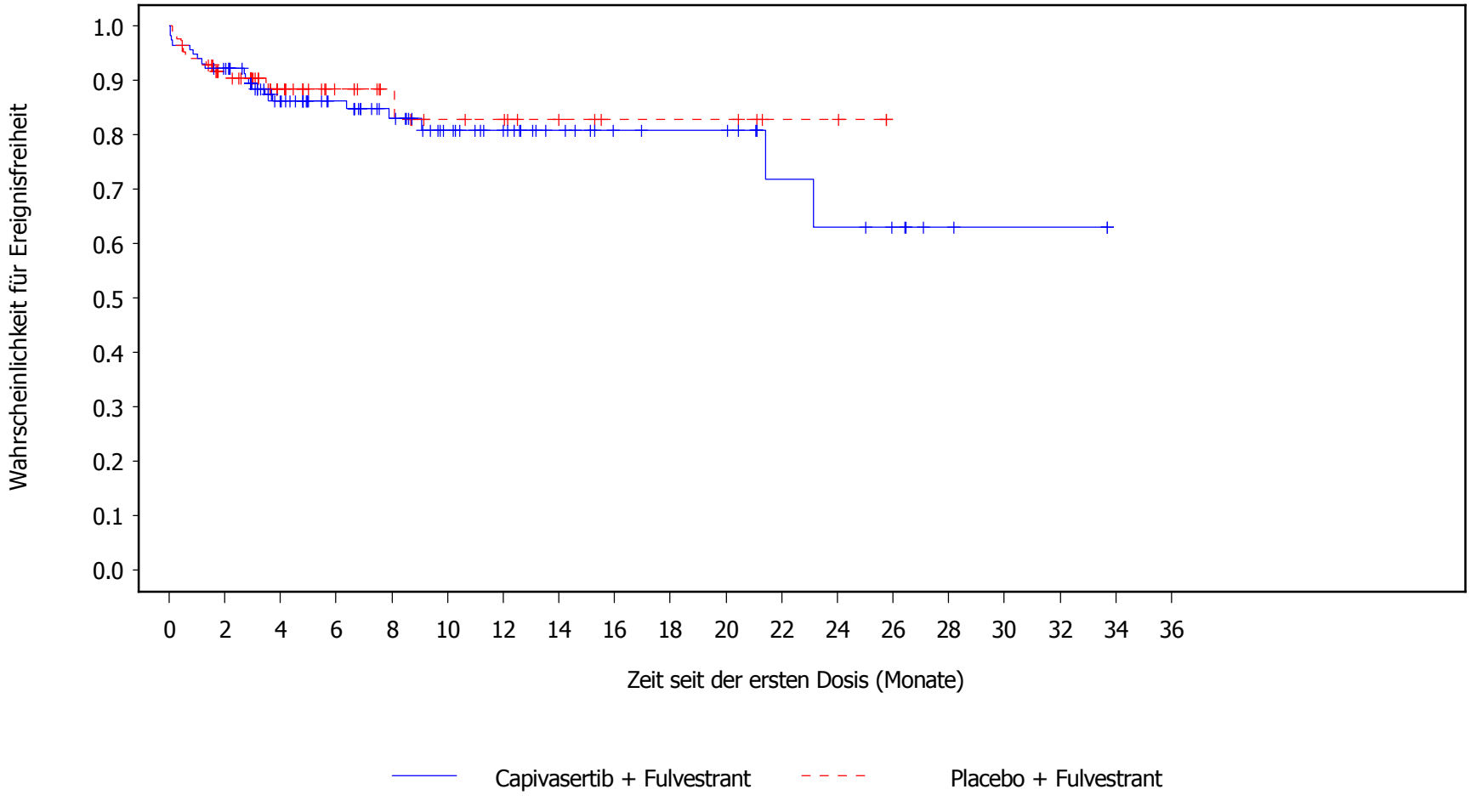
Figure 3.3.1.23 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Dysgeusie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	86	67	53	41	32	24	19	17	16	10	8	5	2	0	0	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

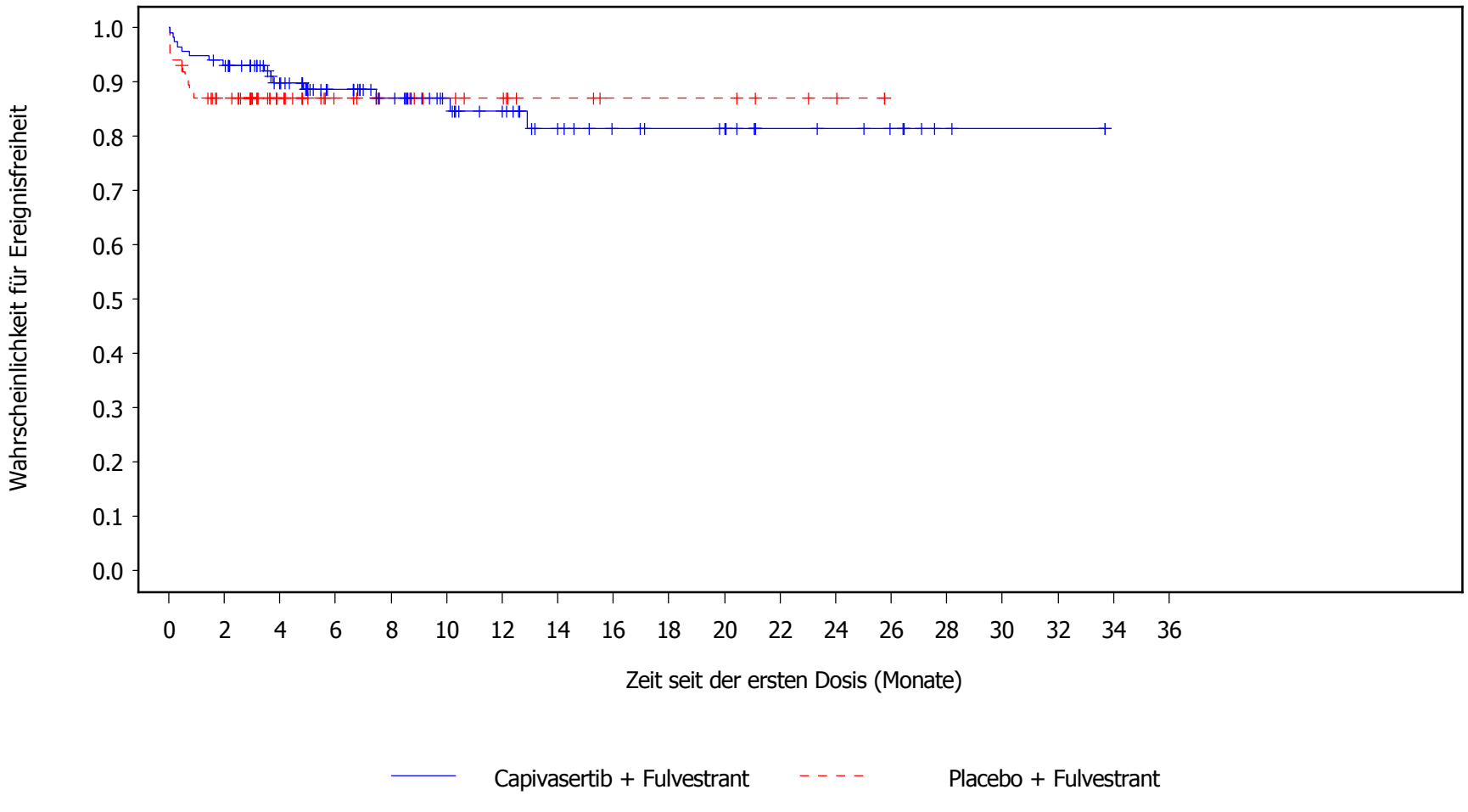
Figure 3.3.1.24 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Kopfschmerzen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	106	76	60	45	34	27	20	15	14	14	8	7	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	69	36	22	16	12	11	7	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

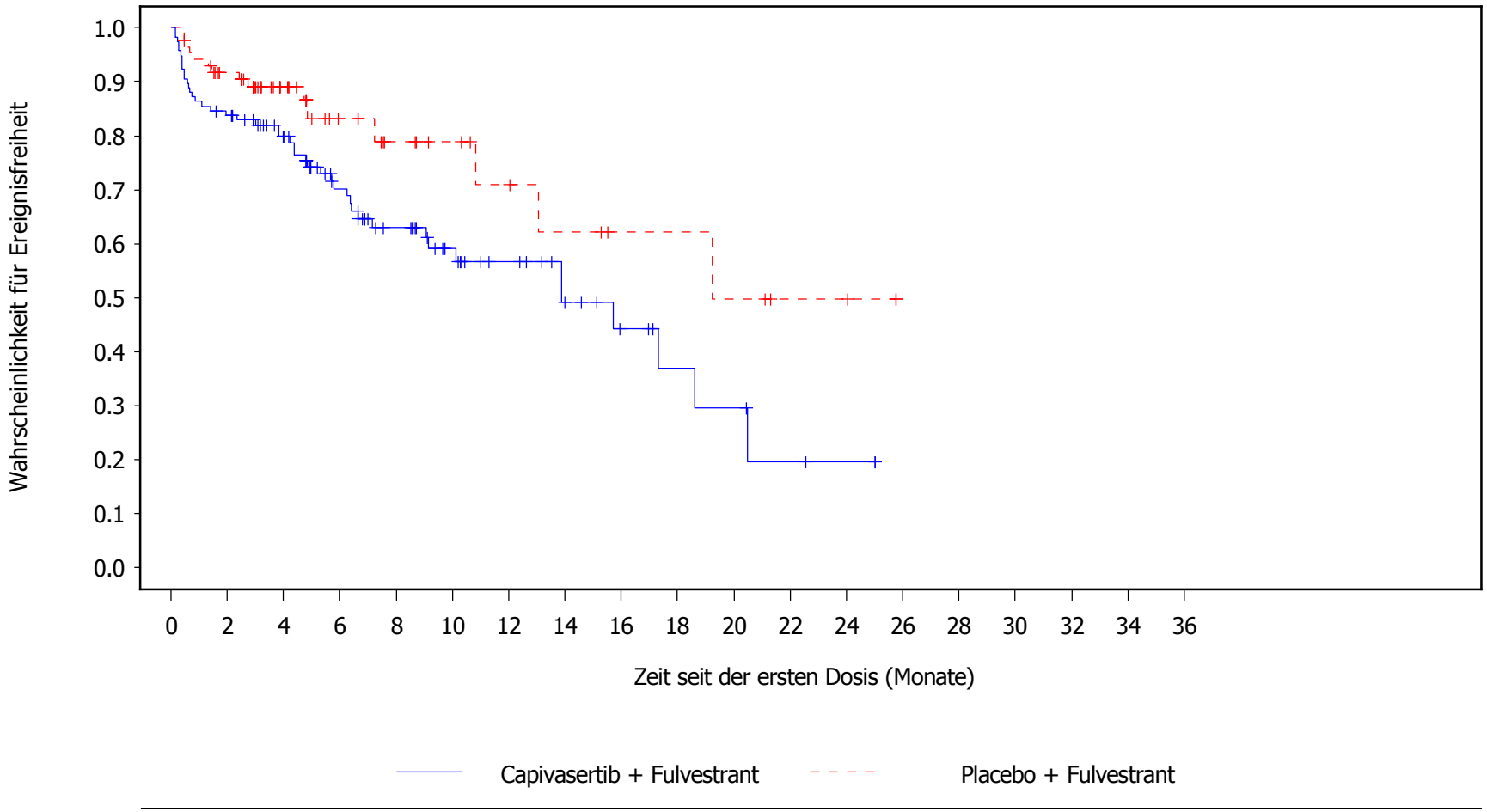
Figure 3.3.1.25 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Gefaesserkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	108	82	61	48	37	30	22	18	16	15	9	8	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	69	38	23	17	13	11	7	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

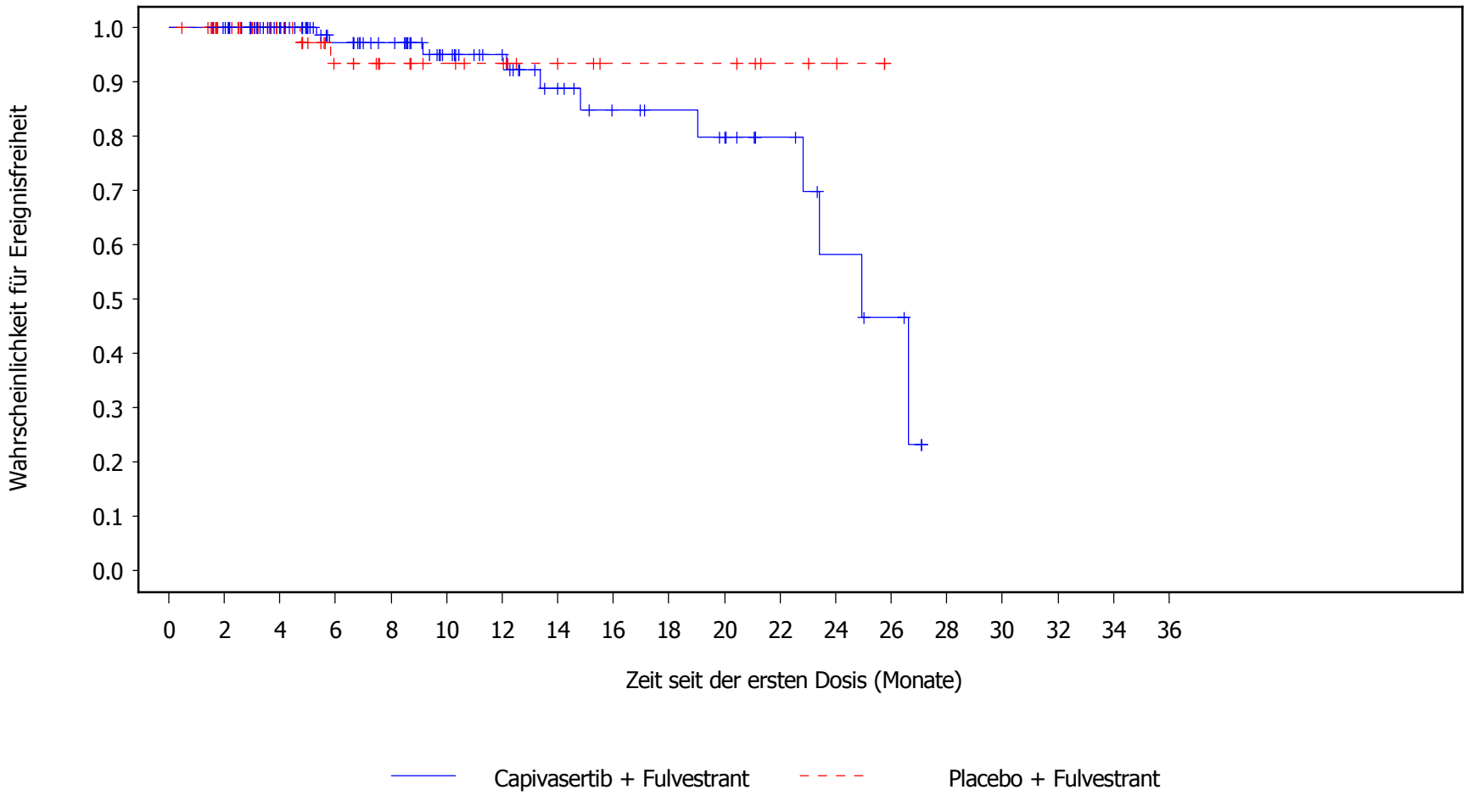
Figure 3.3.1.26 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	97	75	51	37	26	19	12	8	5	4	2	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
86	73	38	21	15	12	9	7	5	5	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

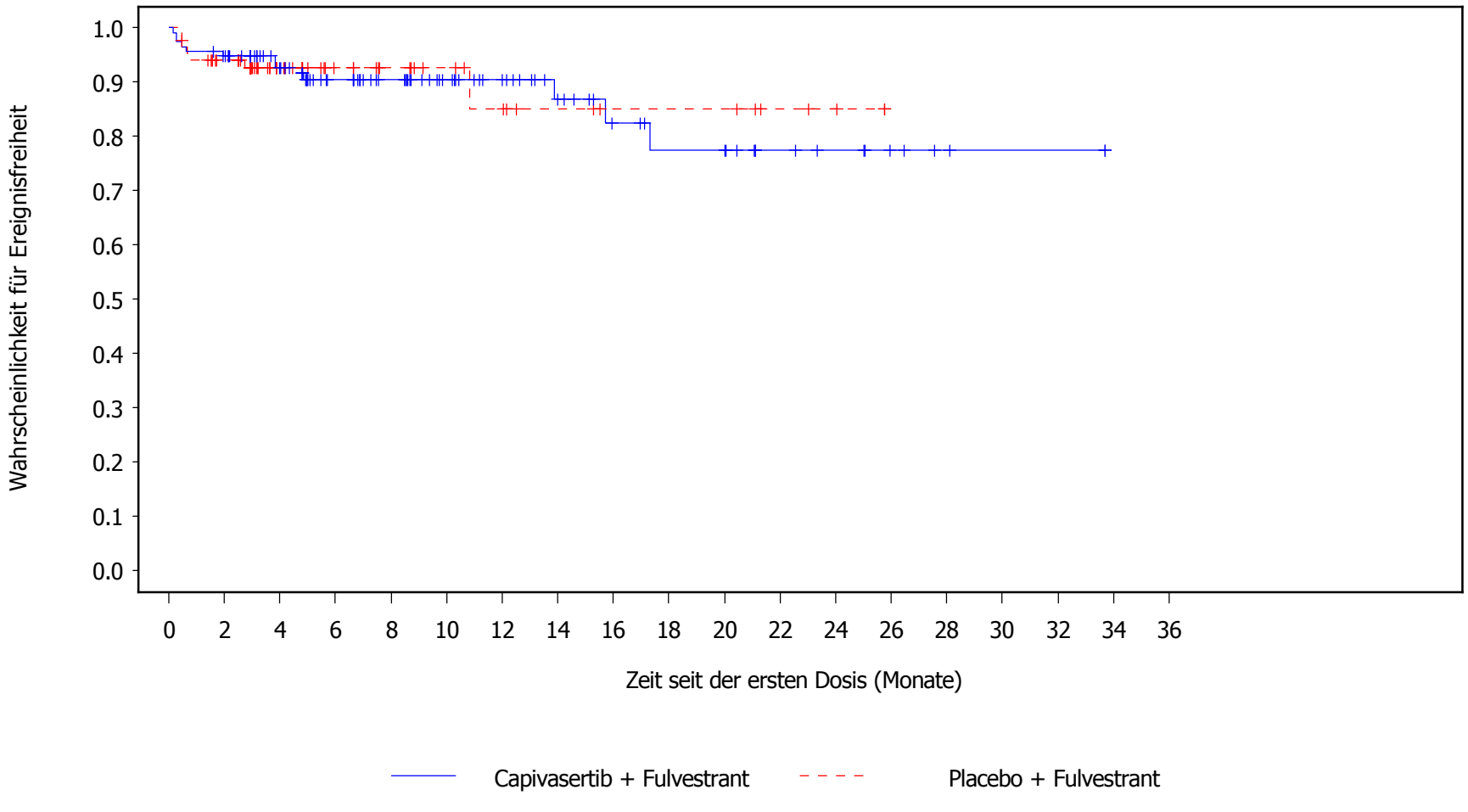
Figure 3.3.1.27 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: COVID-19
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	68	55	41	33	24	19	17	15	9	5	3	0	0	0	0	0	Capivasertib + Fulvestrant
86	77	41	23	18	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

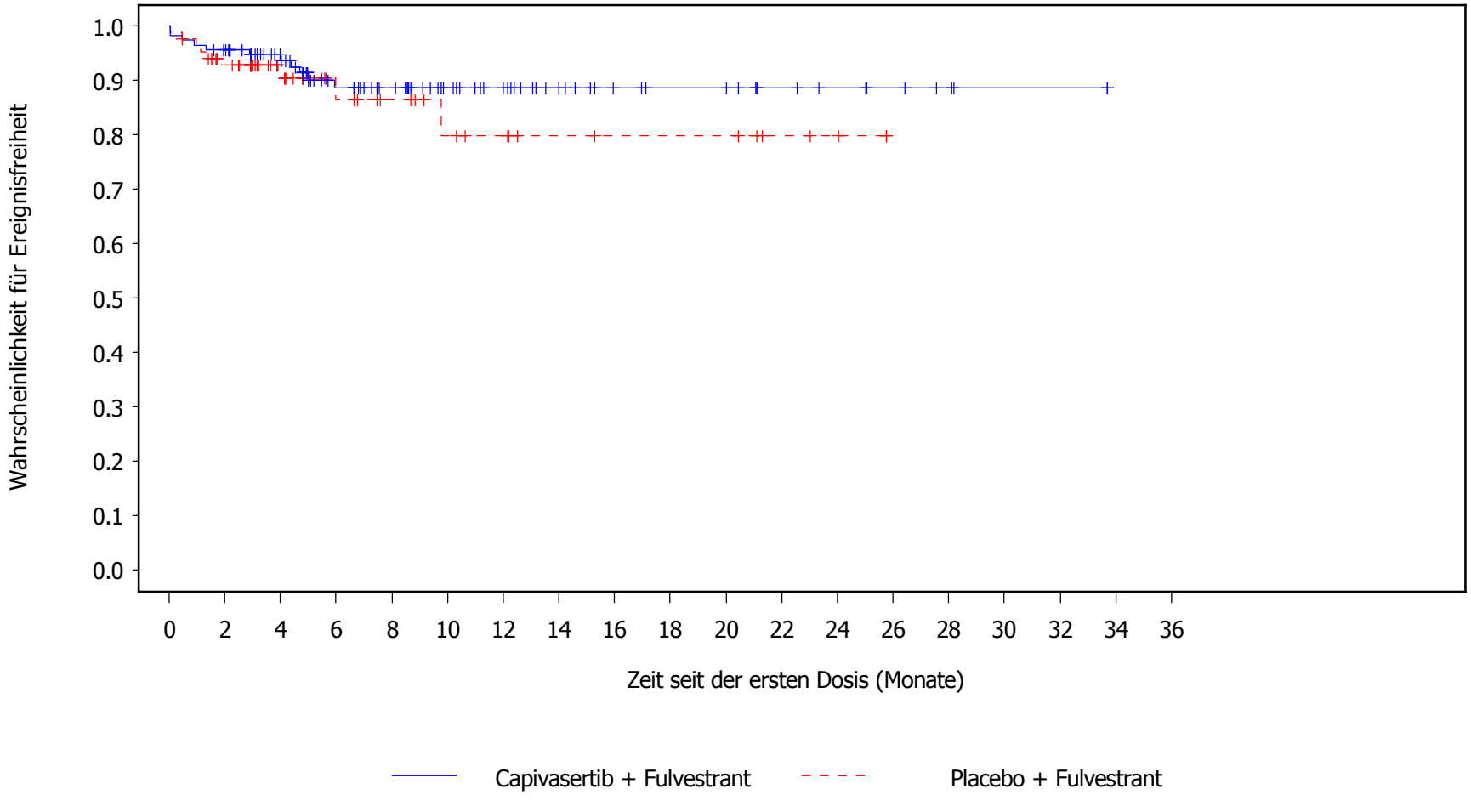
Figure 3.3.1.28 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Harnwegsinfektion
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	86	64	51	40	32	24	18	15	15	9	7	4	2	1	1	0	0	Capivasertib + Fulvestrant
86	74	39	23	18	14	11	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

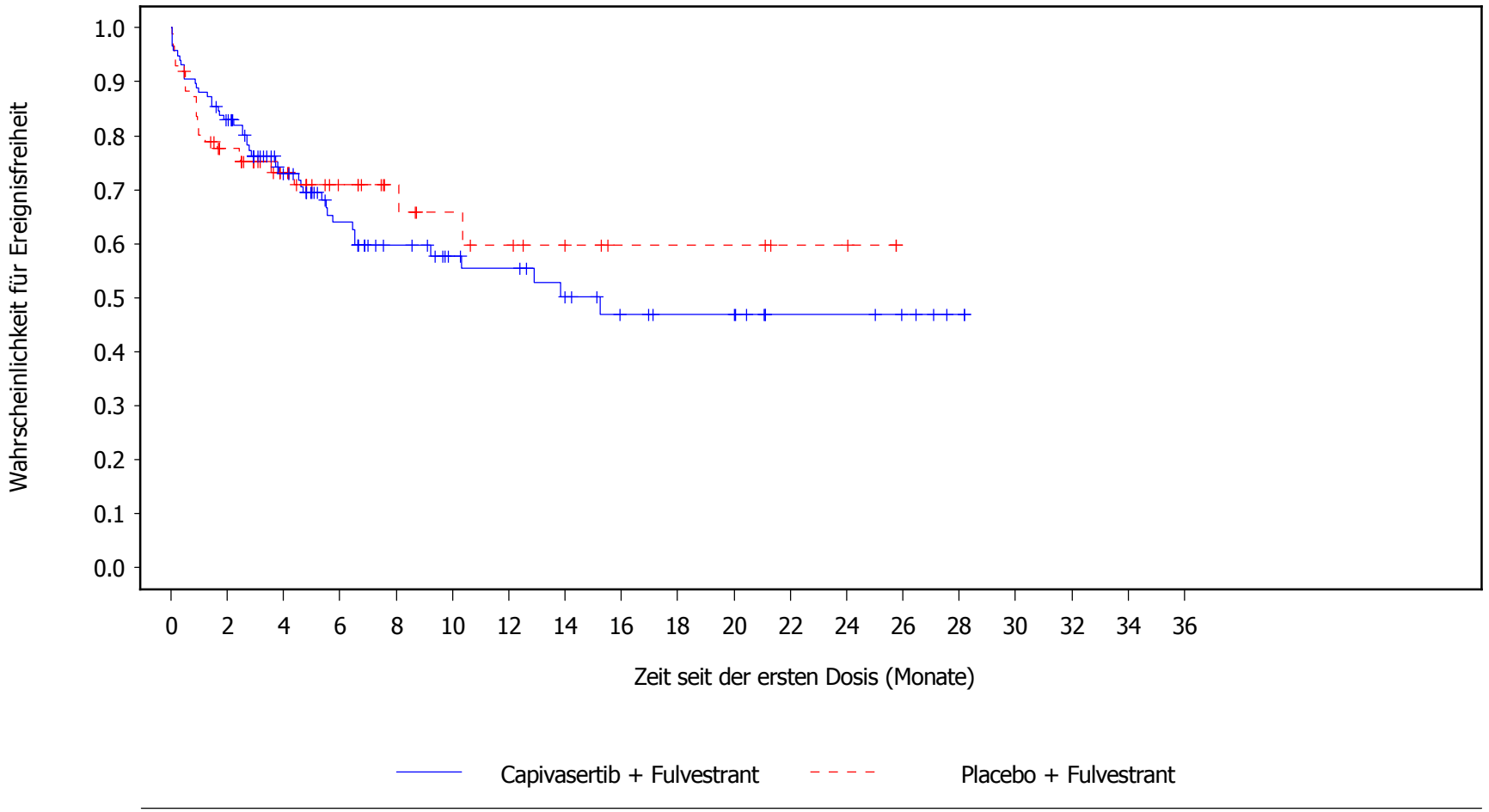
Figure 3.3.1.29 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Psychiatrische Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	87	63	49	36	29	21	16	14	14	9	7	5	3	1	1	0	0	Capivasertib + Fulvestrant
86	73	38	22	17	12	10	7	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

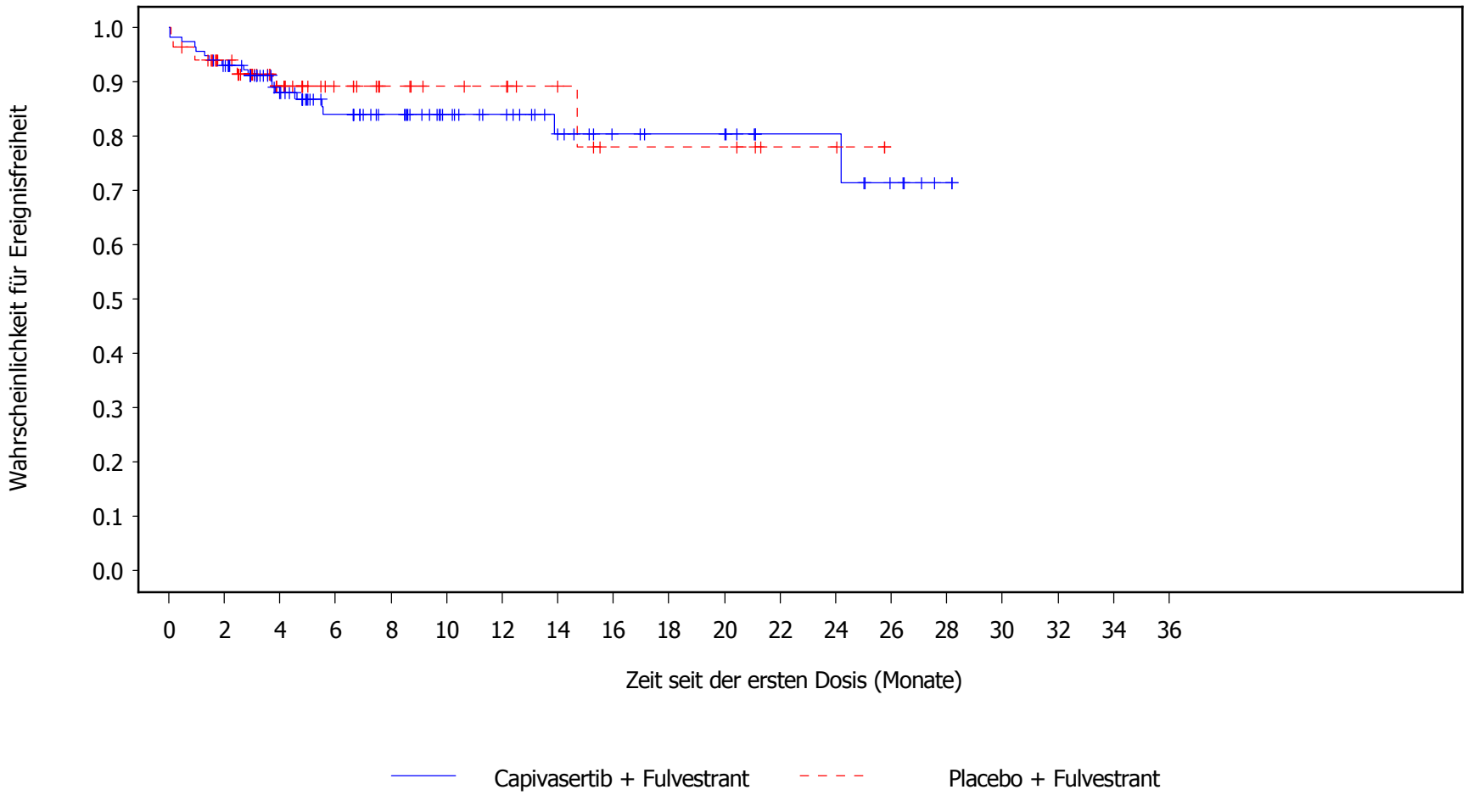
Figure 3.3.1.30 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	95	64	46	32	25	23	18	14	12	12	6	6	4	1	0	0	0	0	Capivasertib + Fulvestrant
86	61	34	20	14	11	9	6	4	4	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

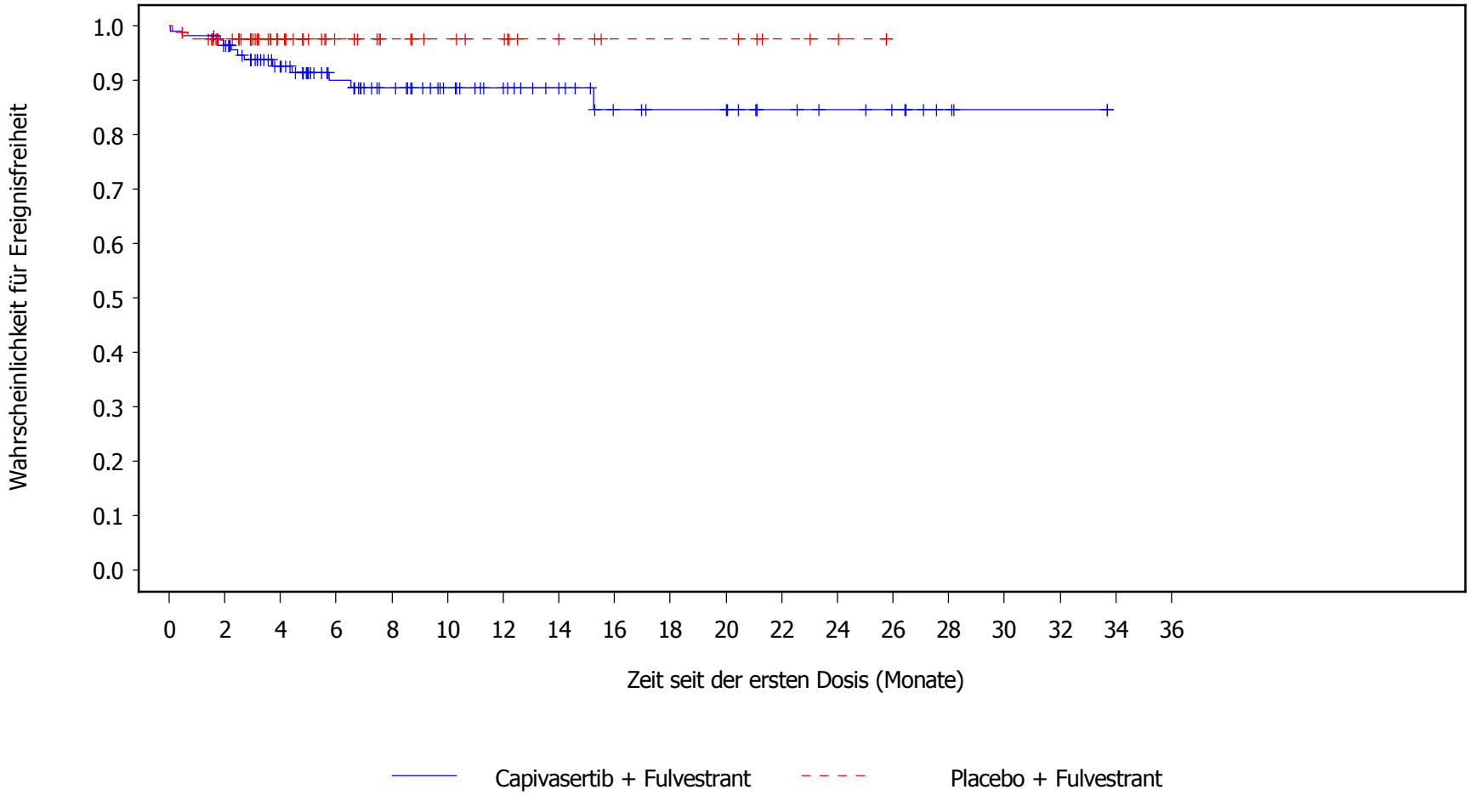
Figure 3.3.1.31 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Arthralgie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	107	79	59	46	35	30	22	17	15	15	9	9	5	1	0	0	0	0	Capivasertib + Fulvestrant
86	72	36	22	16	13	12	8	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

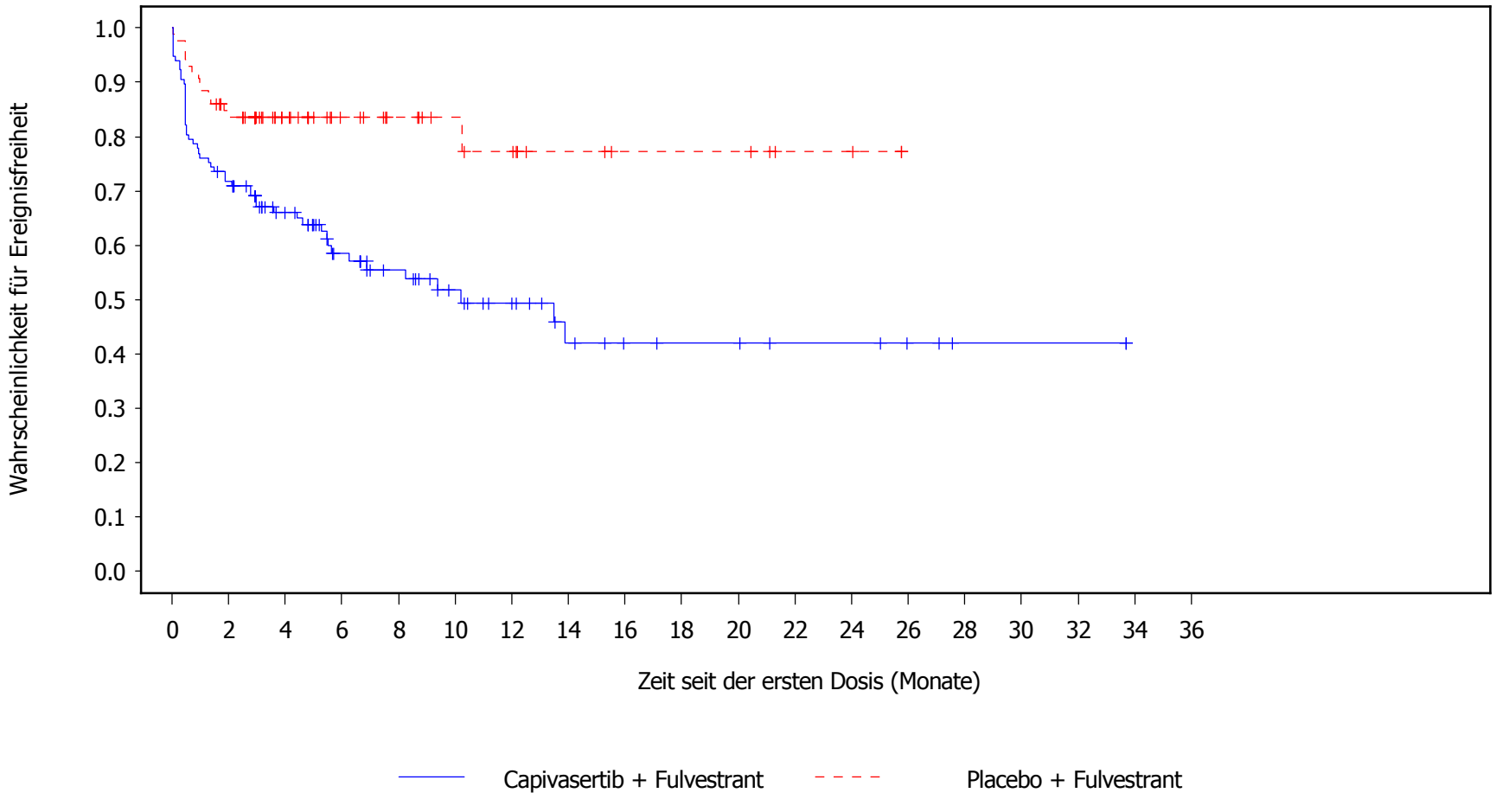
Figure 3.3.1.32 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Schmerz in einer Extremitaet
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	111	84	63	48	38	31	25	19	17	17	11	9	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	75	40	24	18	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

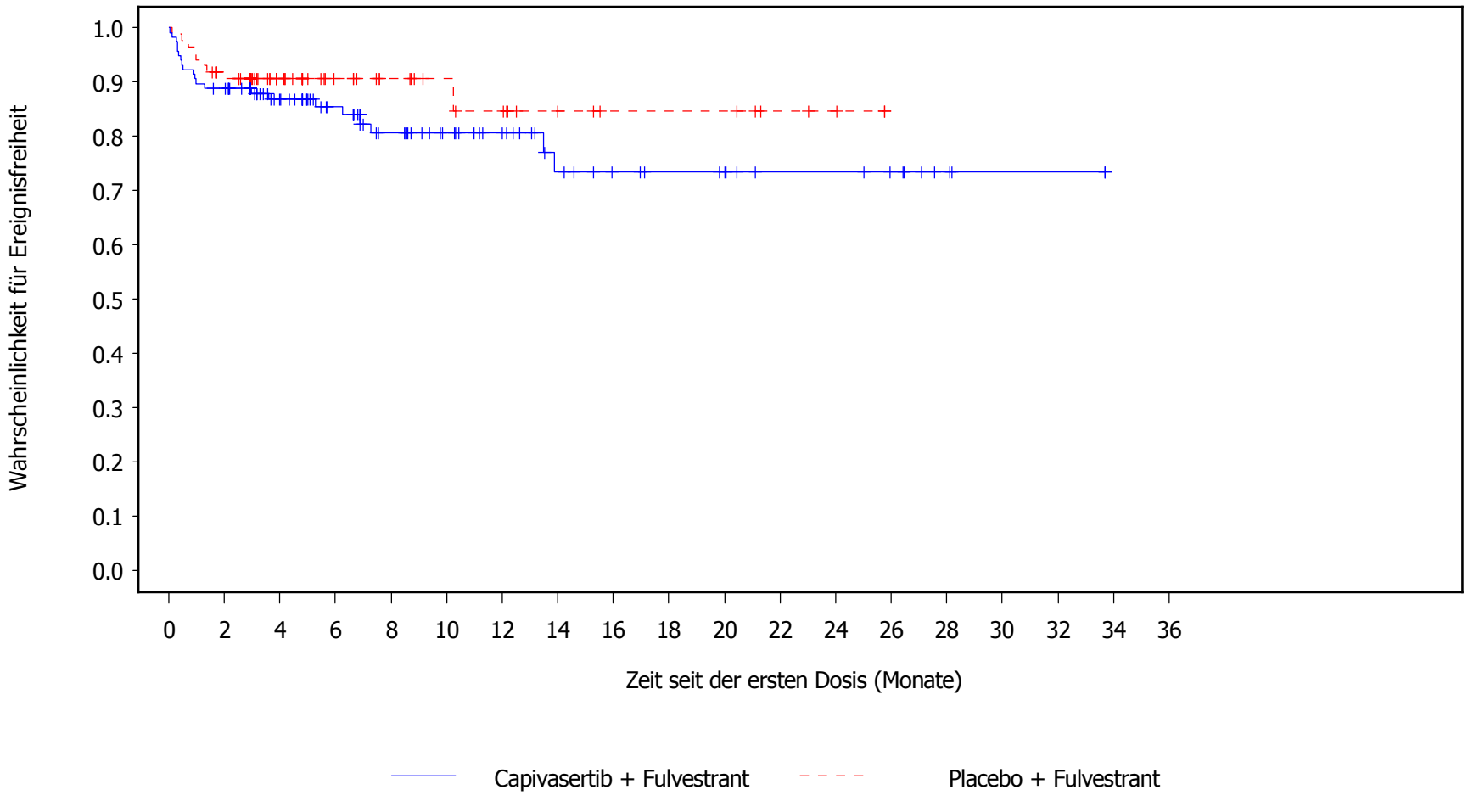
Figure 3.3.1.33 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	83	60	42	31	23	17	11	8	7	7	5	5	3	1	1	1	0	0	Capivasertib + Fulvestrant
86	69	37	22	17	13	11	7	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

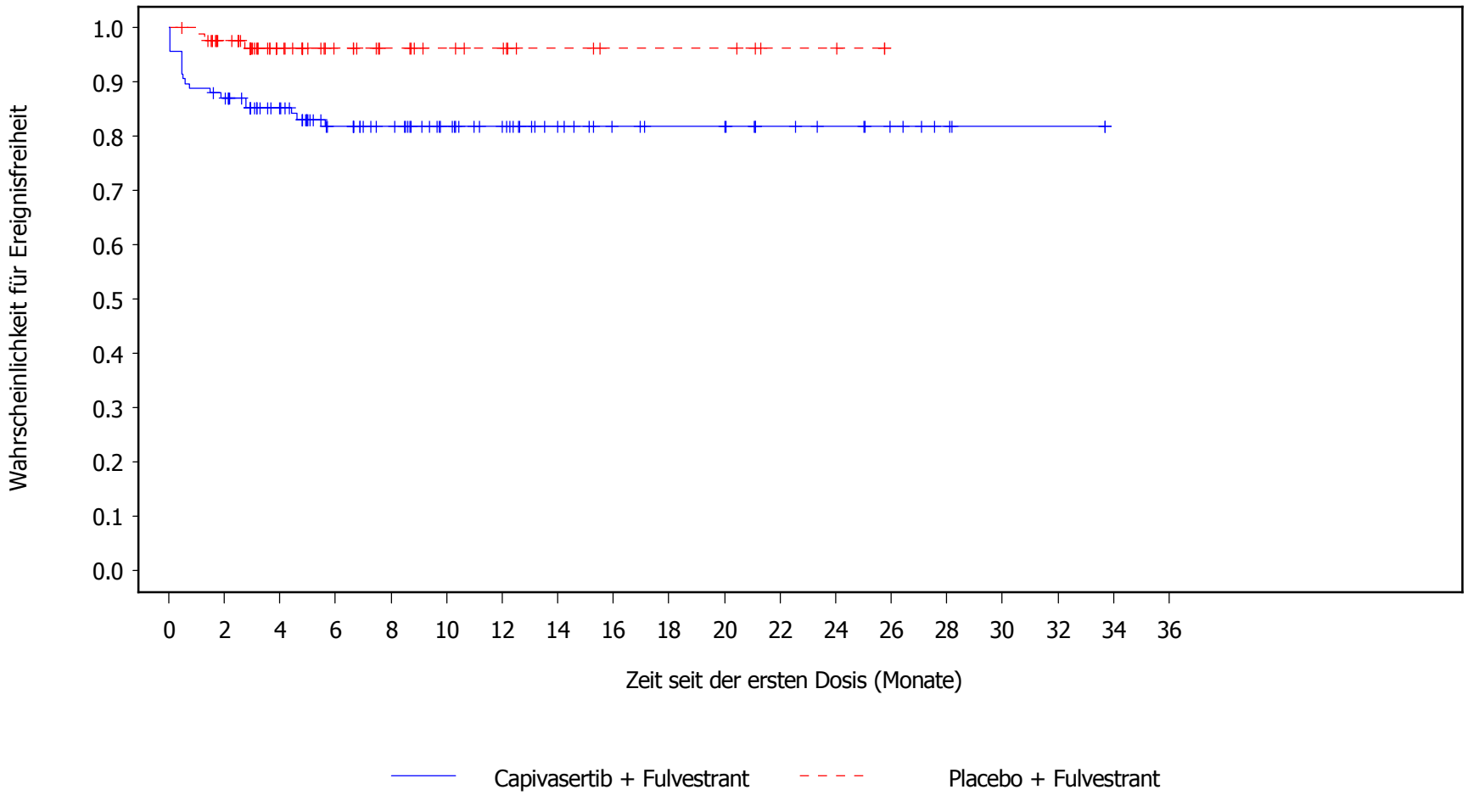
Figure 3.3.1.34 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Appetit vermindert
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	103	78	60	44	35	28	20	16	14	13	9	9	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	75	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

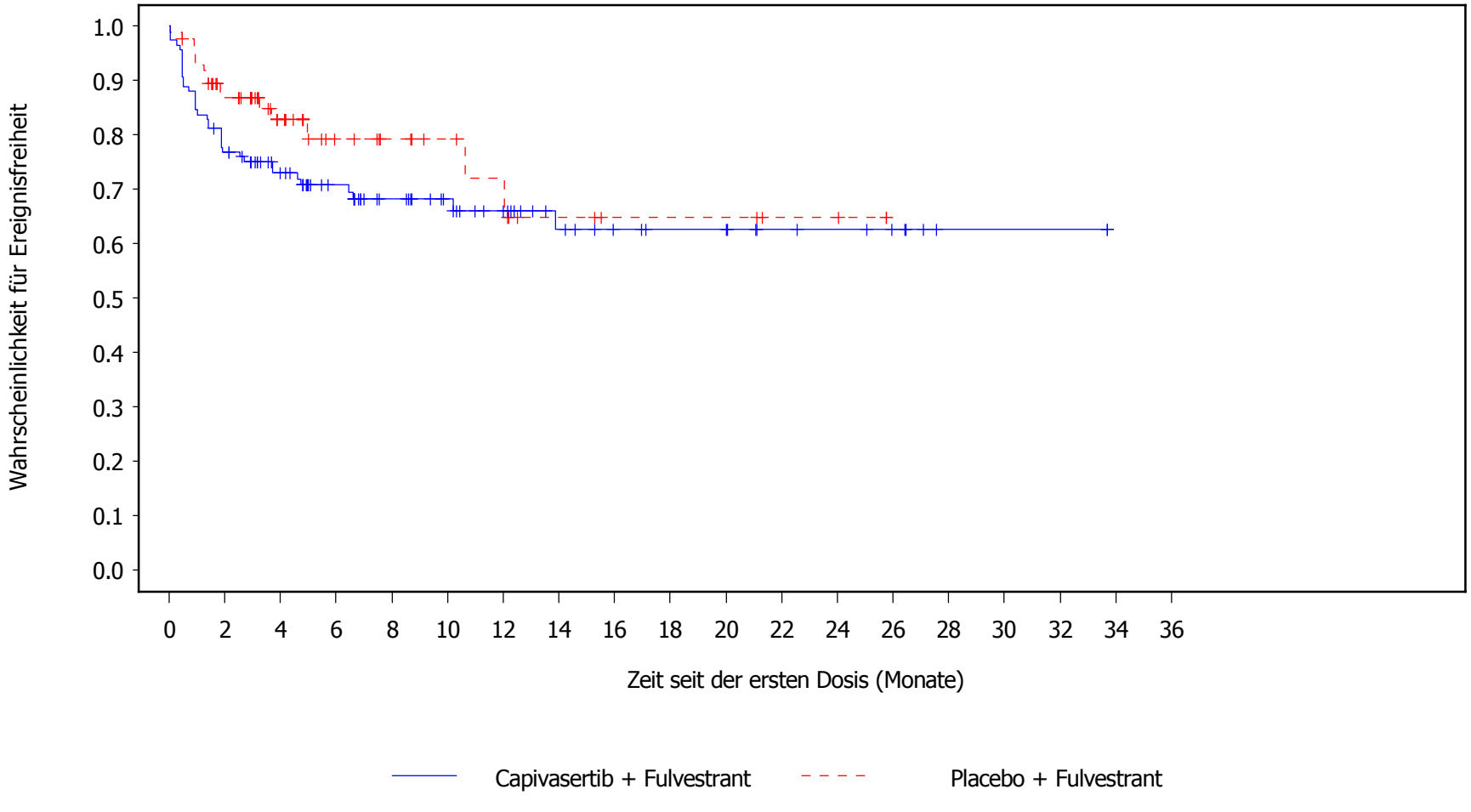
Figure 3.3.1.35 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Hyperglykaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	101	80	60	50	39	32	23	18	16	16	11	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	75	38	23	17	13	11	7	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

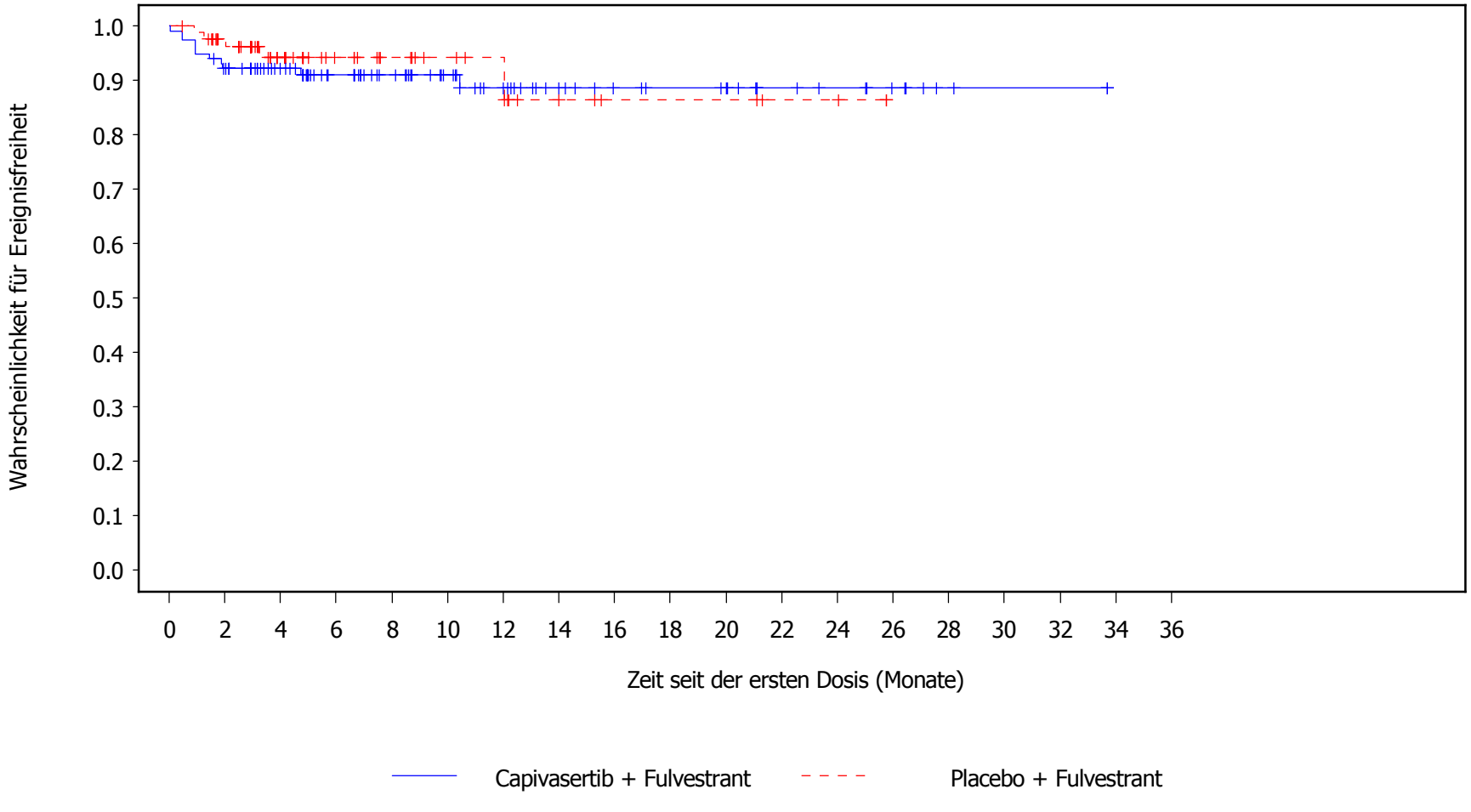
Figure 3.3.1.36 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SOC: Untersuchungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	89	70	53	39	32	25	18	14	12	12	8	7	5	1	1	1	0	0	Capivasertib + Fulvestrant
86	67	35	19	15	12	10	6	4	4	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

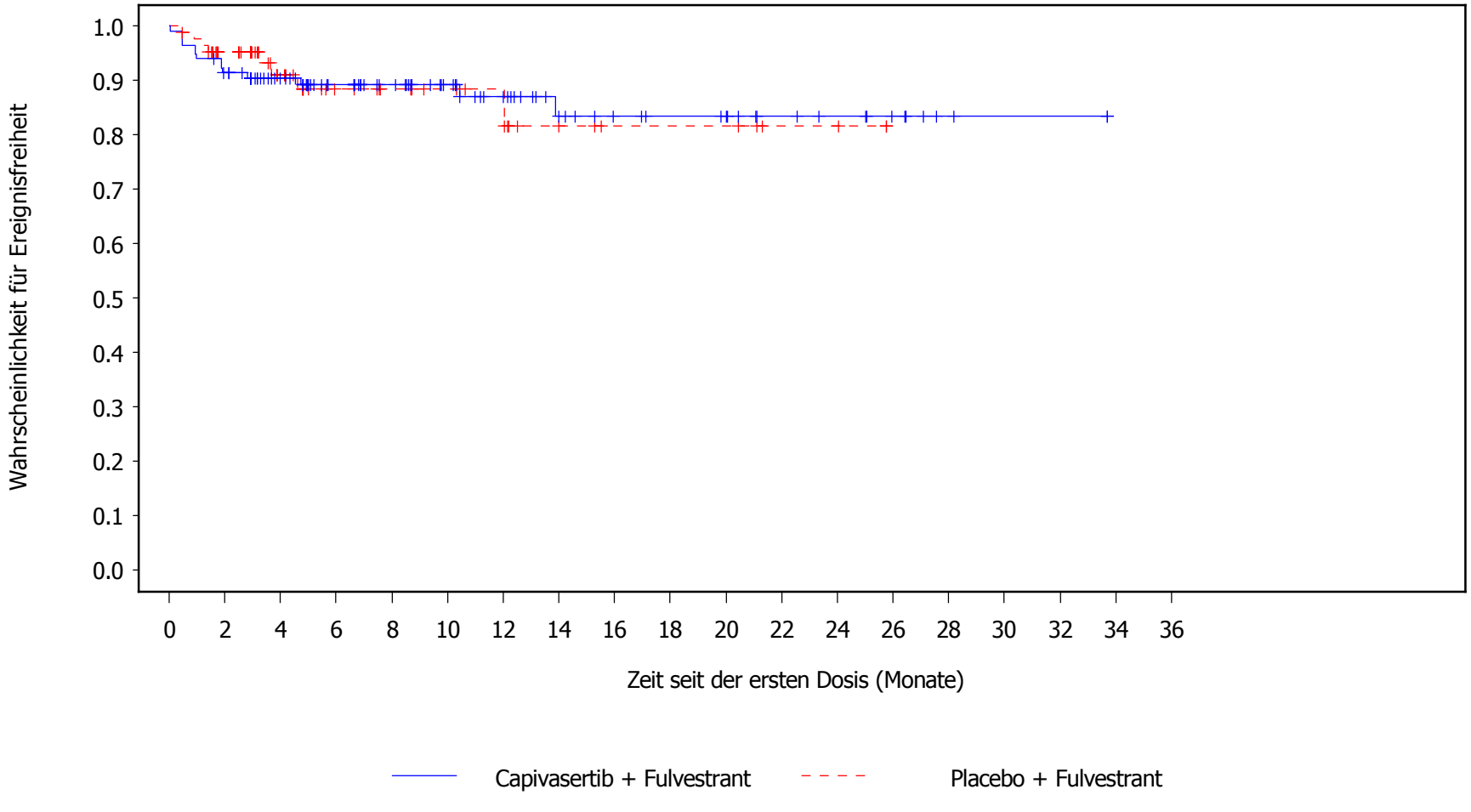
Figure 3.3.1.37 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Alaninaminotransferase erhoeht
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	106	85	65	51	41	32	24	20	18	17	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	75	39	24	18	14	12	6	4	4	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

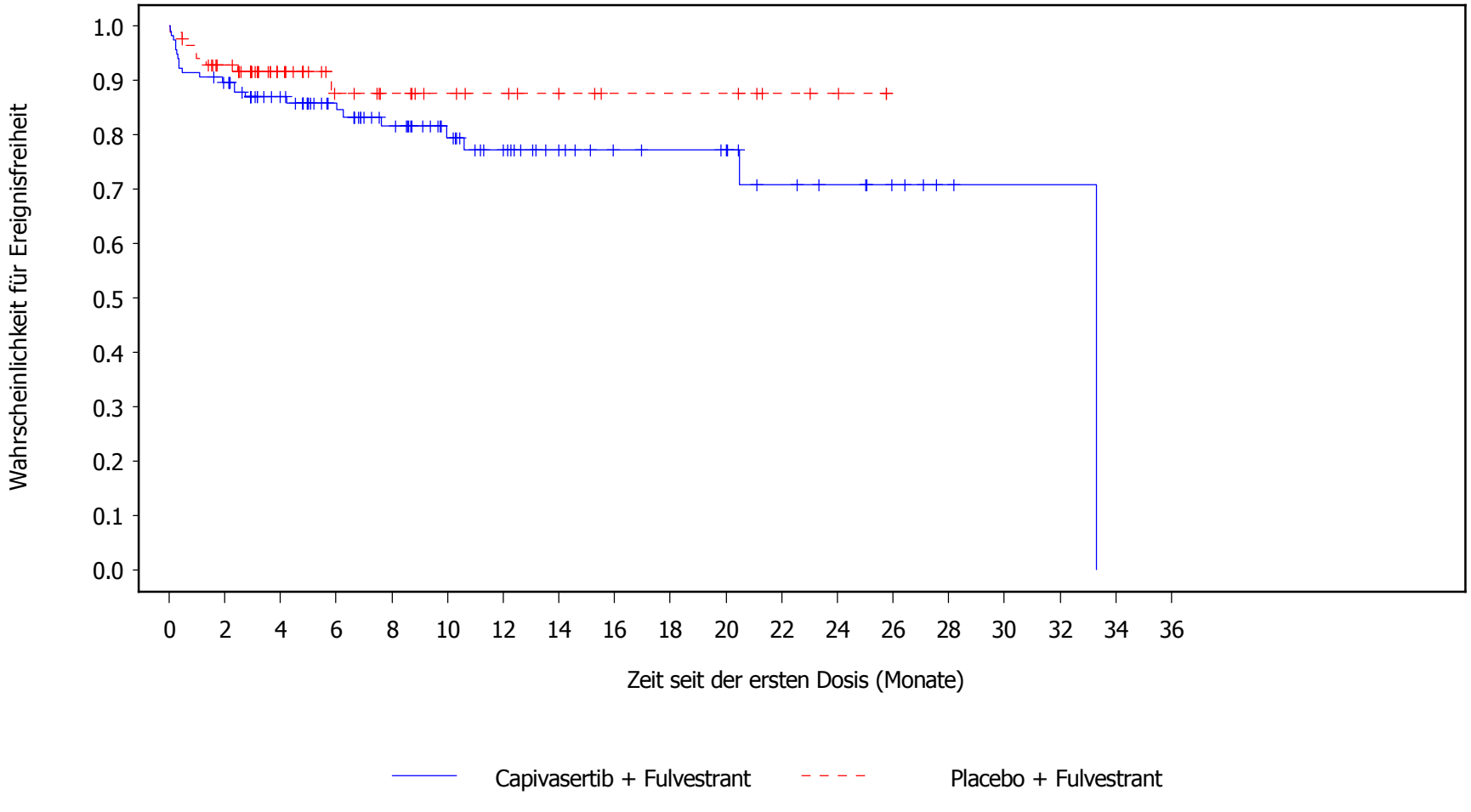
Figure 3.3.1.38 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of PT: Aspartataminotransferase erhoeht
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	105	83	64	51	41	32	23	19	17	16	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	73	38	22	18	15	13	7	5	5	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

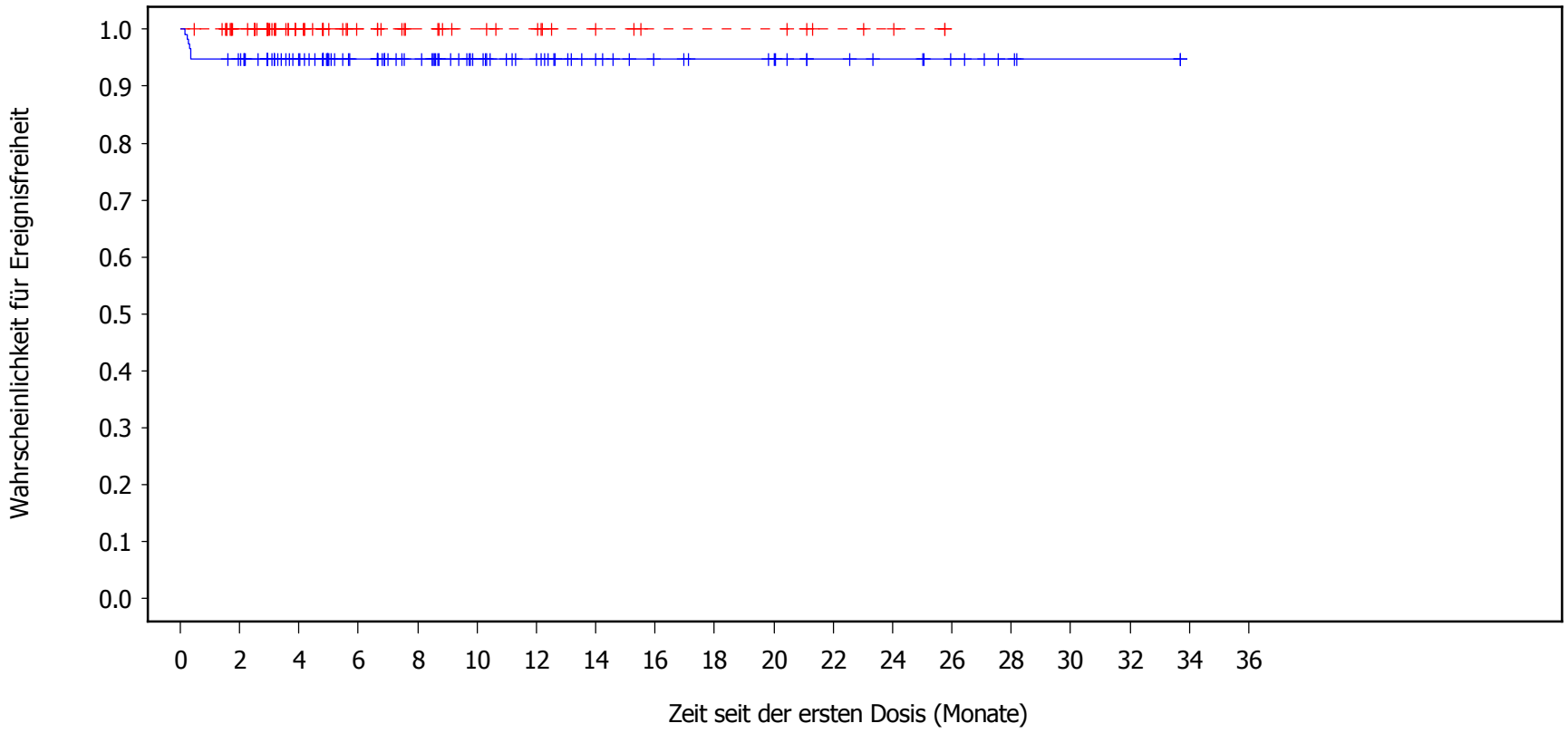
Figure 3.3.1.39 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	103	83	64	50	38	29	21	17	16	15	10	8	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	73	37	21	17	13	11	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

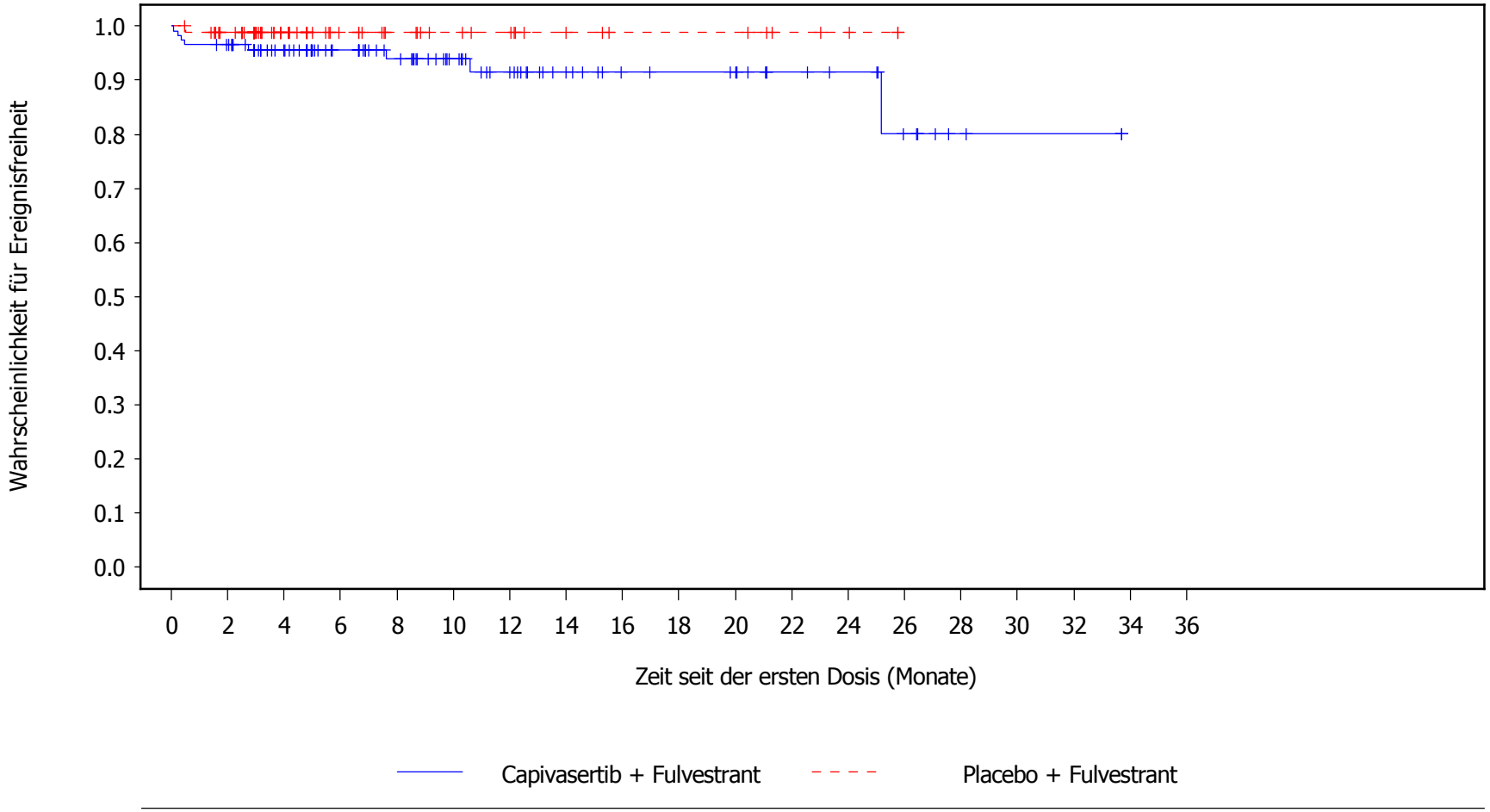
Figure 3.3.1.40 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	87	66	53	40	32	23	19	17	16	11	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

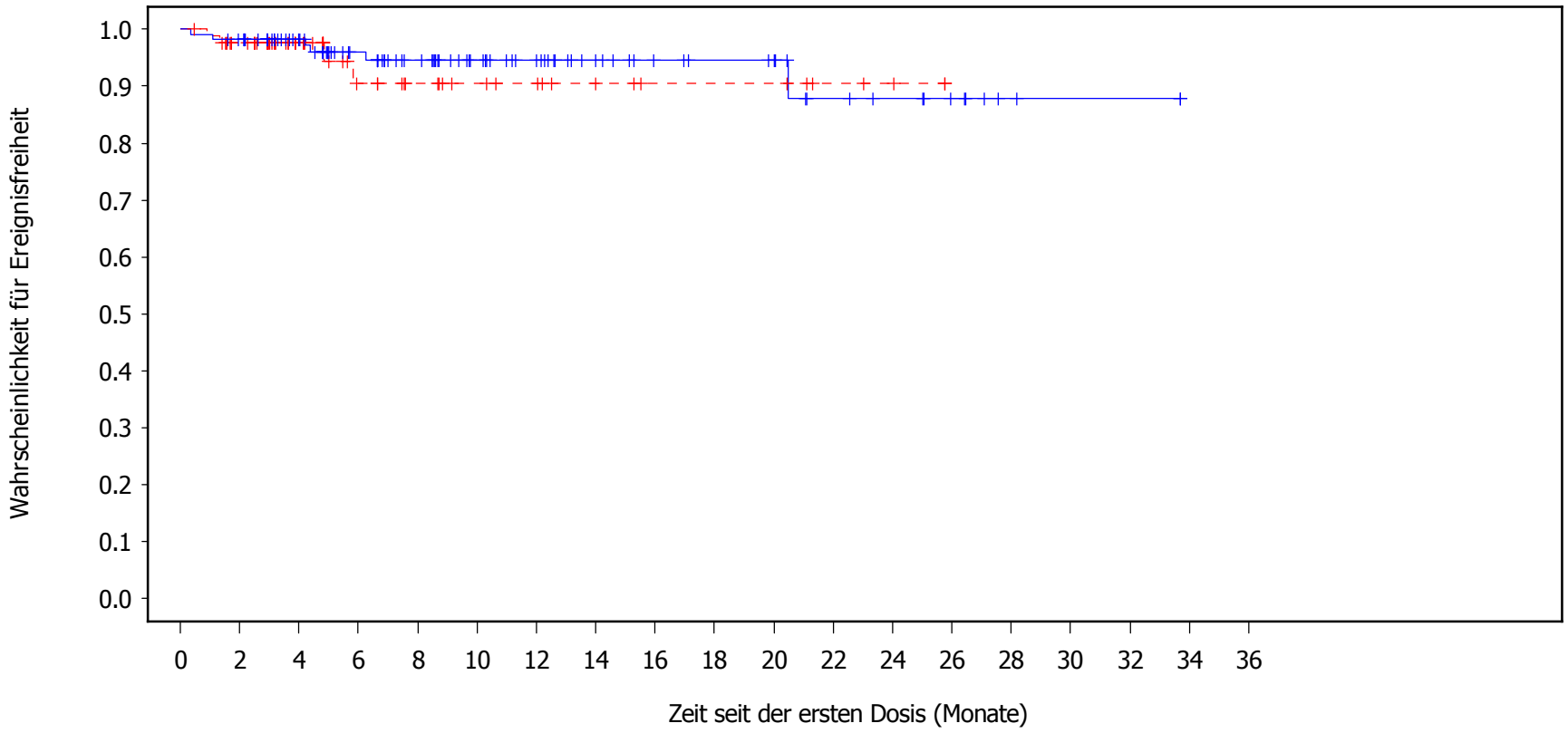
Figure 3.3.1.41 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	111	89	69	55	43	34	25	20	19	18	12	10	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

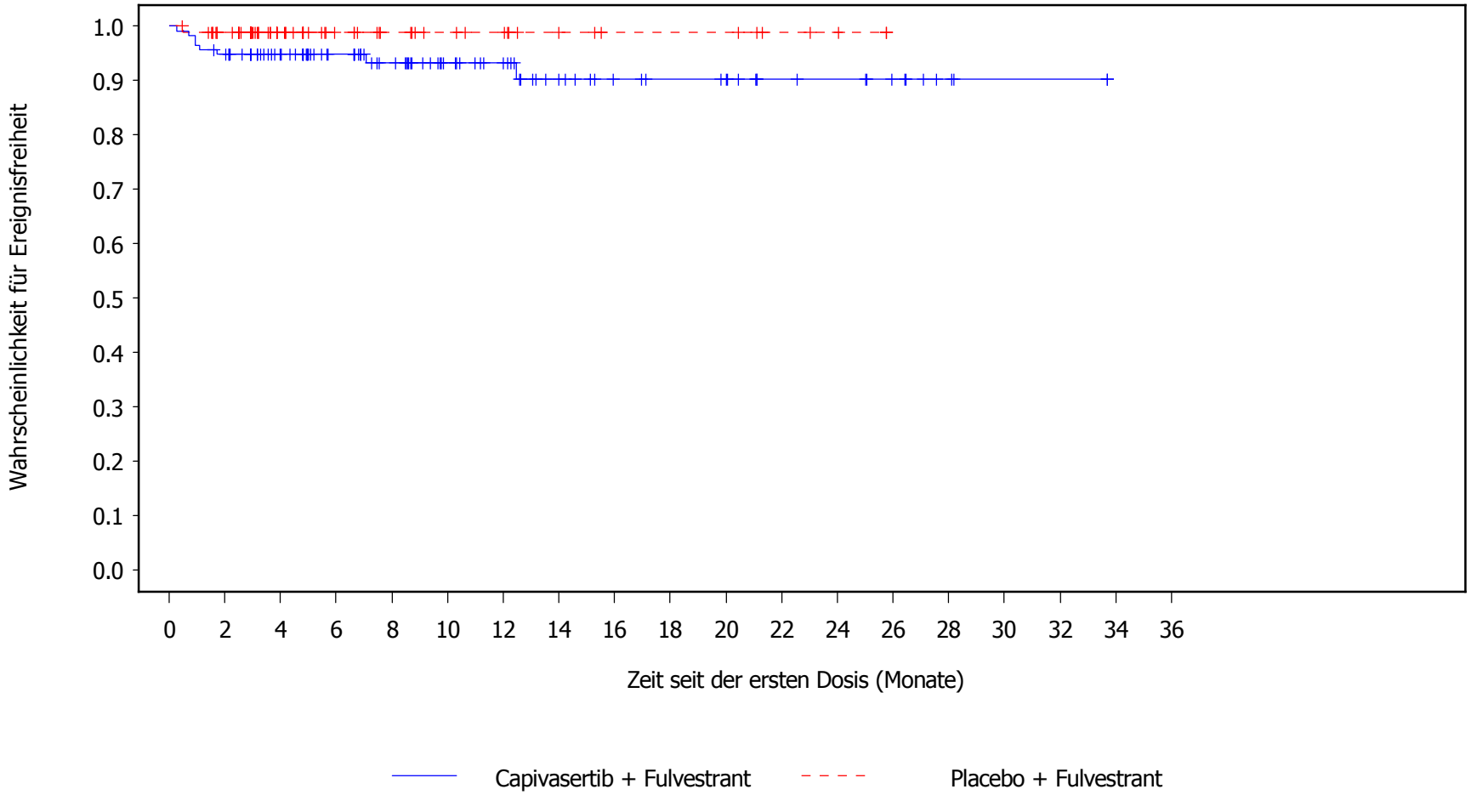
Figure 3.3.1.42 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	113	90	68	54	42	34	25	20	18	17	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	40	23	18	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

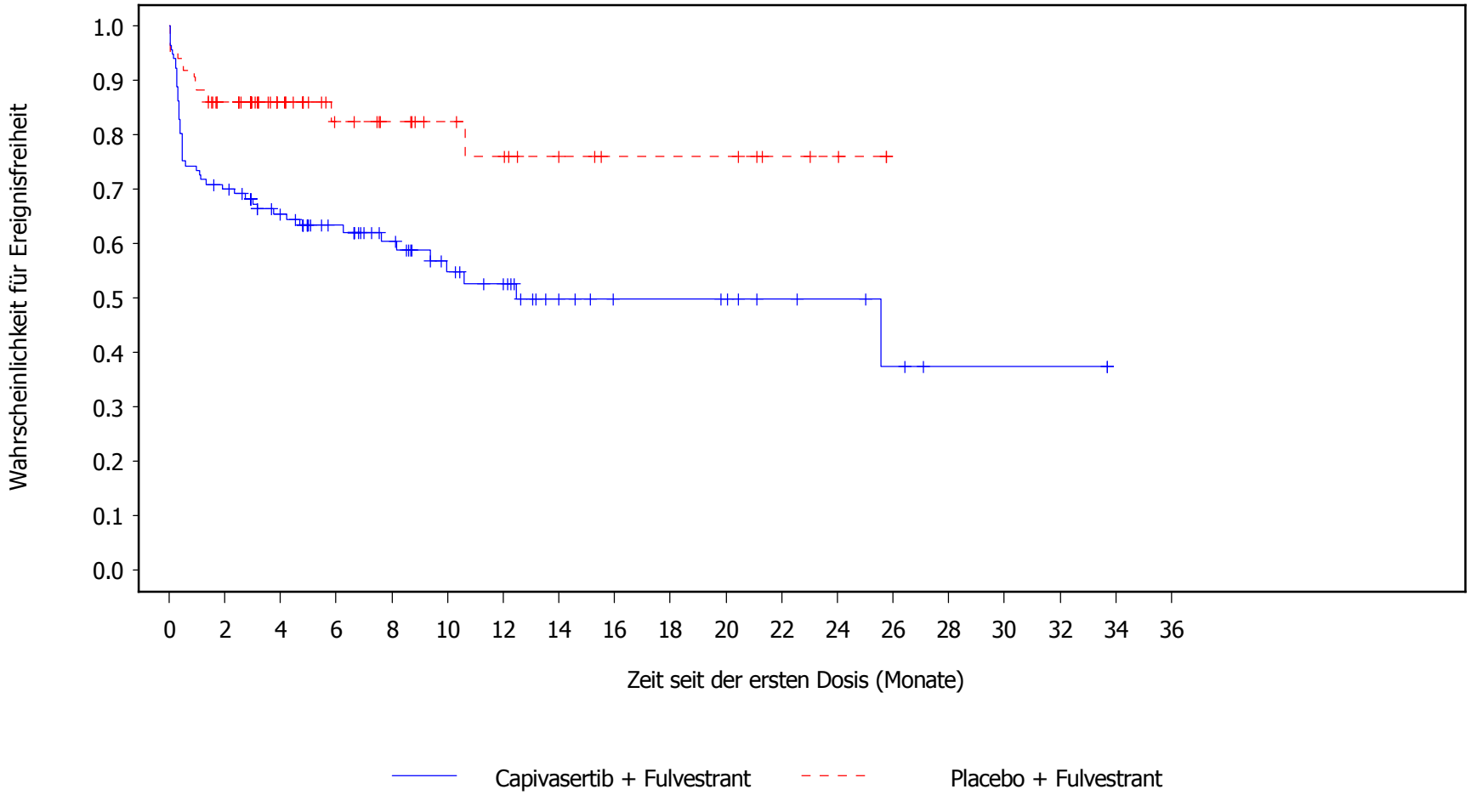
Figure 3.3.1.43 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of Therapieabbruch aufgrund von UE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	90	70	55	42	35	25	20	18	17	11	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

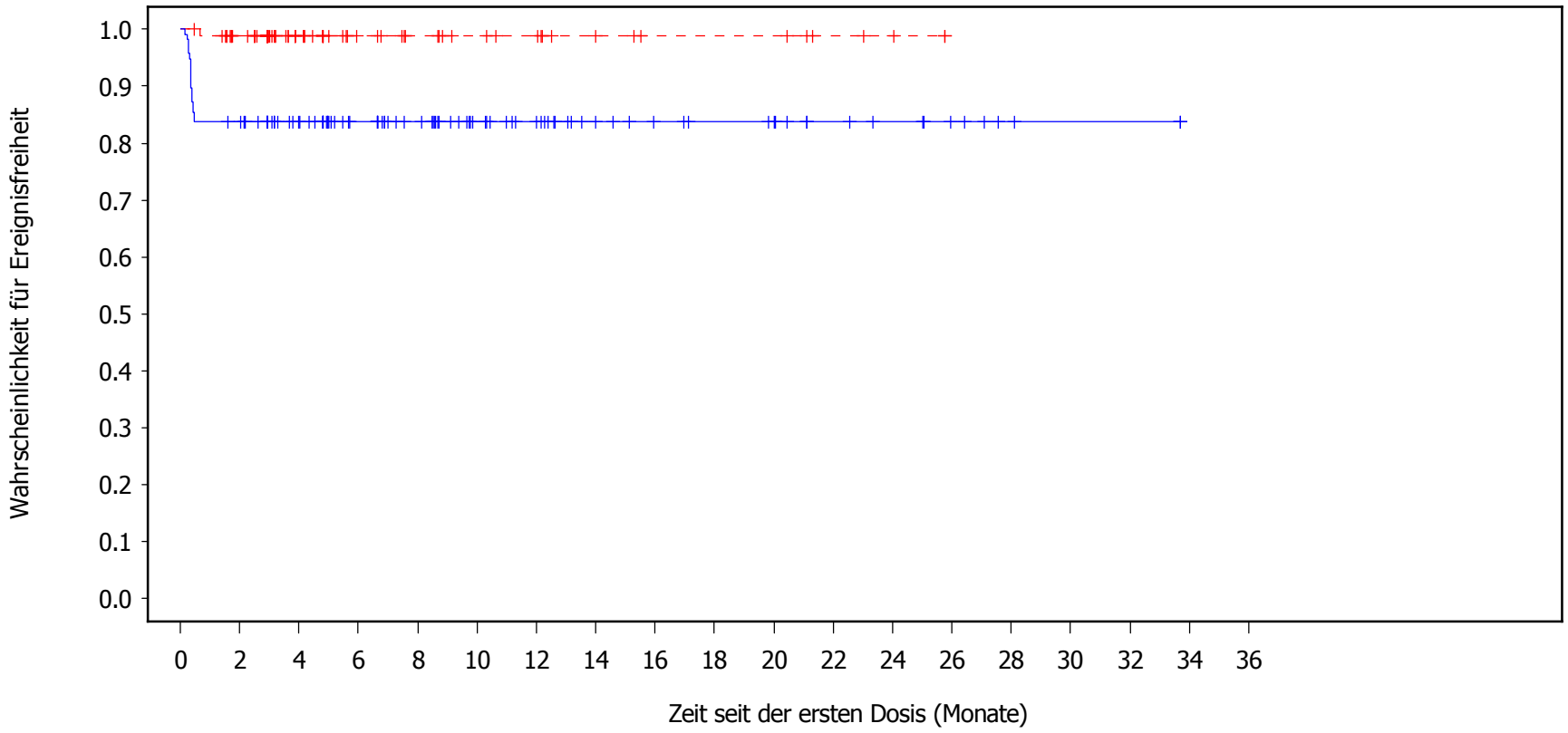
Figure 3.3.1.44 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UE mit CTCAE Grad >=3
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	81	65	49	37	27	22	13	10	10	9	6	5	3	1	1	1	0	0	Capivasertib + Fulvestrant
86	68	38	22	18	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

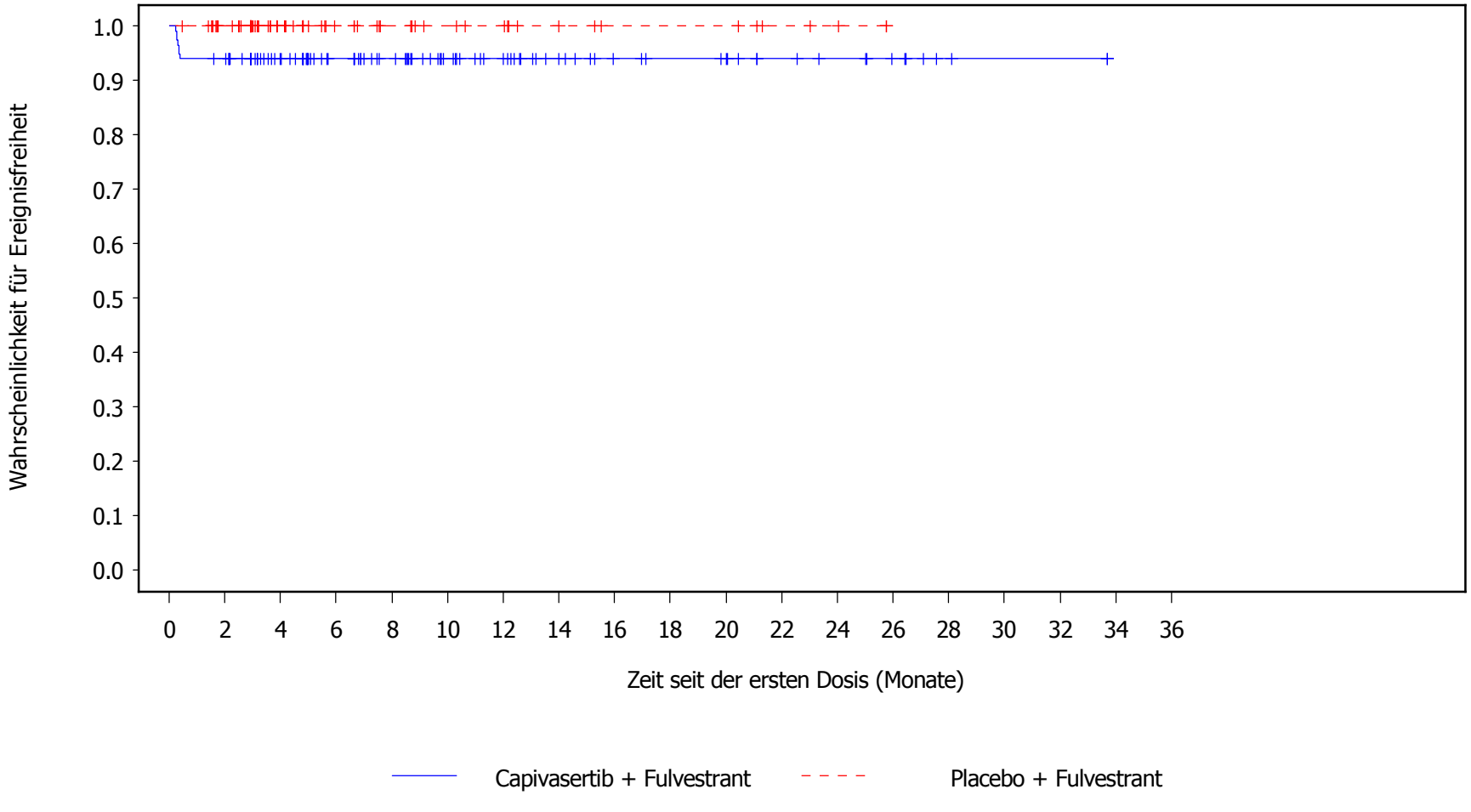
Figure 3.3.1.45 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	97	80	61	50	37	30	21	18	16	15	10	8	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	40	24	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

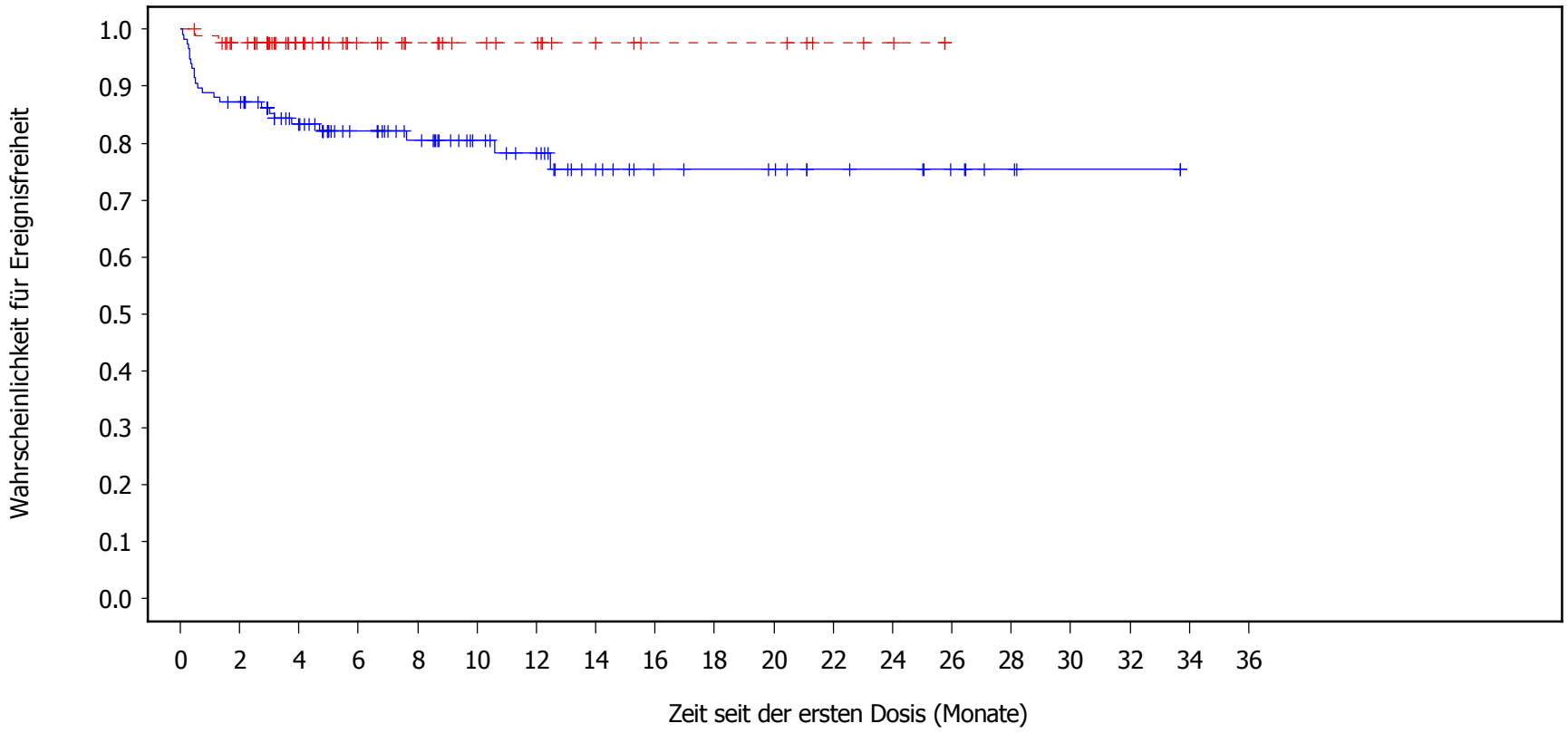
Figure 3.3.1.46 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	86	66	54	41	33	24	19	17	16	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

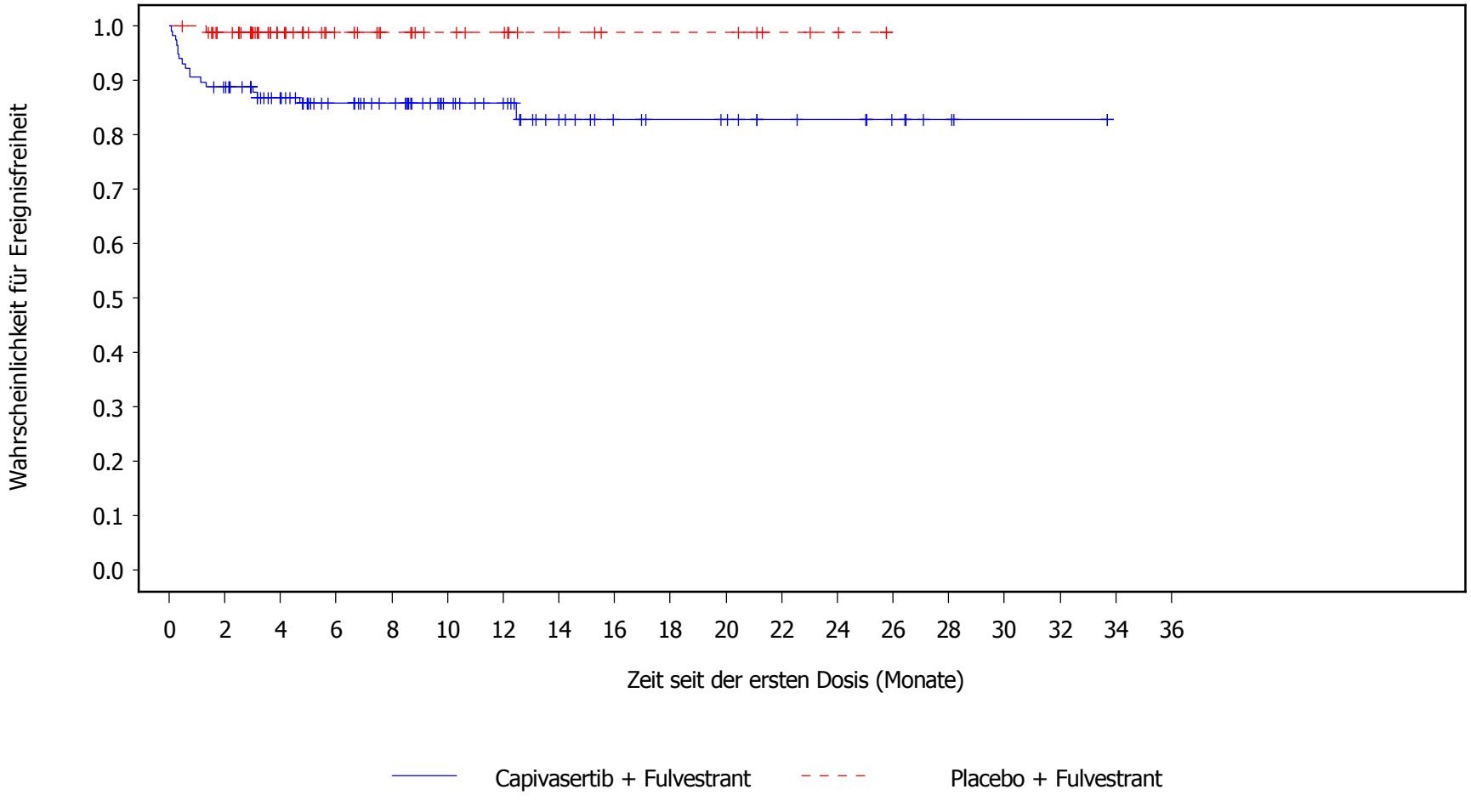
Figure 3.3.1.47 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	101	80	60	48	37	31	21	16	15	14	10	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

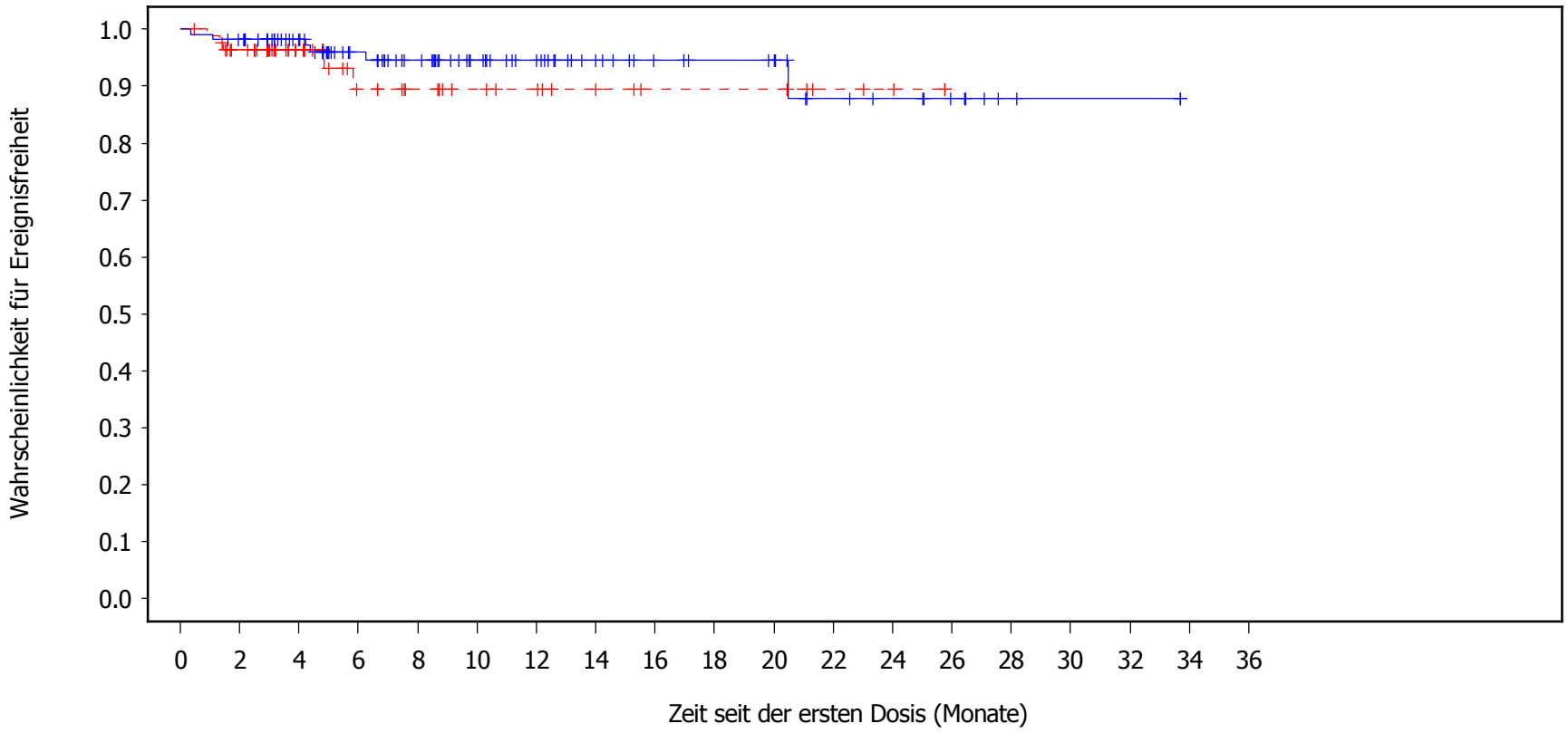
Figure 3.3.1.48 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Diarrhoe
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	102	82	62	51	38	32	22	17	15	14	10	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

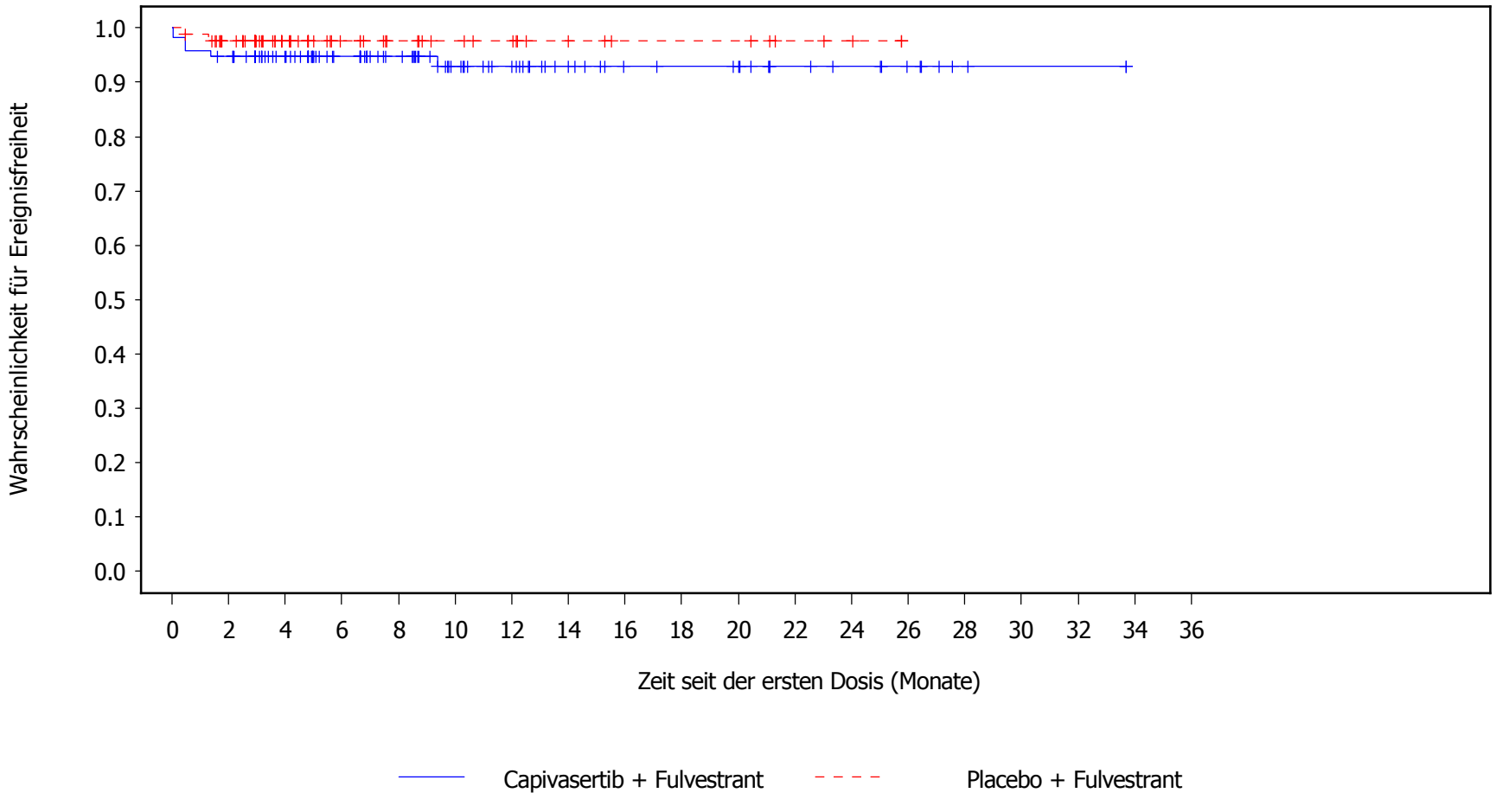
Figure 3.3.1.49 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	113	90	68	54	42	34	25	20	18	17	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	40	23	18	14	12	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

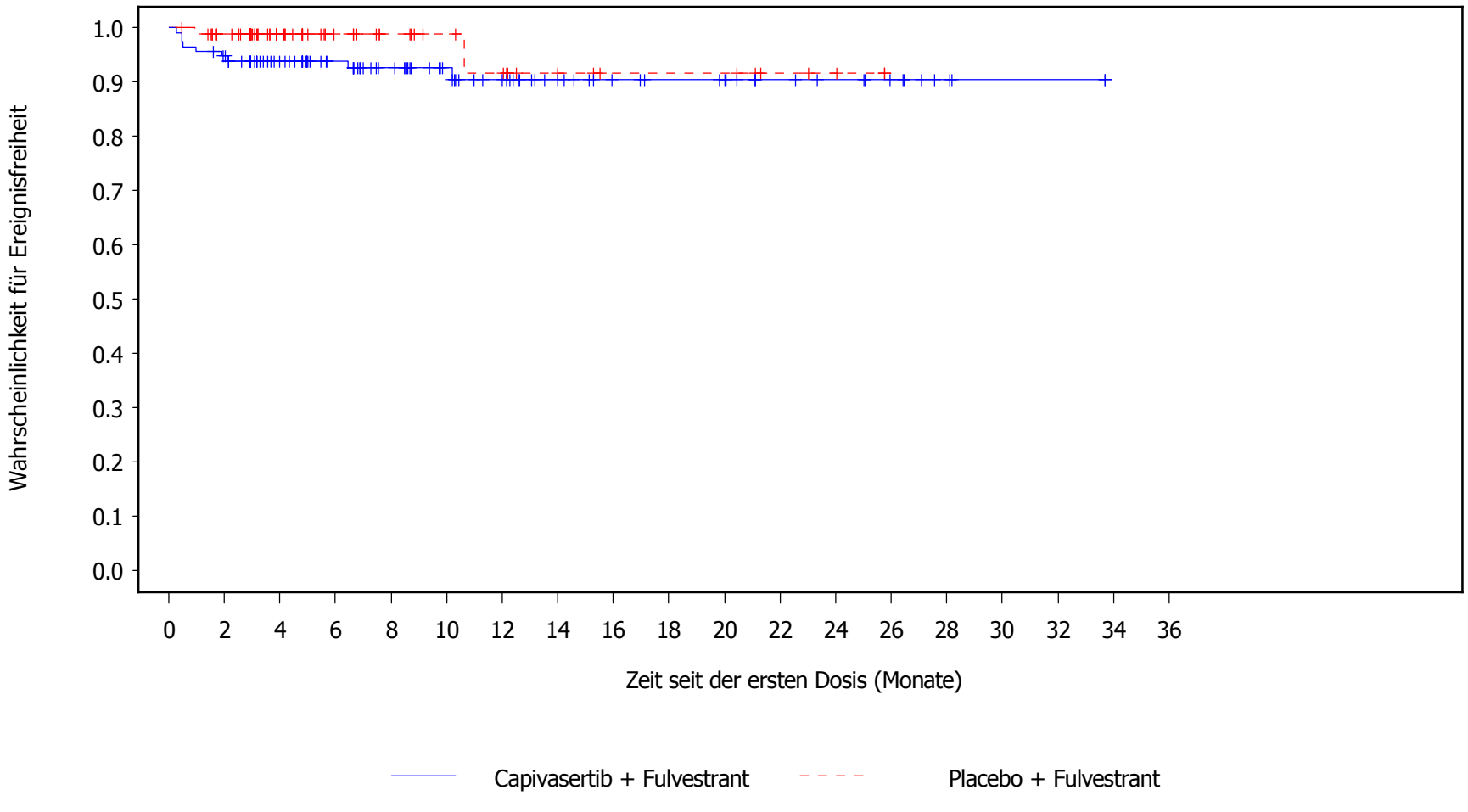
Figure 3.3.1.50 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	90	69	55	41	33	24	19	18	17	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

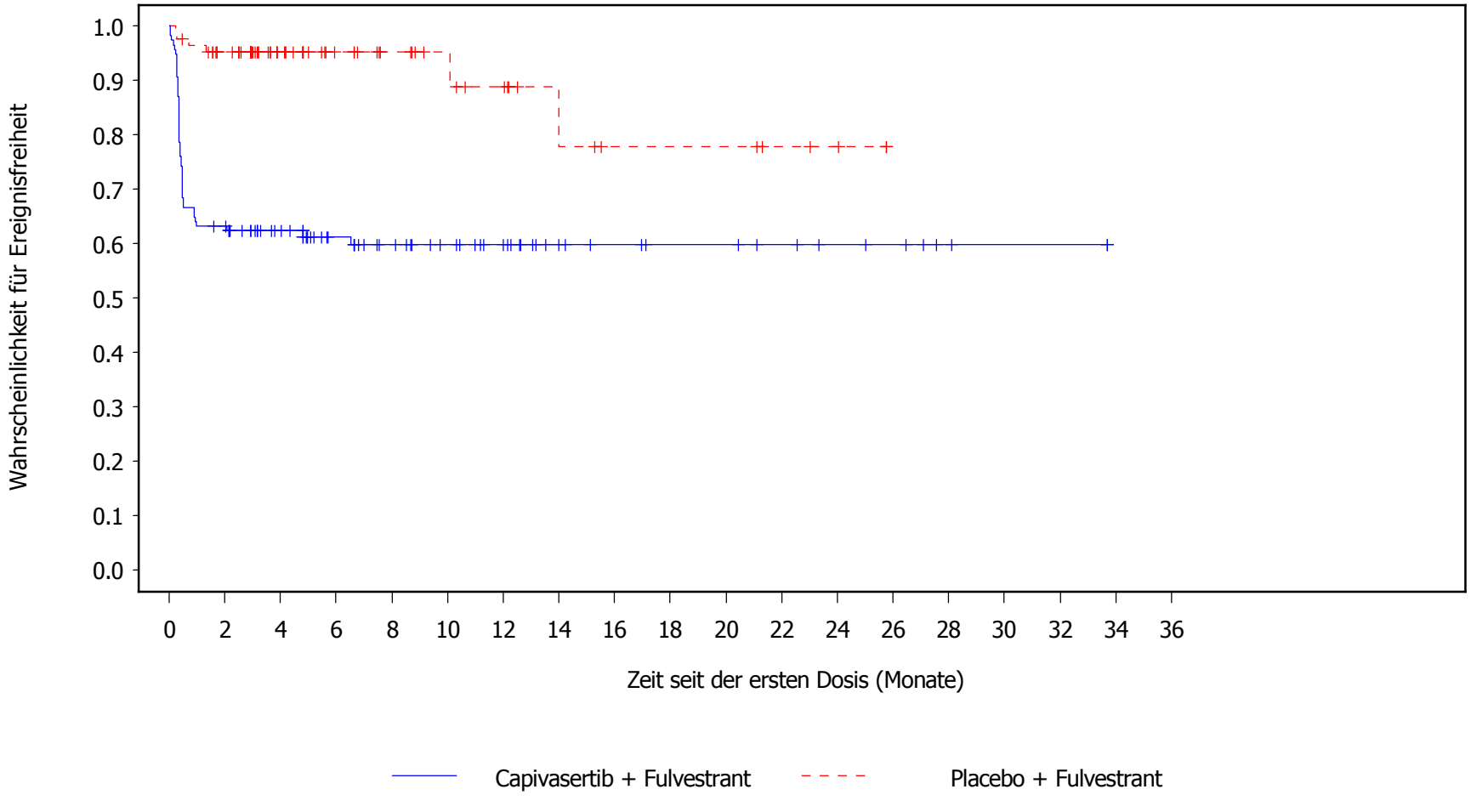
Figure 3.3.1.51 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Untersuchungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	109	87	68	54	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

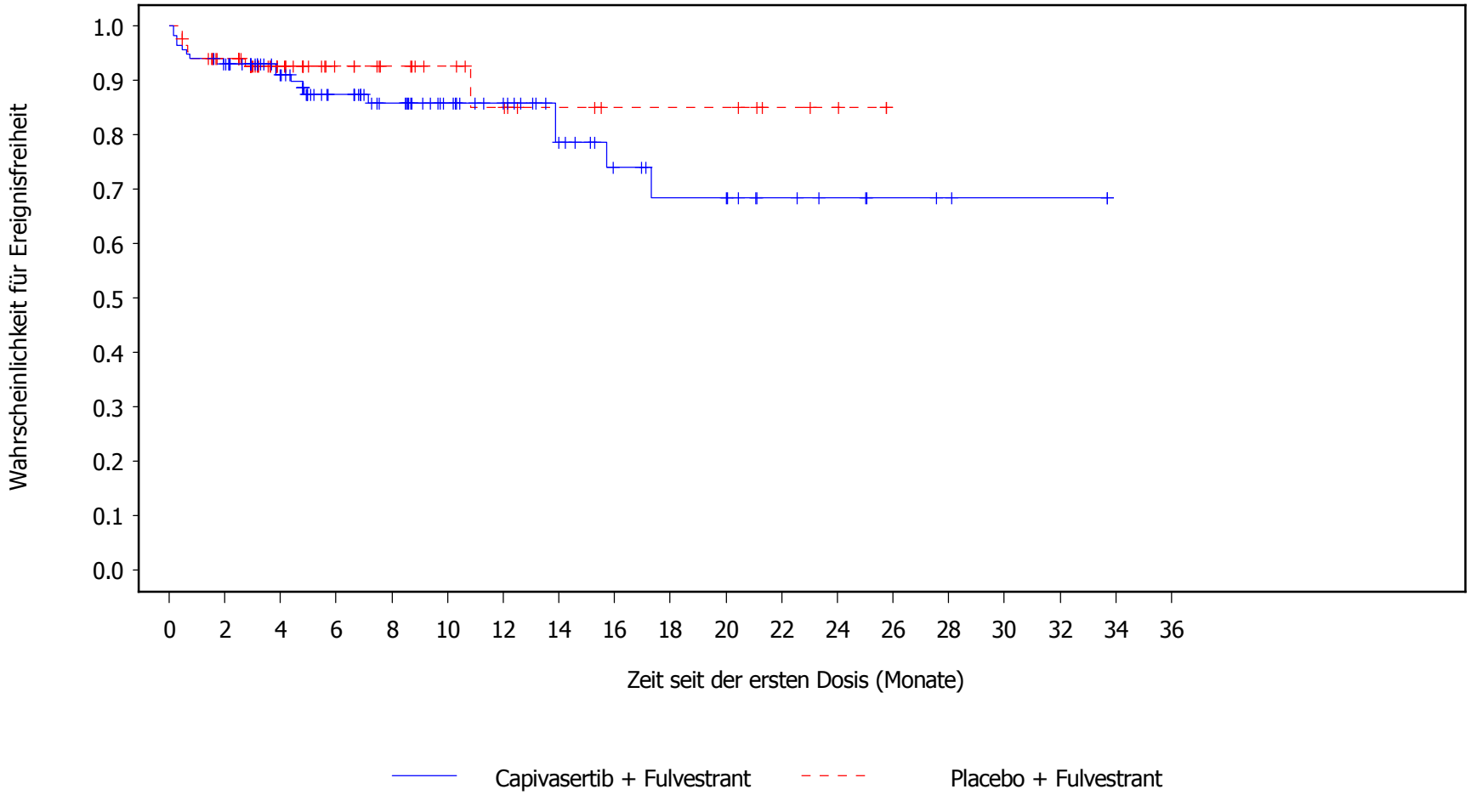
Figure 3.3.1.52 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	73	58	43	34	28	22	14	12	10	10	8	6	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	75	41	25	19	15	12	7	5	5	5	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

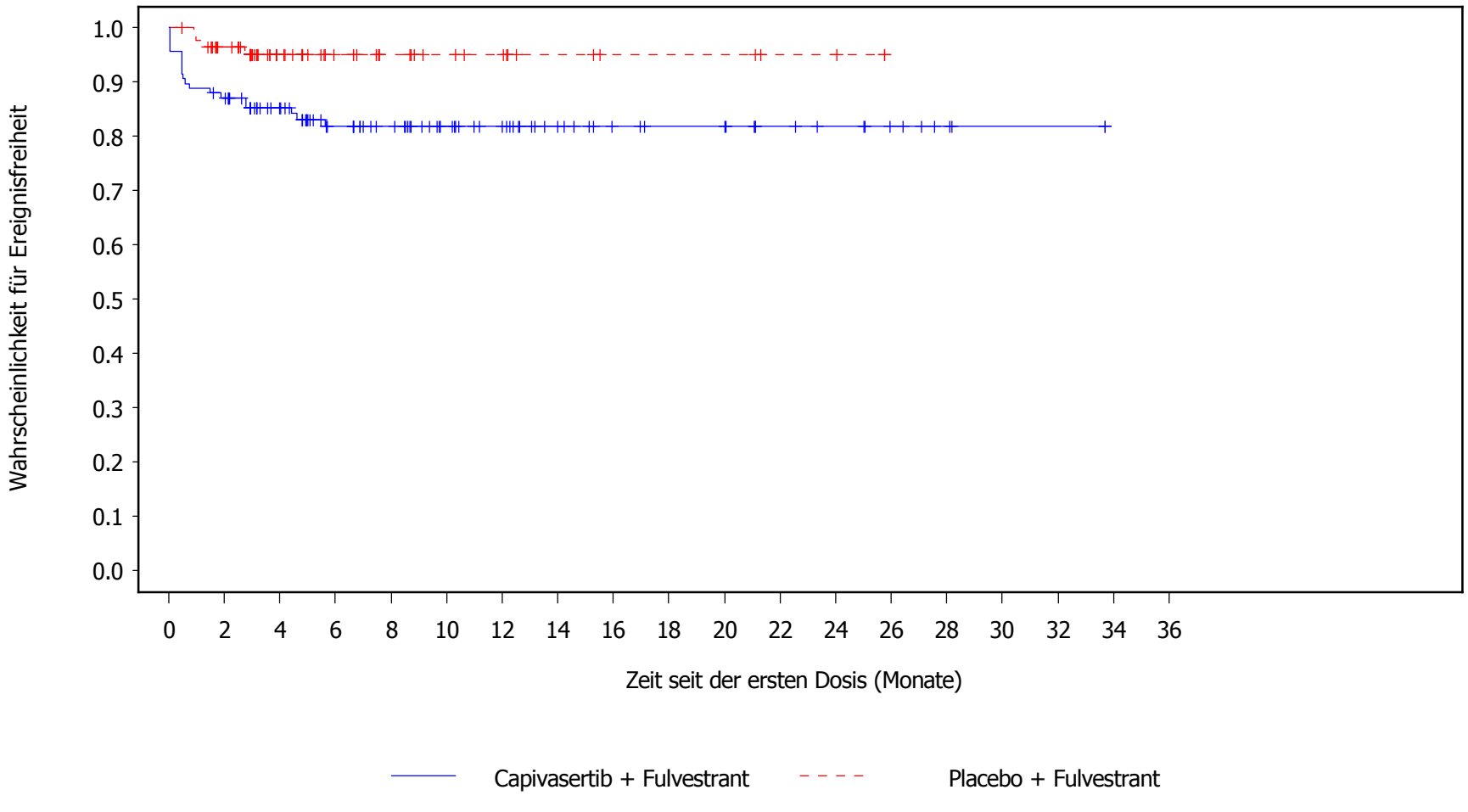
Figure 3.3.1.53 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	107	84	62	48	37	30	21	15	12	12	7	5	3	2	1	1	0	0	Capivasertib + Fulvestrant
86	74	39	23	18	14	11	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

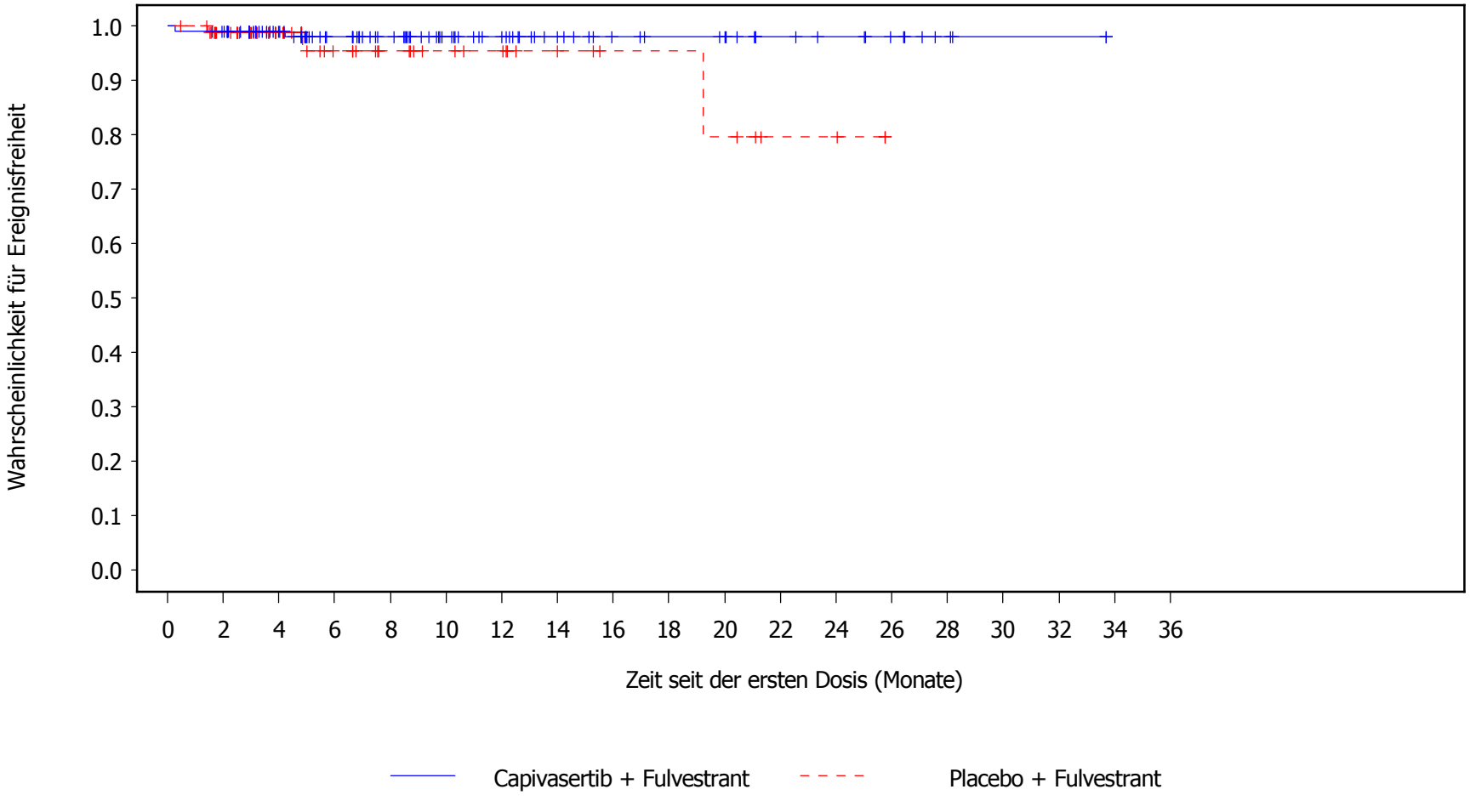
Figure 3.3.1.54 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	101	80	60	50	39	32	23	18	16	16	11	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	74	37	22	16	12	10	6	4	4	4	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

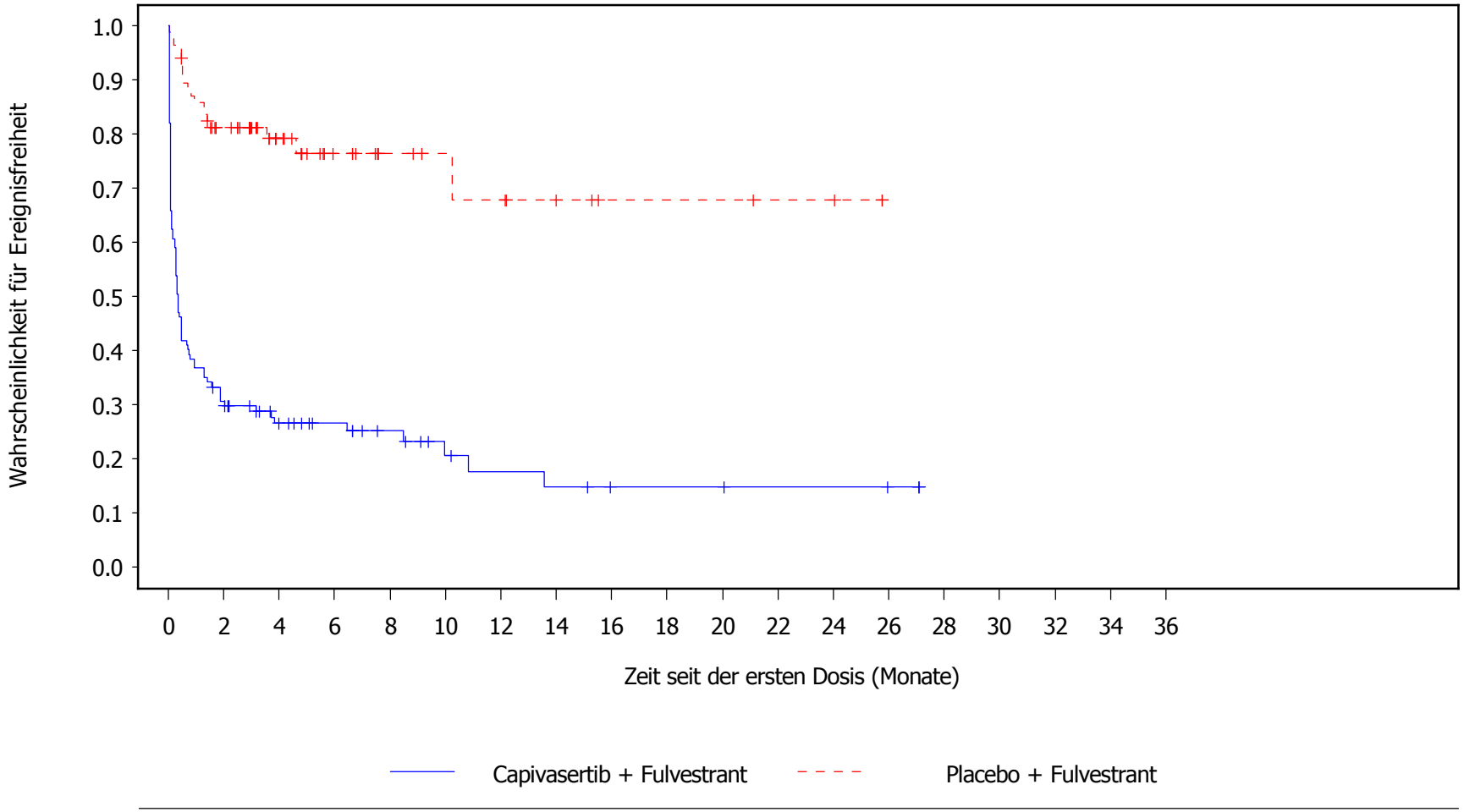
Figure 3.3.1.55 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	114	90	69	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	5	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

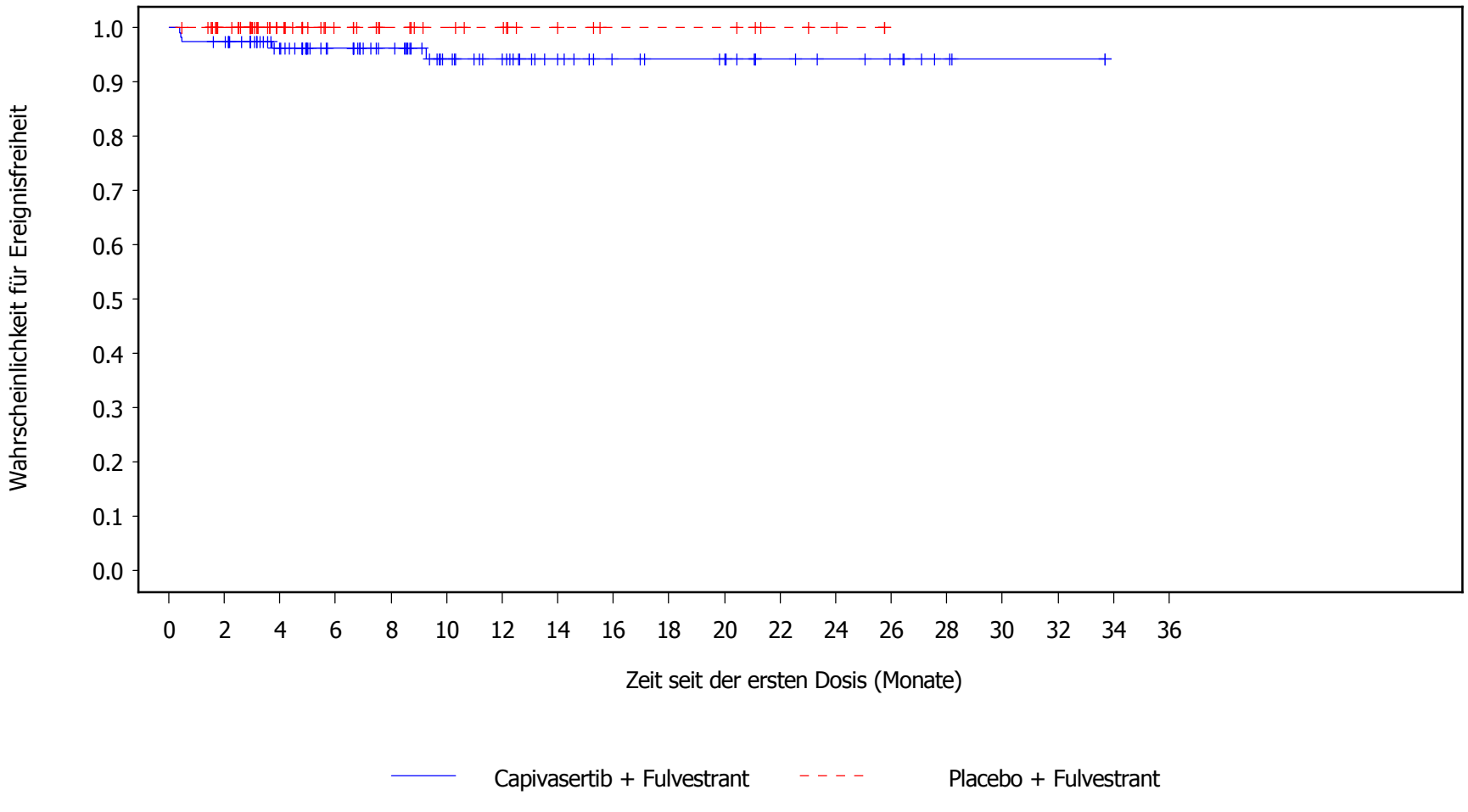
Figure 3.3.1.56 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	35	23	18	13	8	6	5	3	3	3	2	2	1	0	0	0	0	0	Capivasertib + Fulvestrant
86	63	32	17	11	9	8	5	3	3	3	2	2	0	0	0	0	0	0	Placebo + Fulvestrant

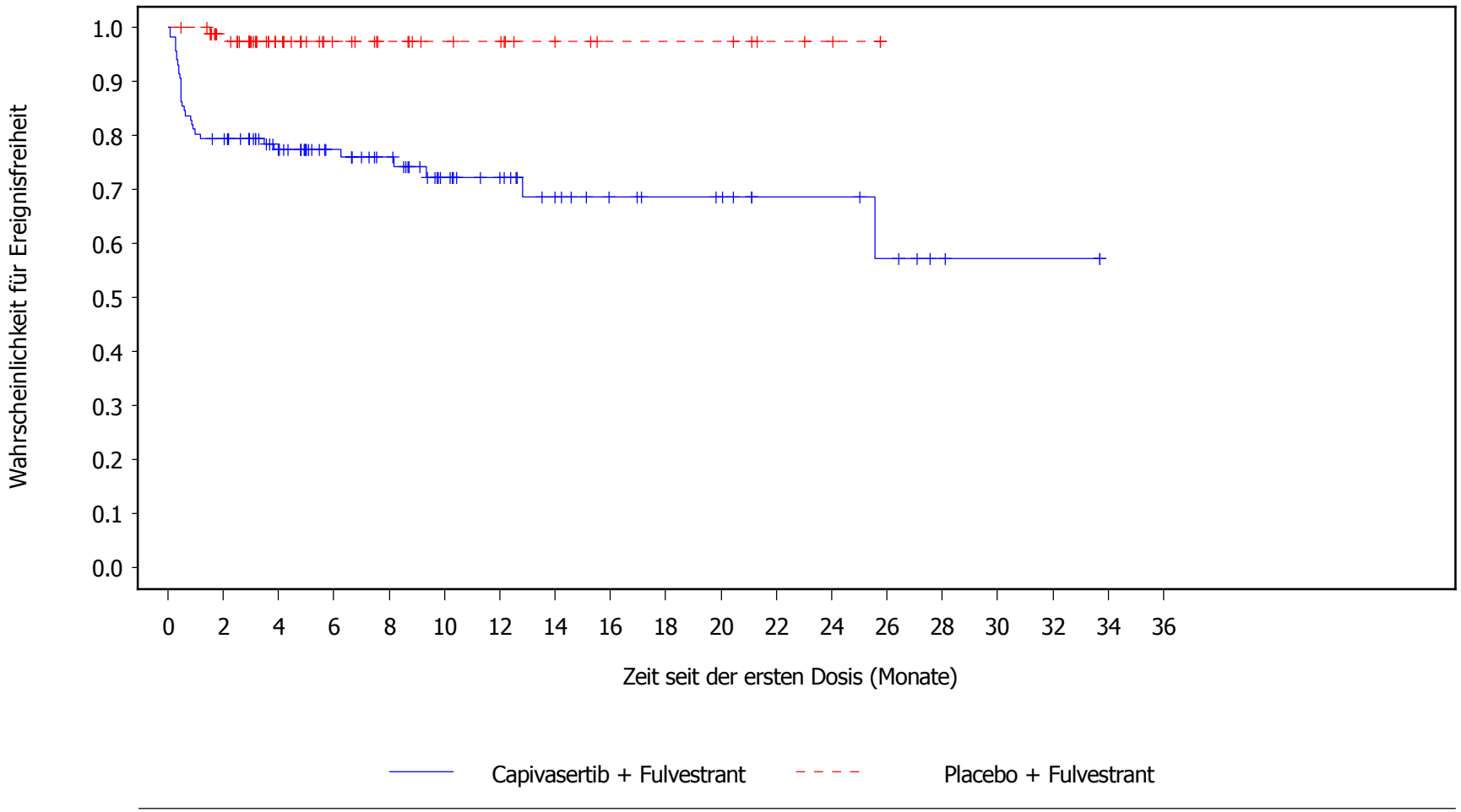
Figure 3.3.1.57 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: QT-Verlängerung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	113	89	69	55	41	34	25	20	18	17	11	9	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

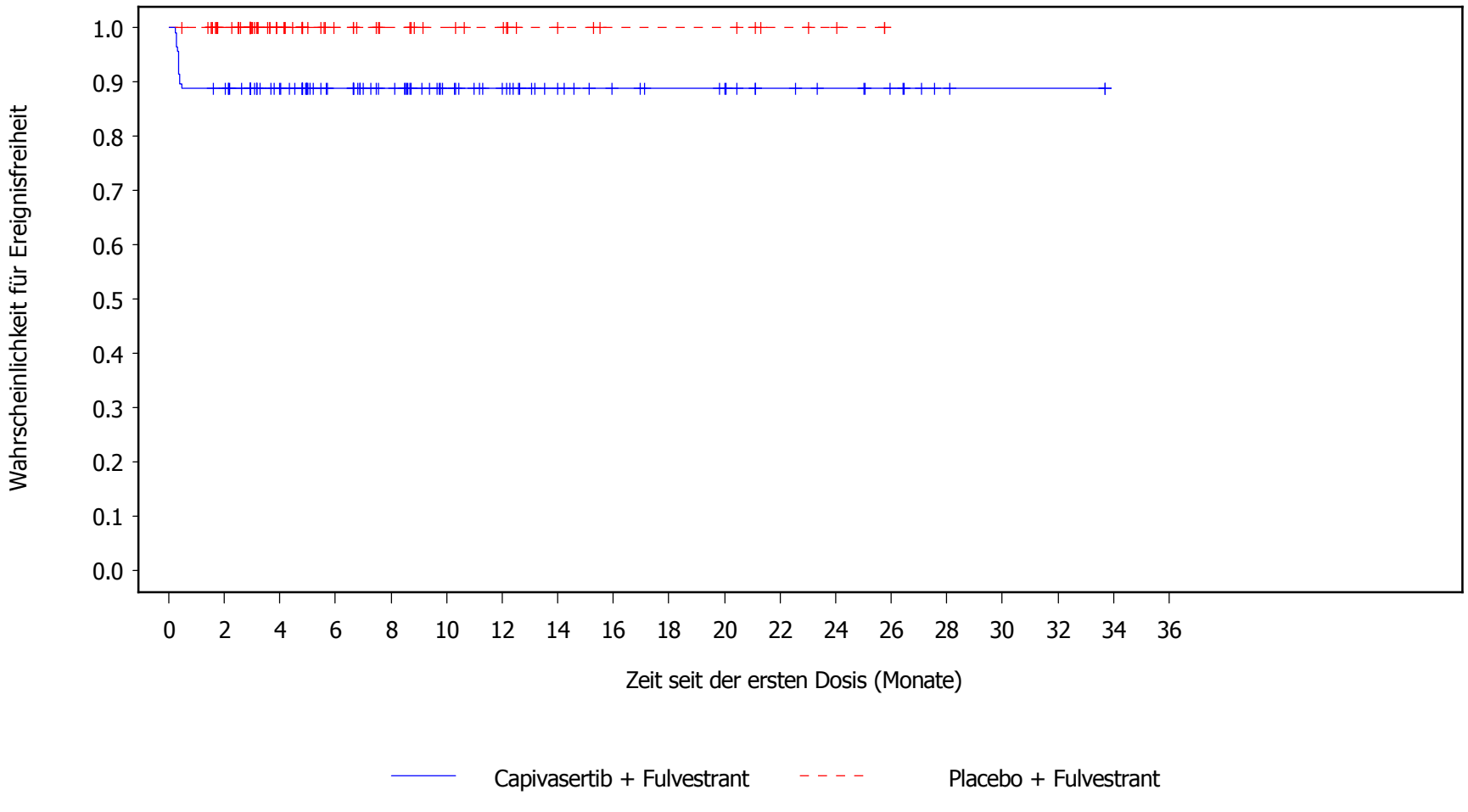
Figure 3.3.1.58 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	92	72	54	44	31	25	18	14	12	11	7	7	5	2	1	1	0	0	Capivasertib + Fulvestrant
86	76	39	23	18	14	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

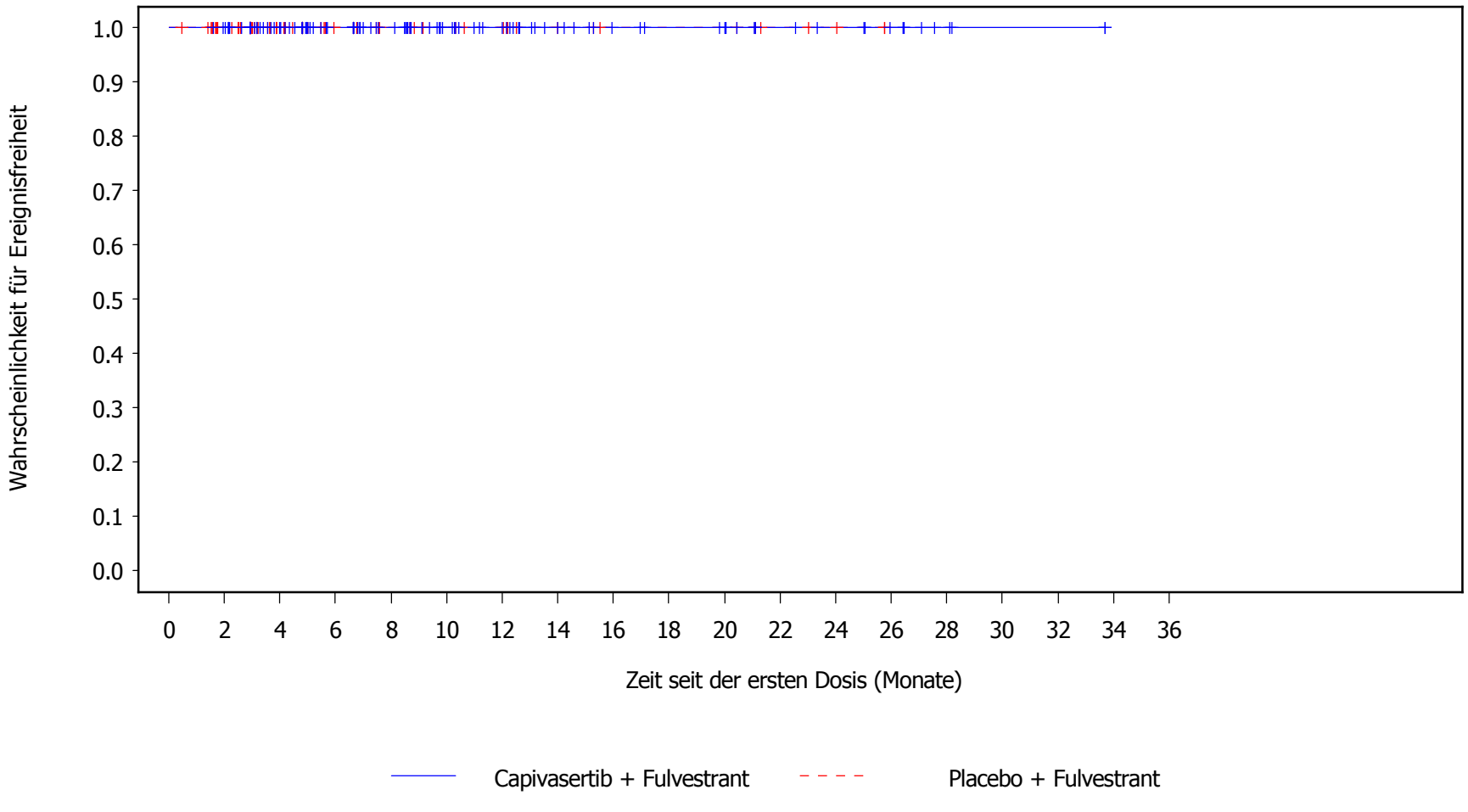
Figure 3.3.1.59 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	103	84	64	52	39	32	23	19	17	16	11	9	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

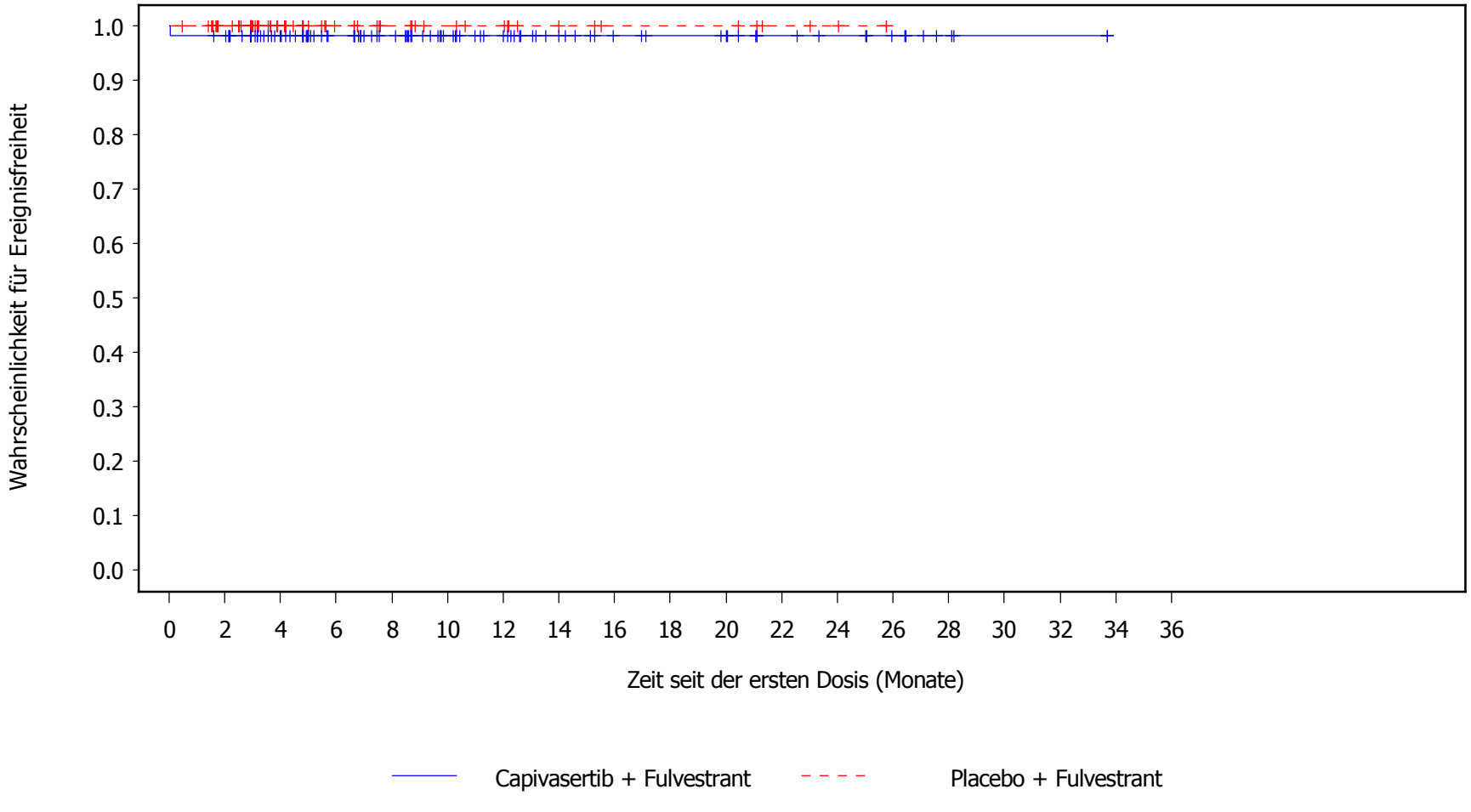
Figure 3.3.1.60 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

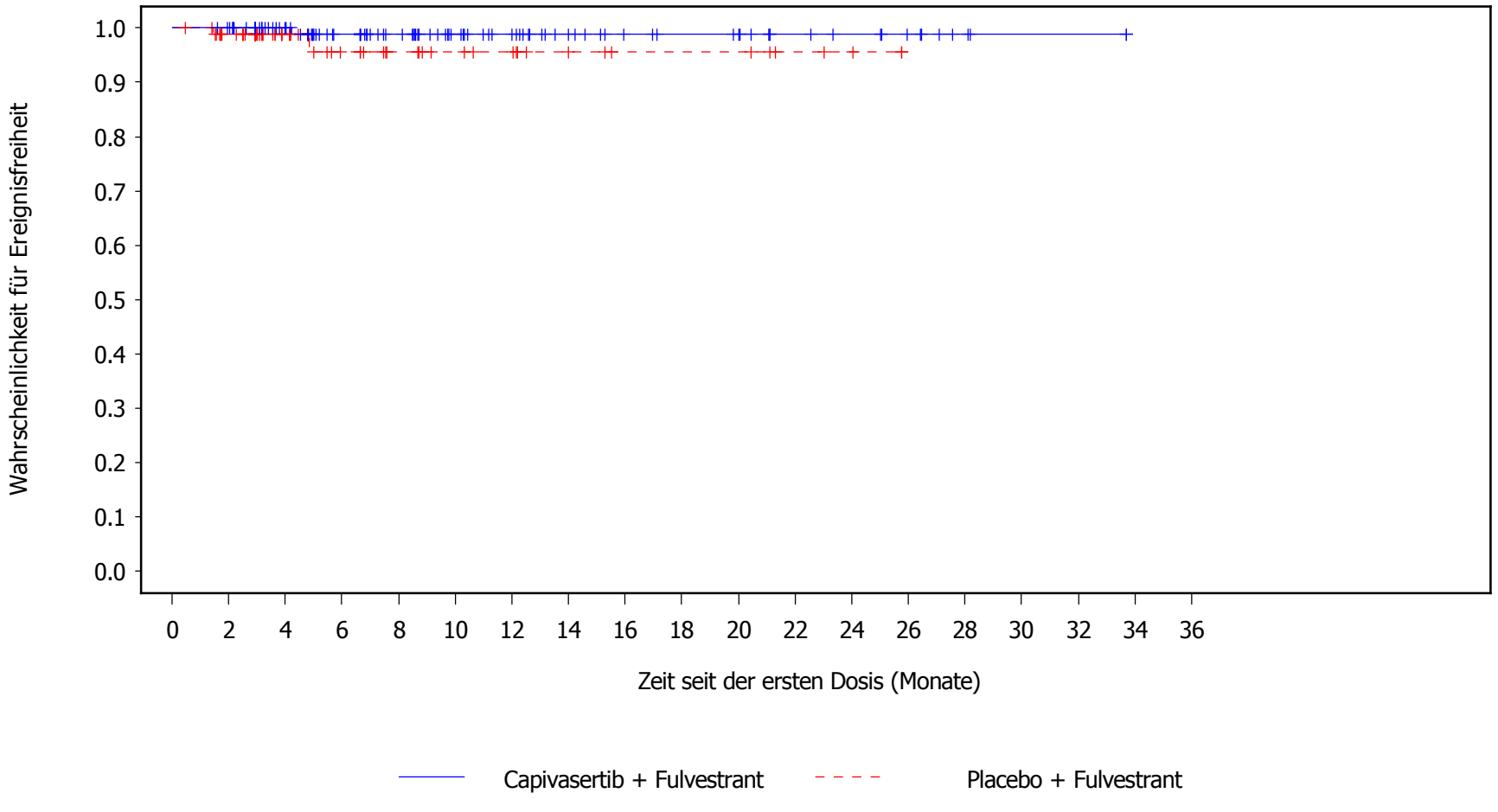
Figure 3.3.1.61 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	114	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

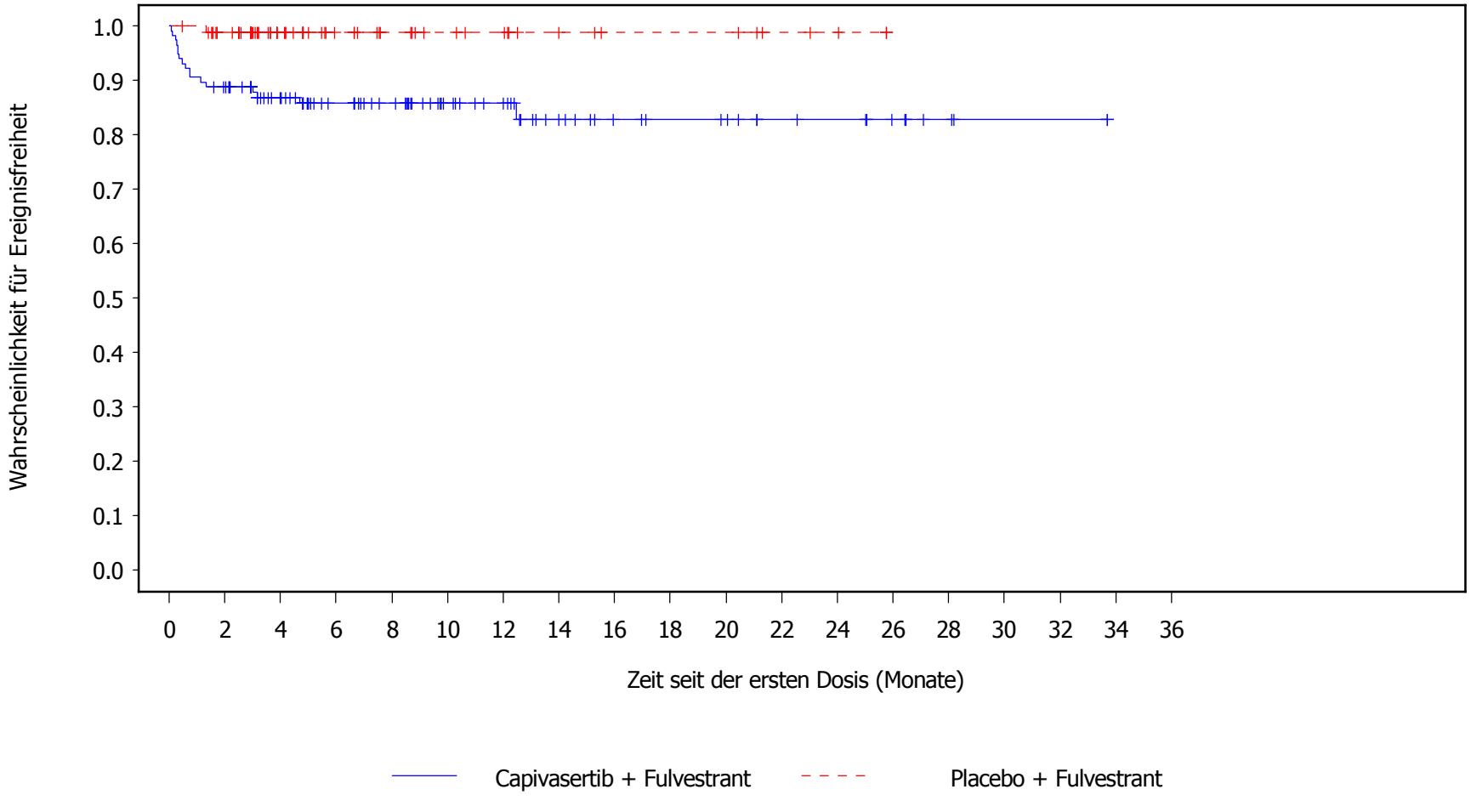
Figure 3.3.1.62 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

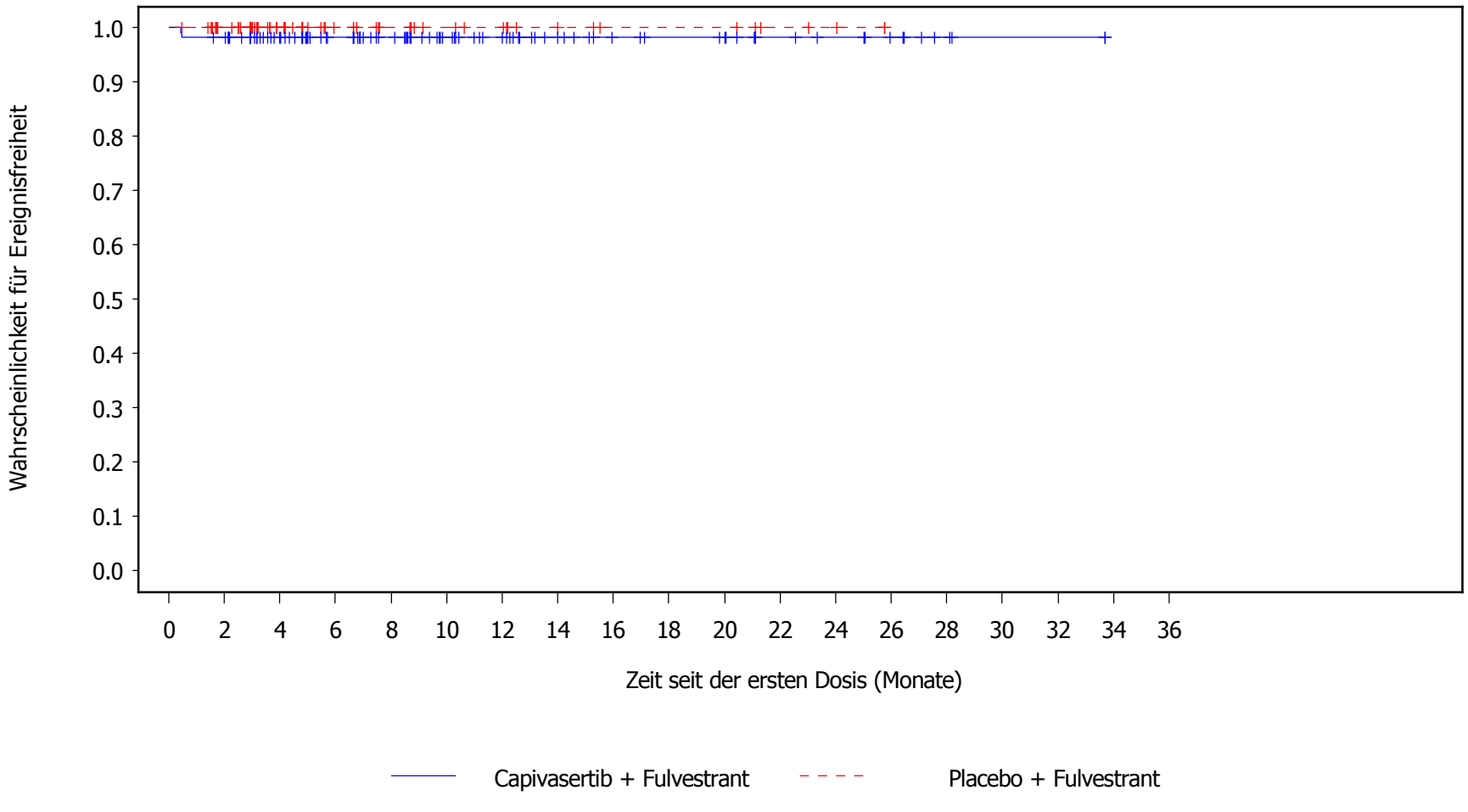
Figure 3.3.1.63 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	102	82	62	51	38	32	22	17	15	14	10	9	6	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

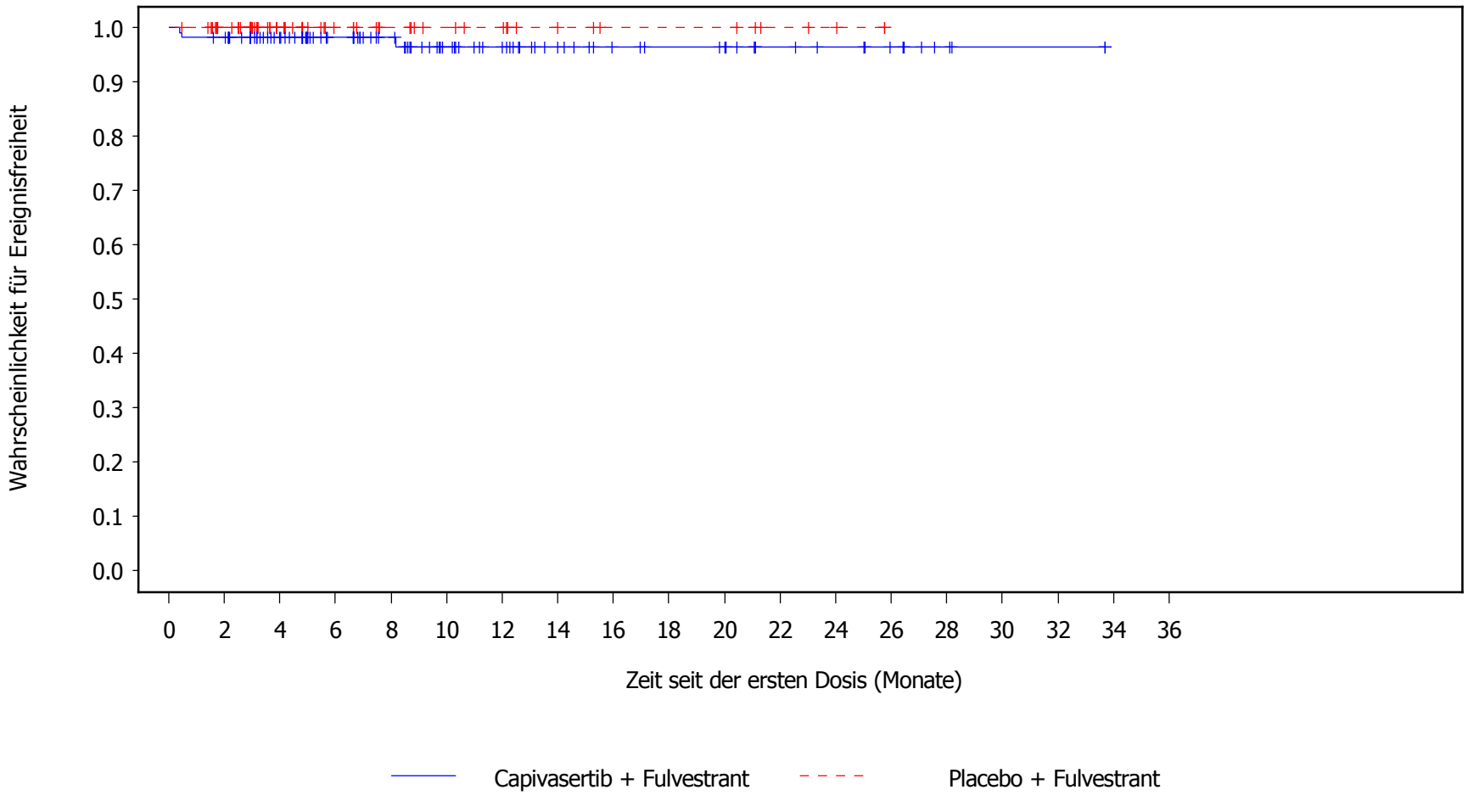
Figure 3.3.1.64 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: QT-Verlängerung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	114	90	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

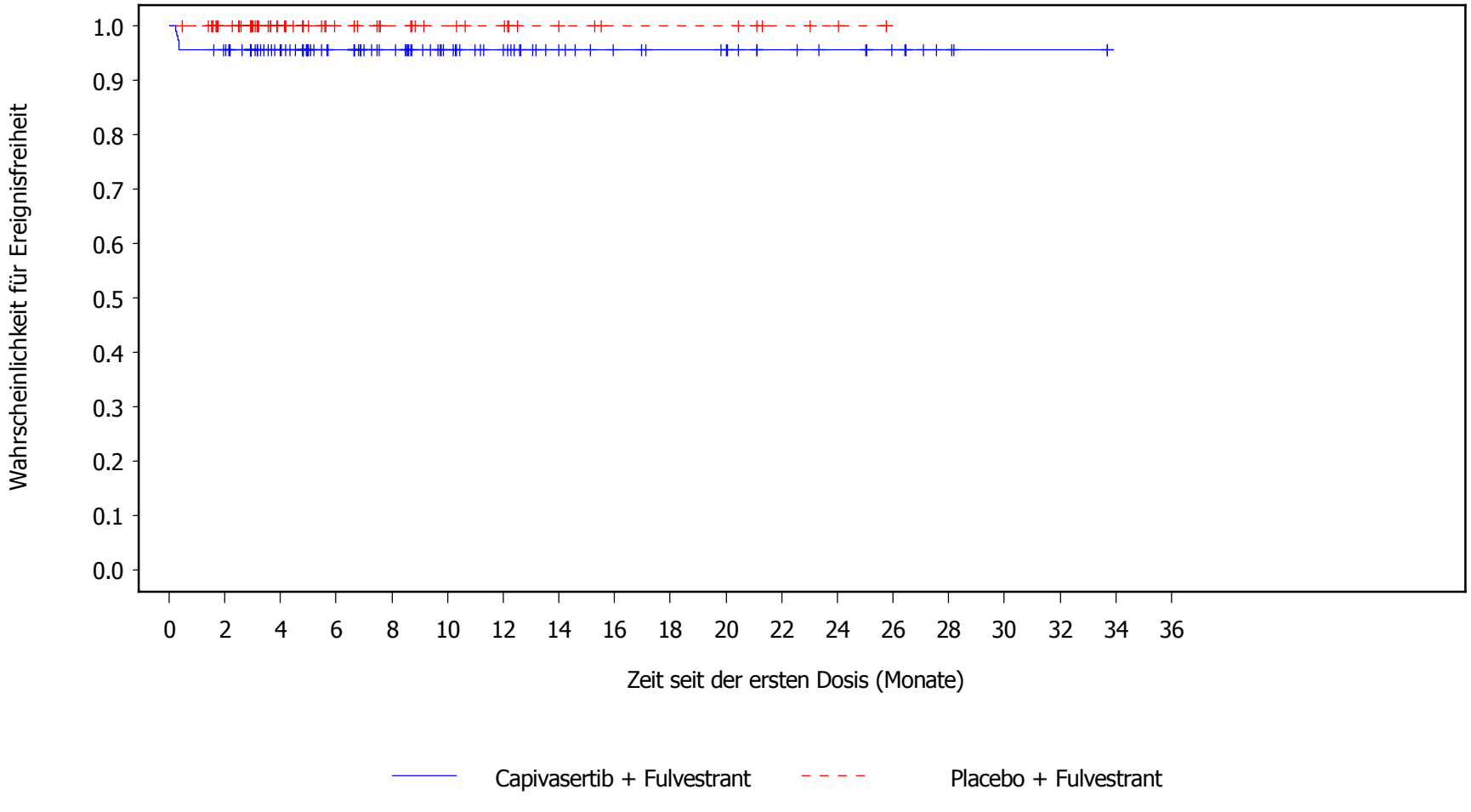
Figure 3.3.1.65 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	114	90	69	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

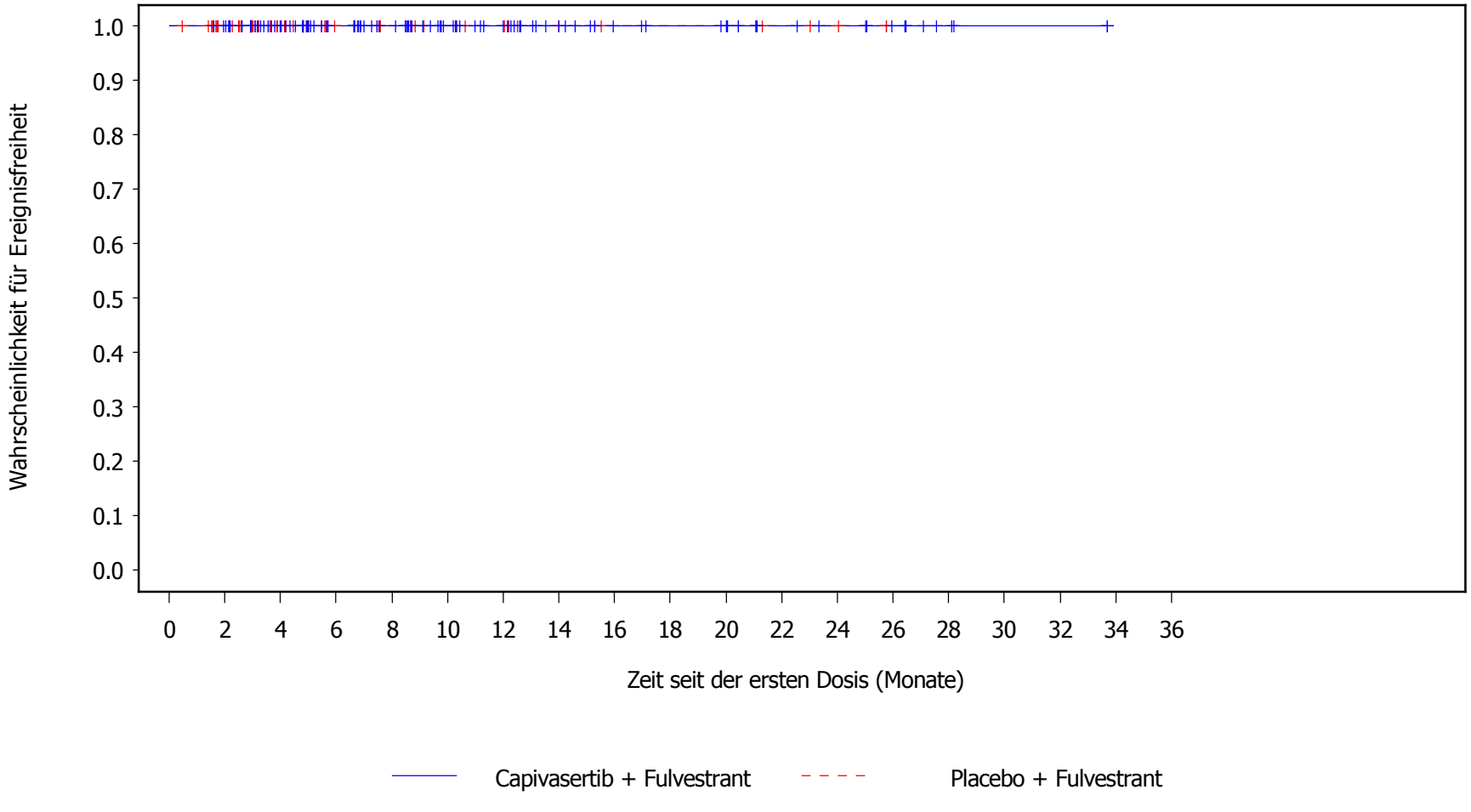
Figure 3.3.1.66 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	110	88	67	54	41	33	24	20	18	17	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

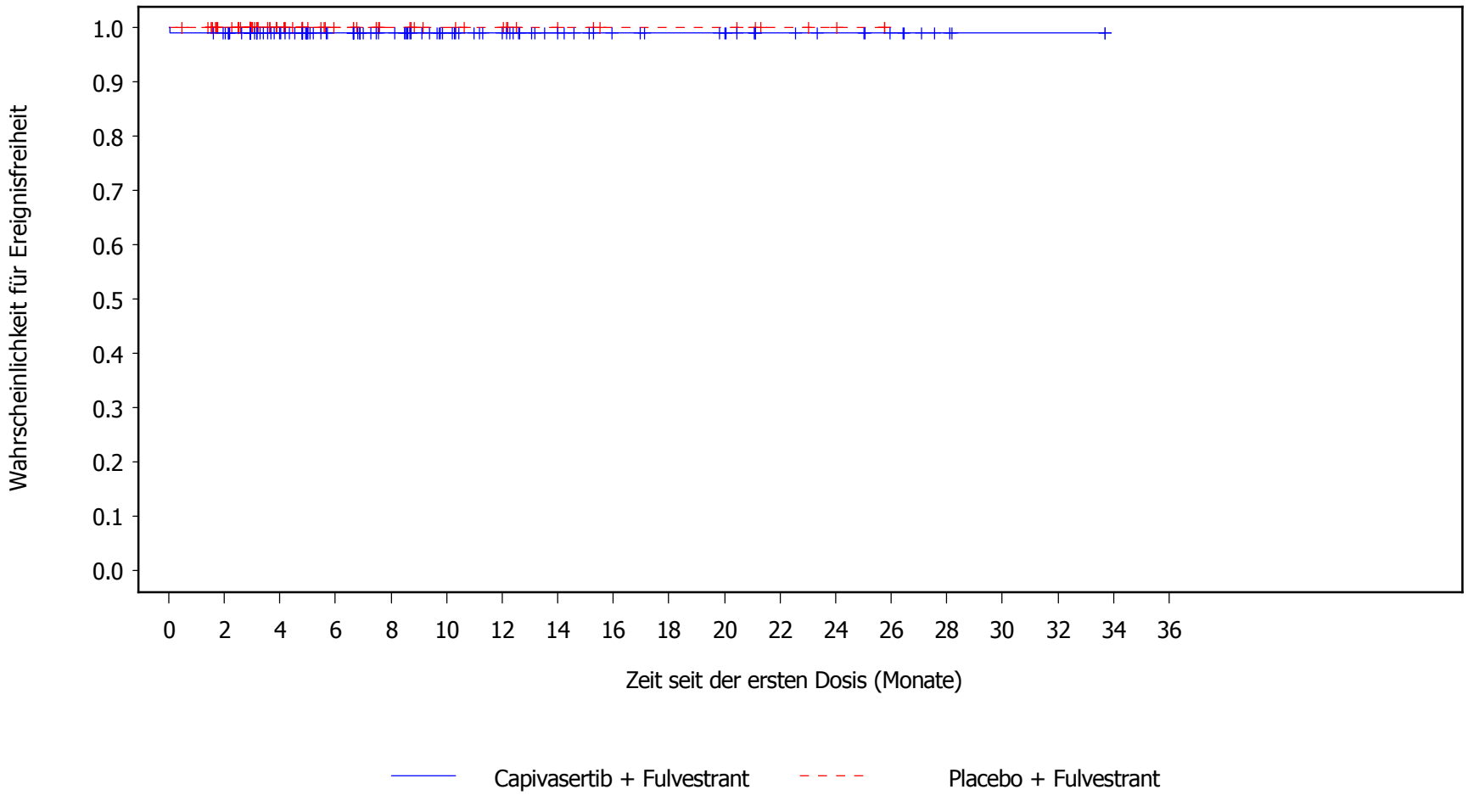
Figure 3.3.1.67 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

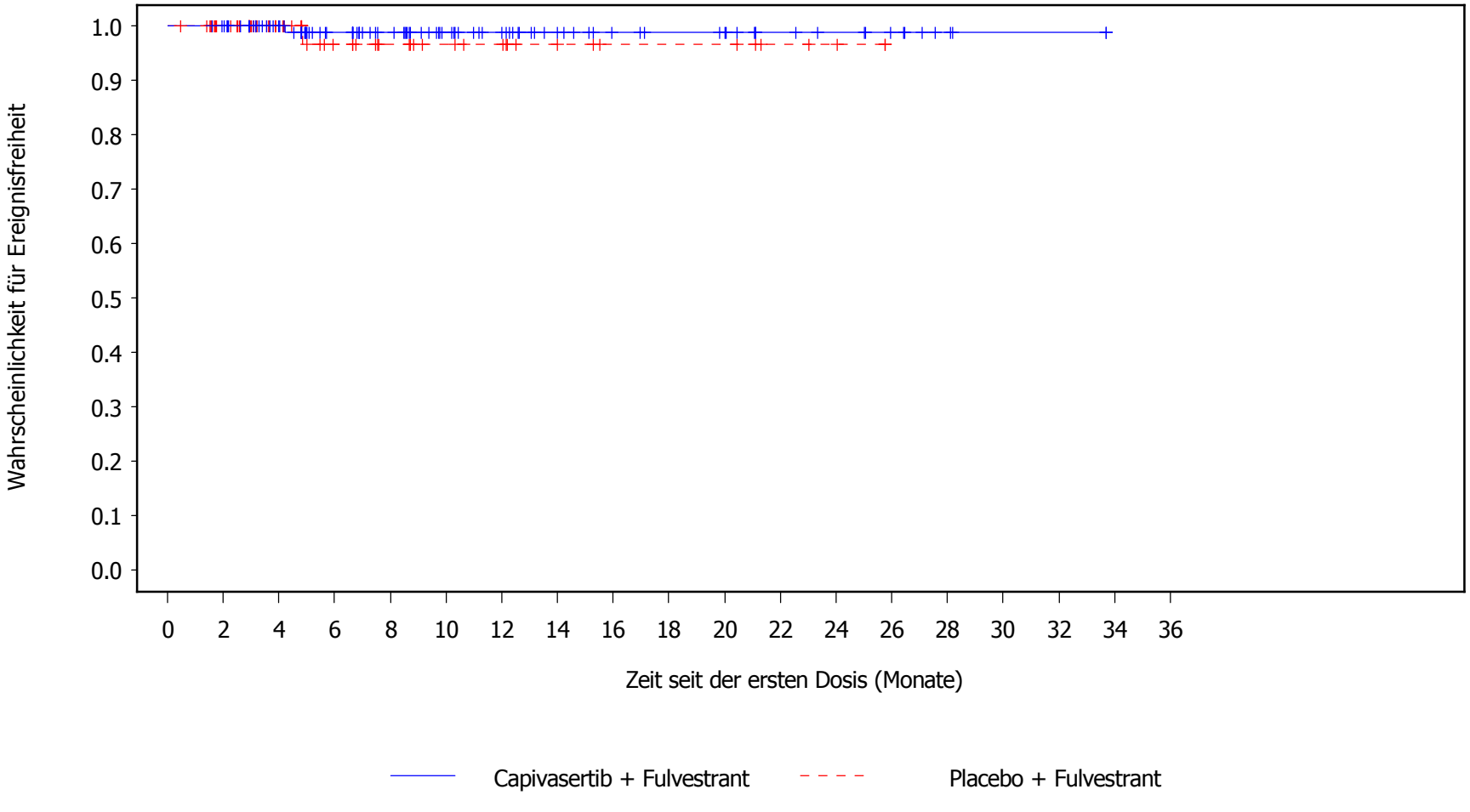
Figure 3.3.1.68 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	114	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

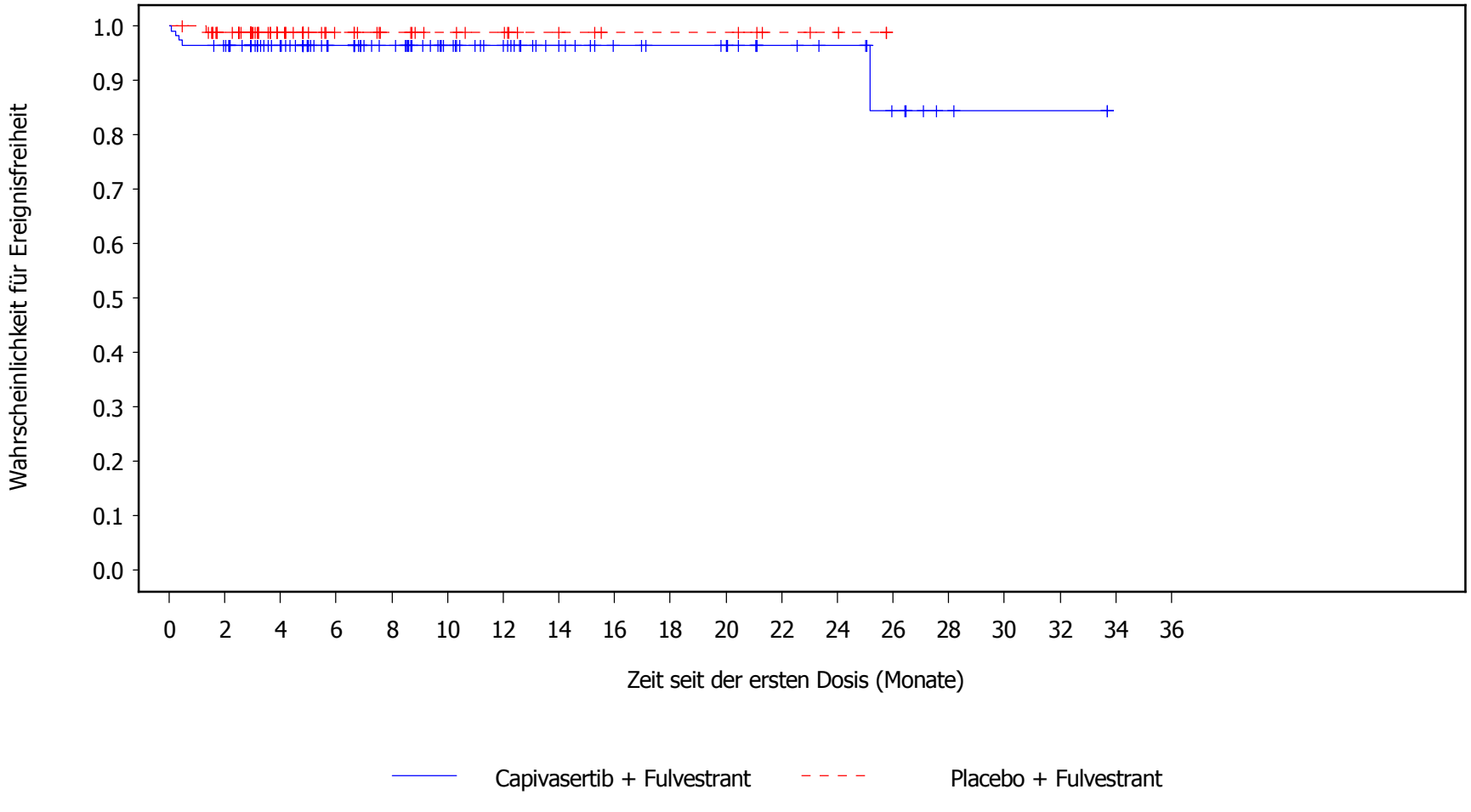
Figure 3.3.1.69 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

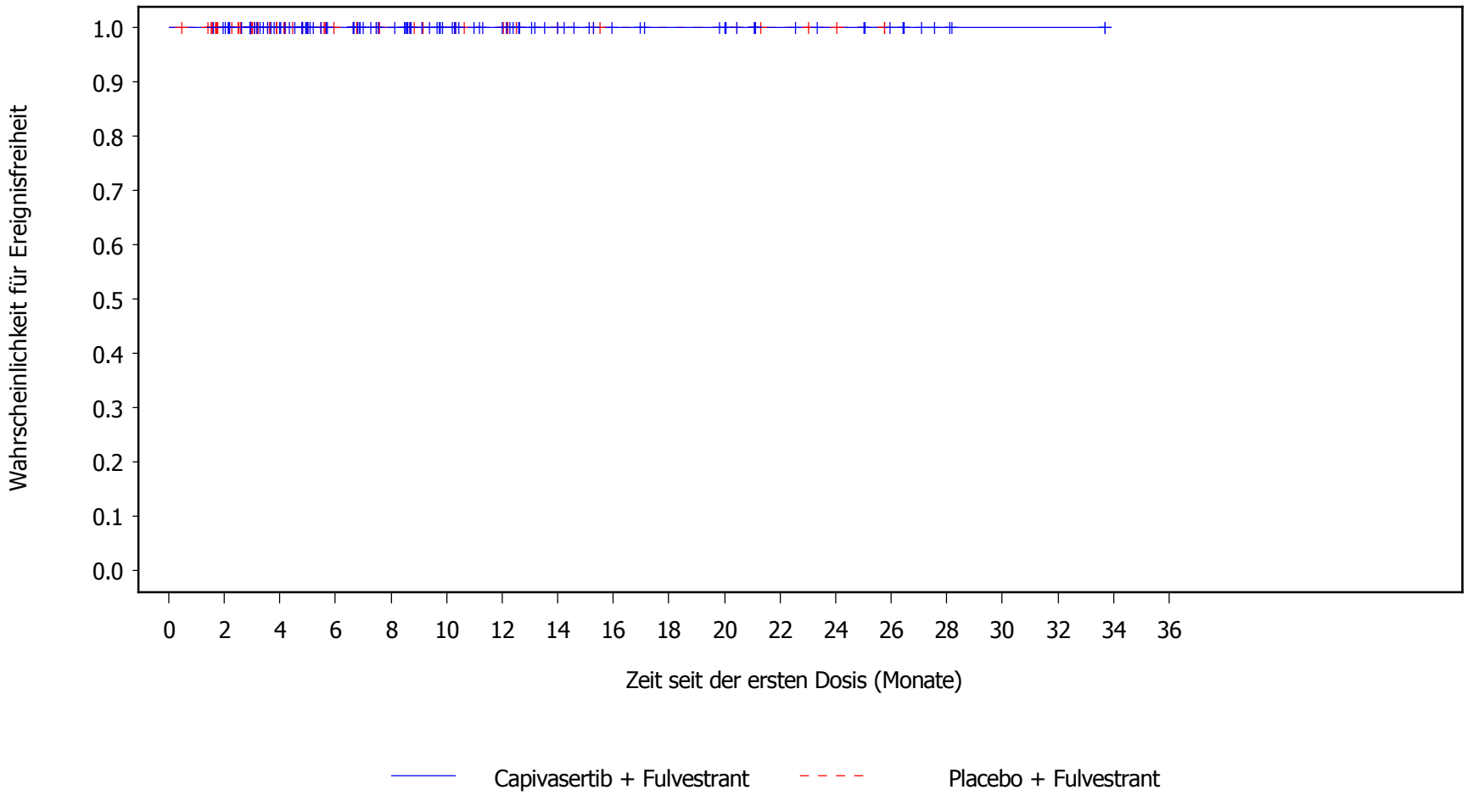
Figure 3.3.1.70 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	111	89	69	56	43	35	26	21	19	18	12	10	6	2	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

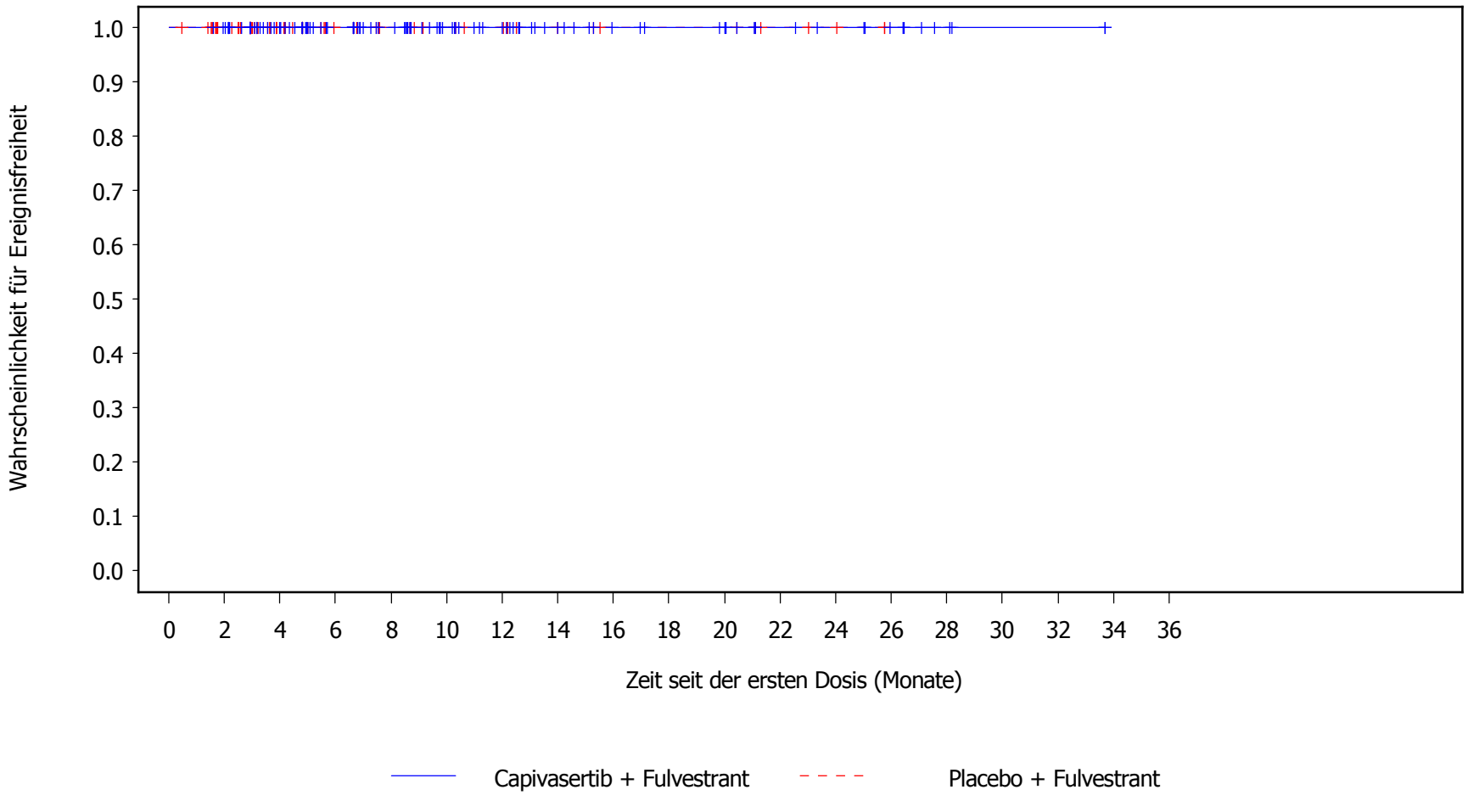
Figure 3.3.1.71 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: QT-Verlängerung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

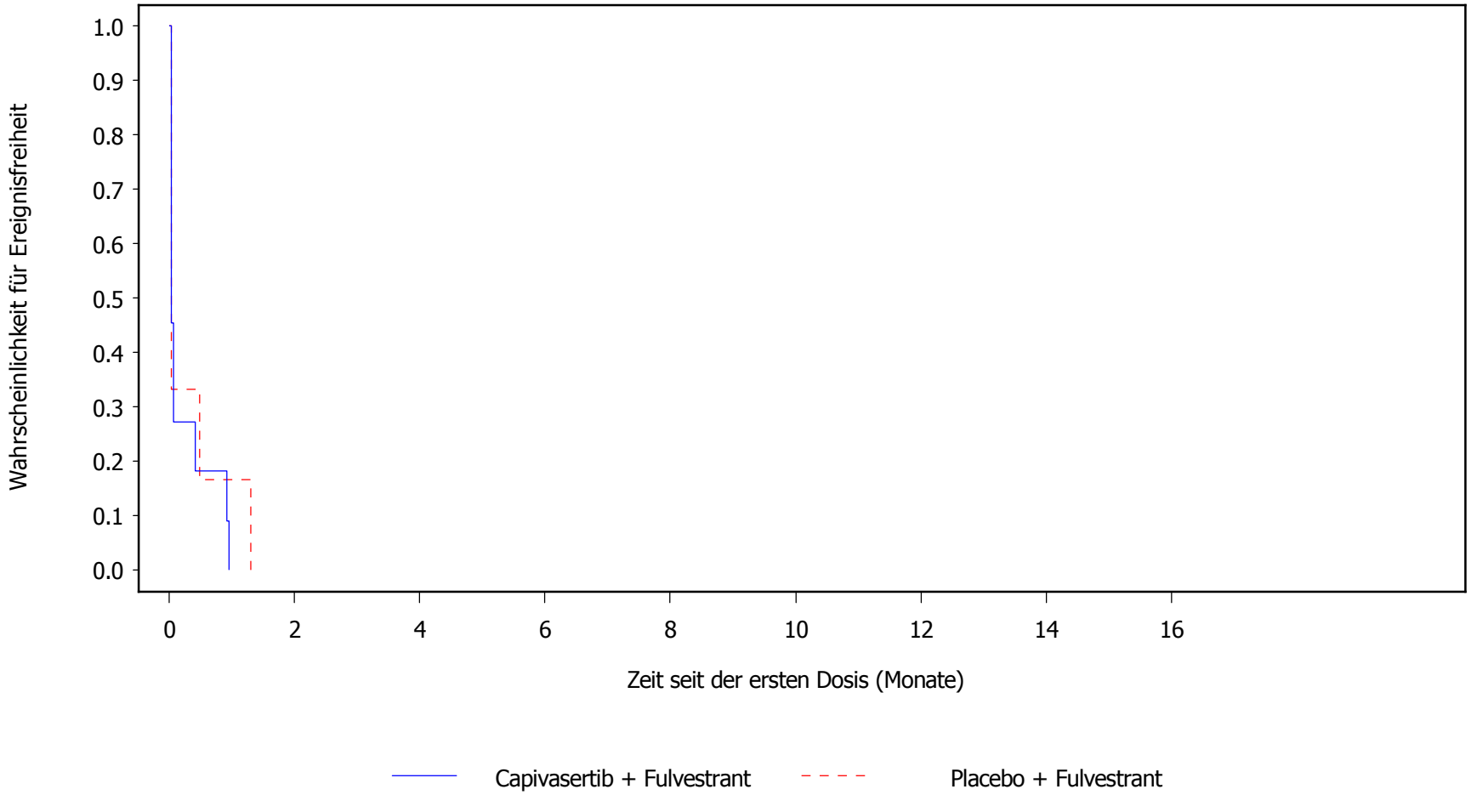
Figure 3.3.1.72 CAPItello-291 (Global B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

117	115	91	70	56	43	35	26	21	19	18	12	10	7	3	1	1	0	0	Capivasertib + Fulvestrant
86	77	41	25	19	15	13	8	6	6	6	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

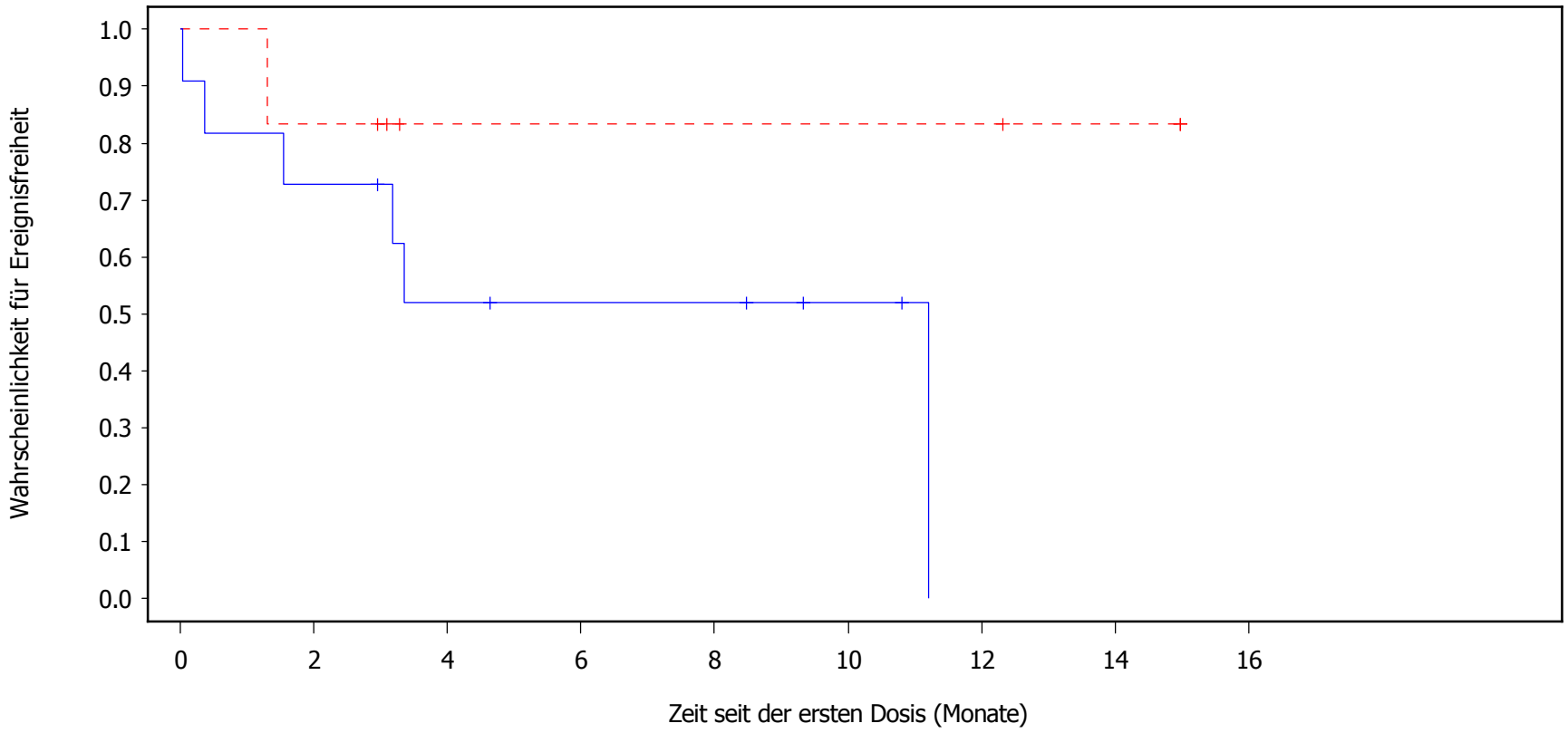
Figure 3.3.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
6	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

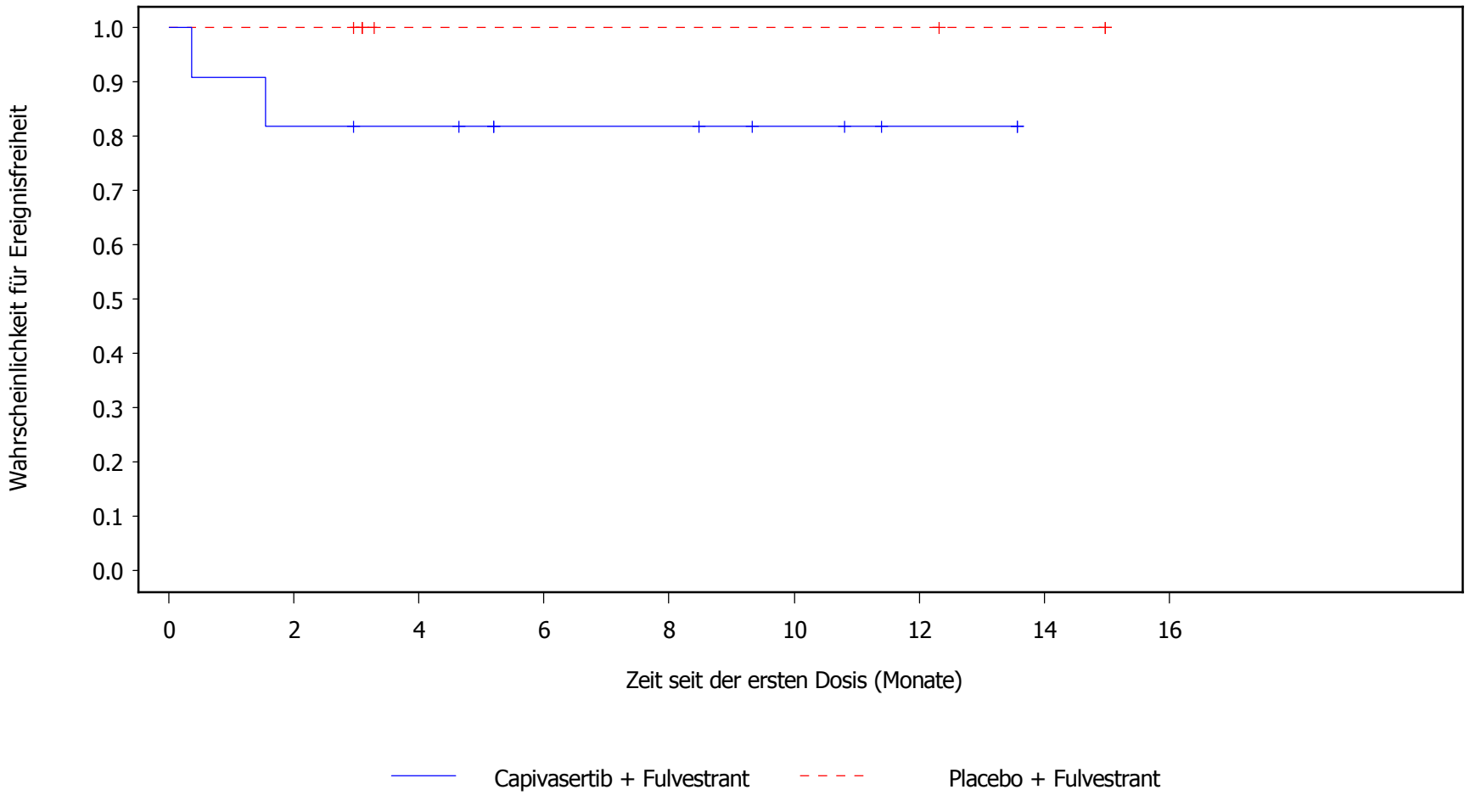
Figure 3.3.2.2 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	5	4	4	2	0	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

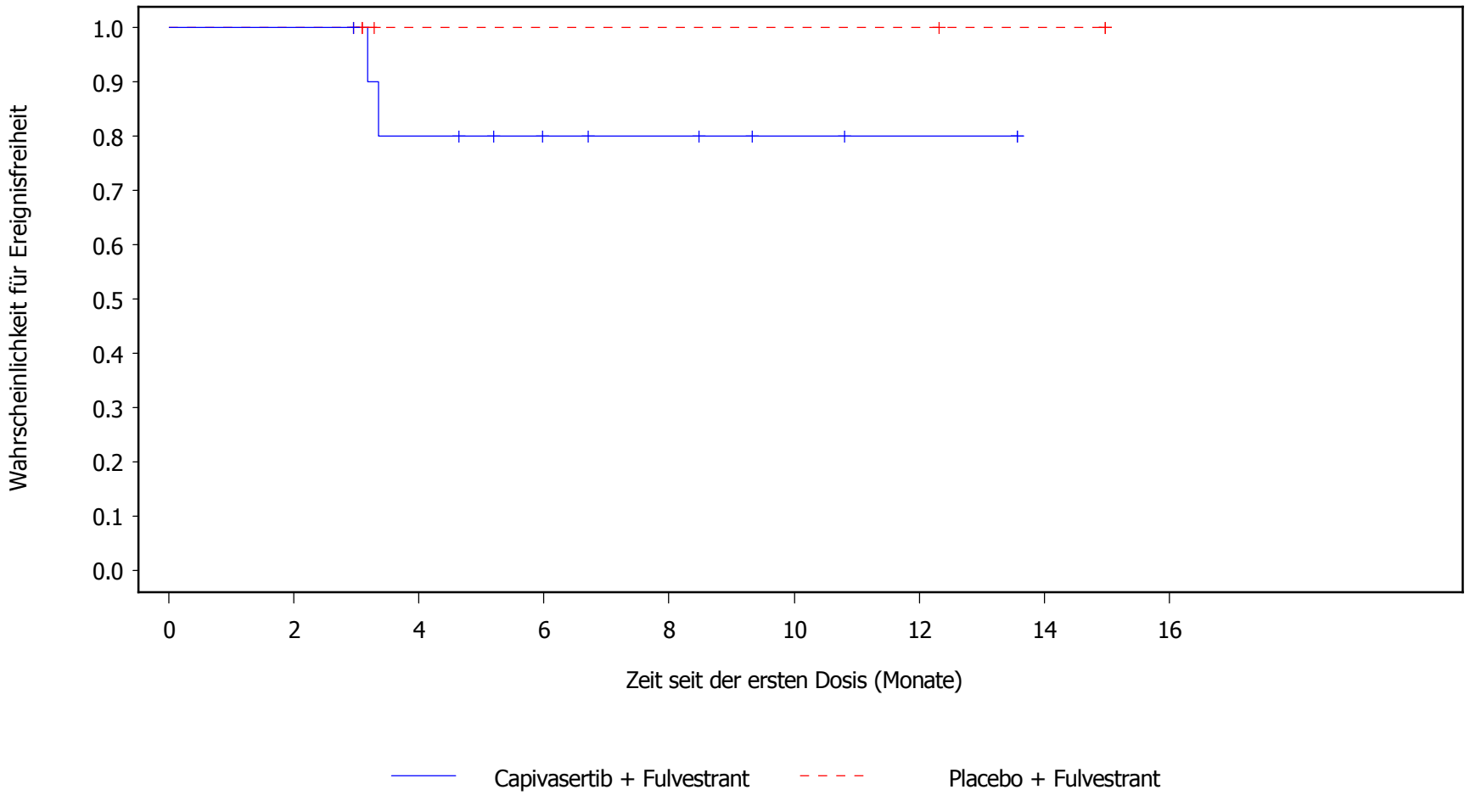
Figure 3.3.2.3 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Fieber
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

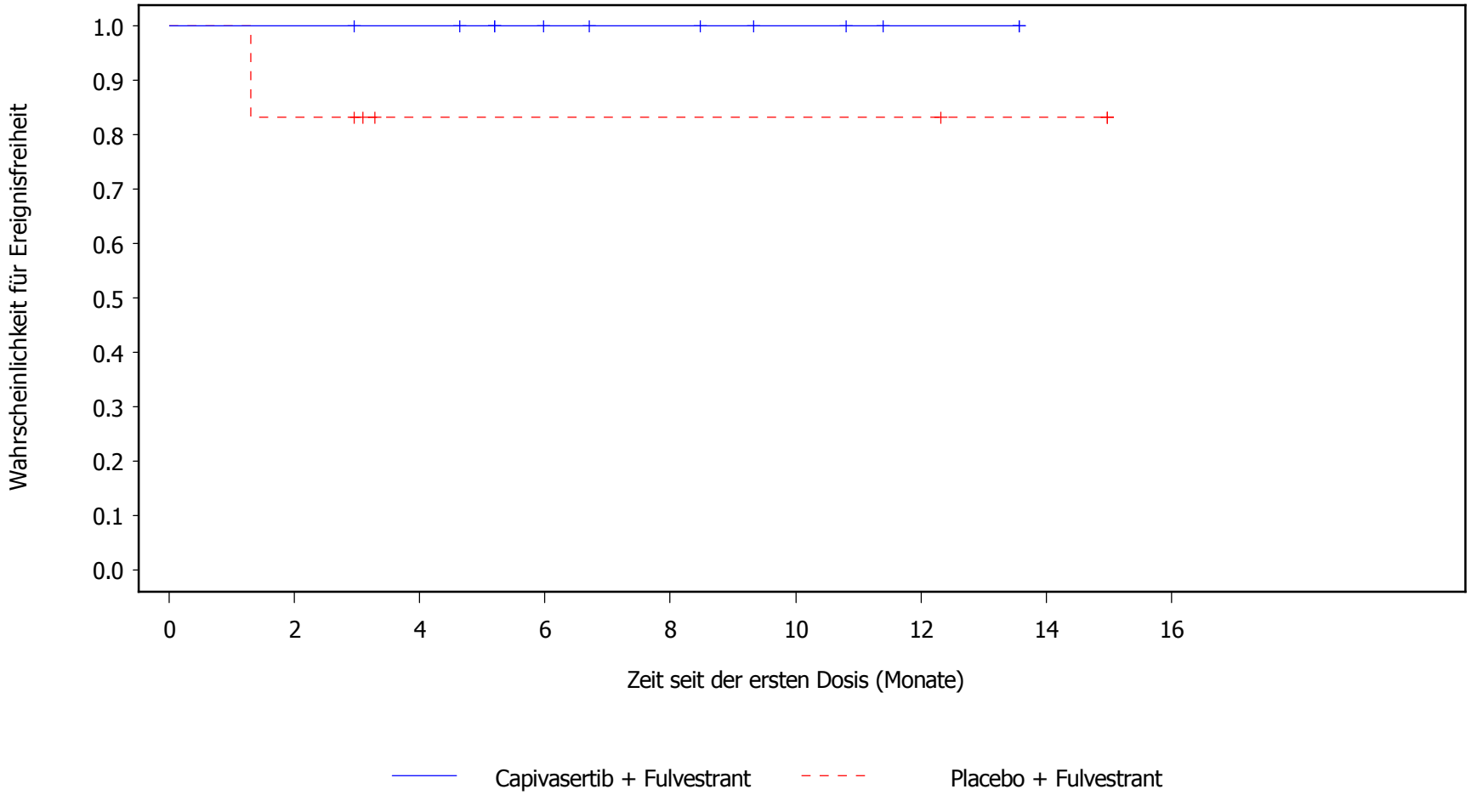
Figure 3.3.2.4 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Grippeaehnliche Erkrankung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	8	5	4	2	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

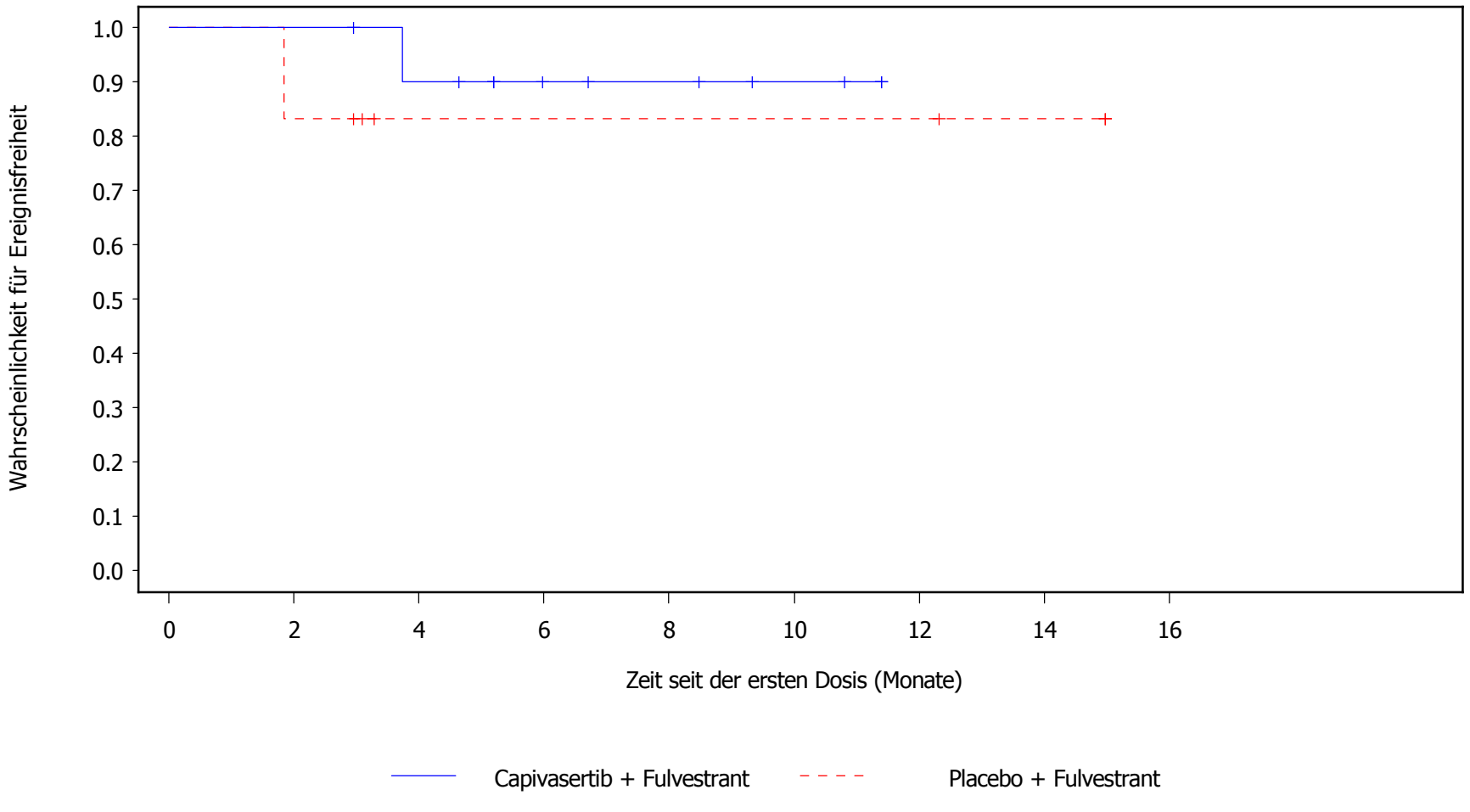
Figure 3.3.2.5 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Schmerz
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

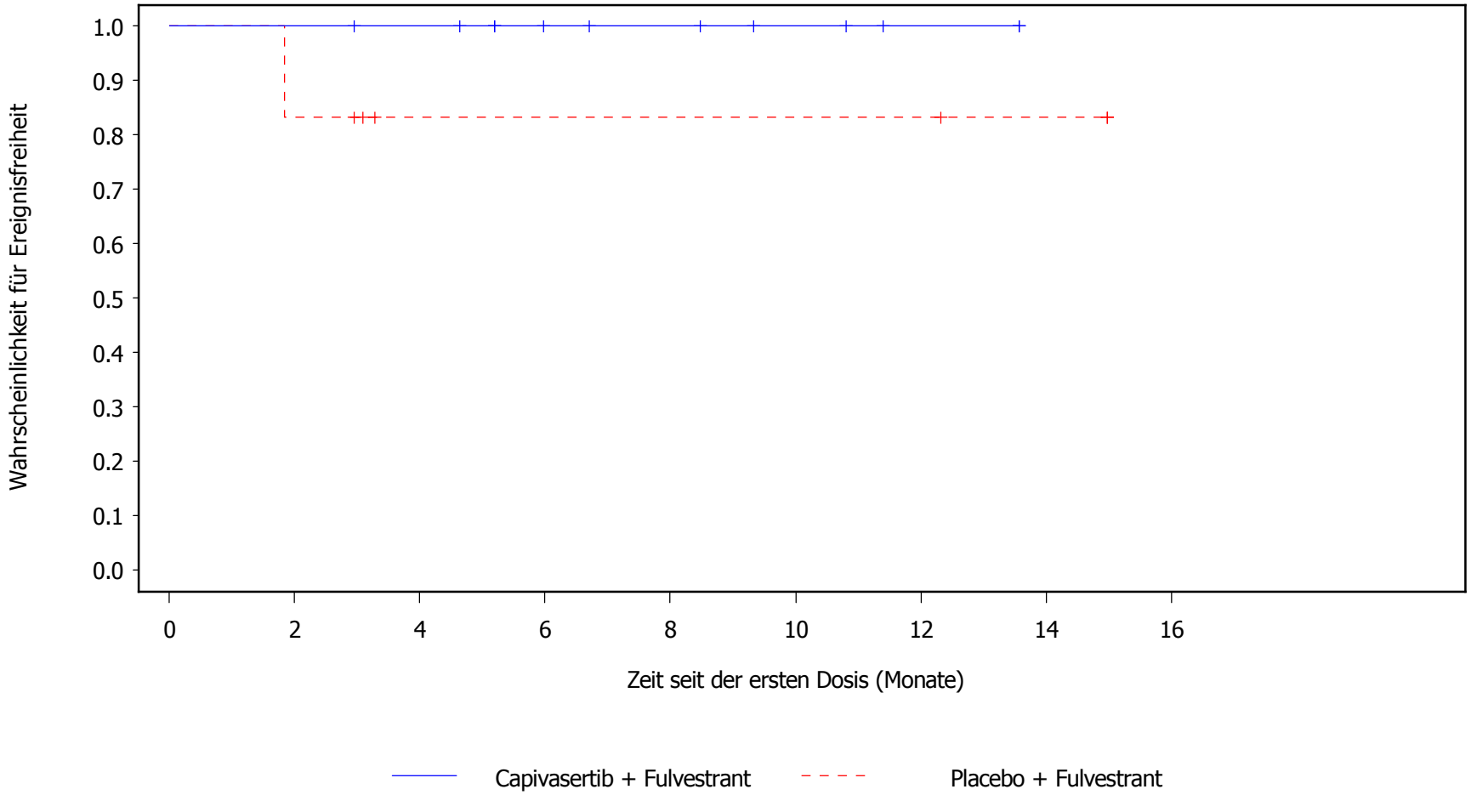
Figure 3.3.2.6 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Endokrine Erkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

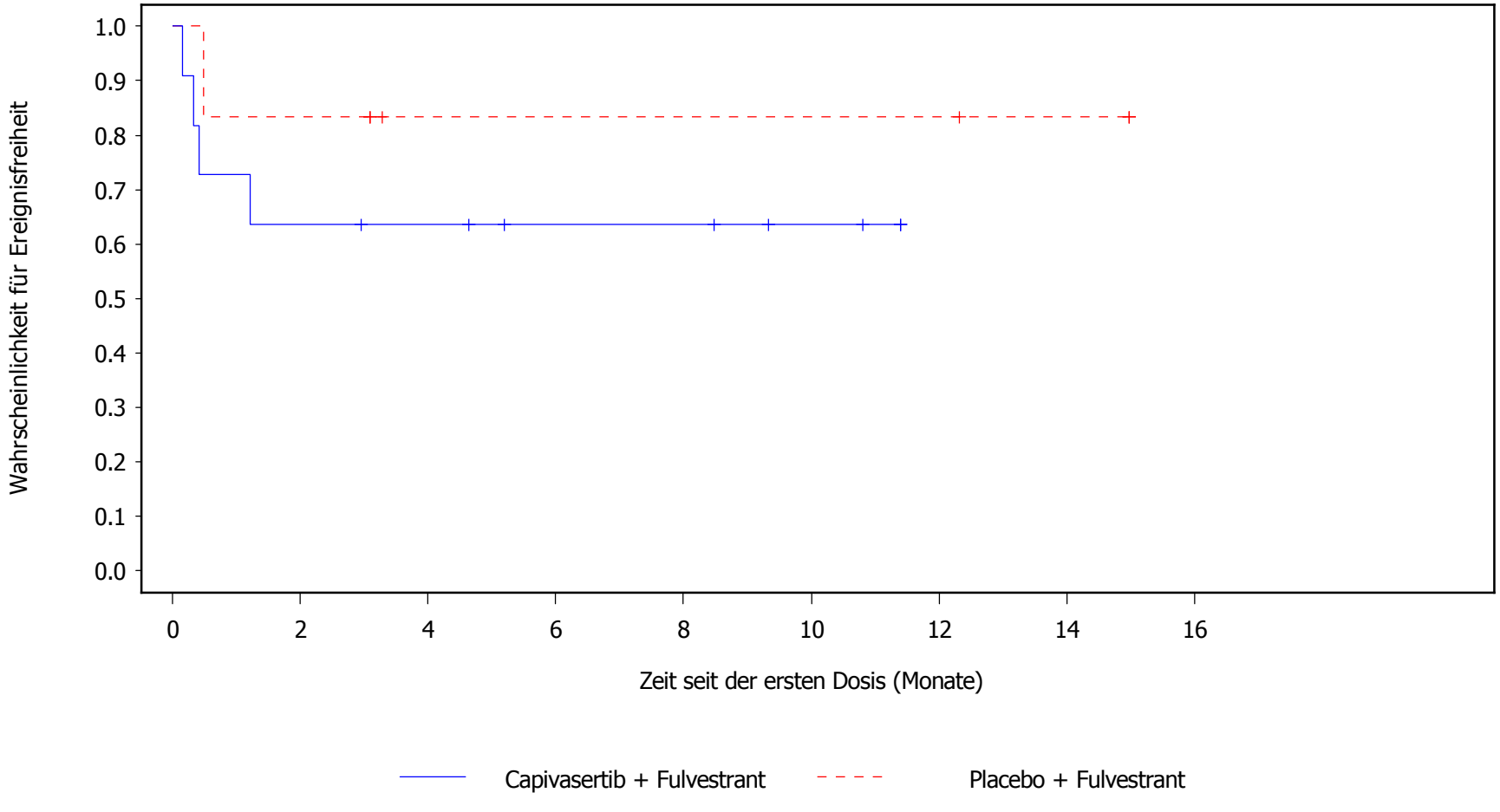
Figure 3.3.2.7 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypothyreose
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

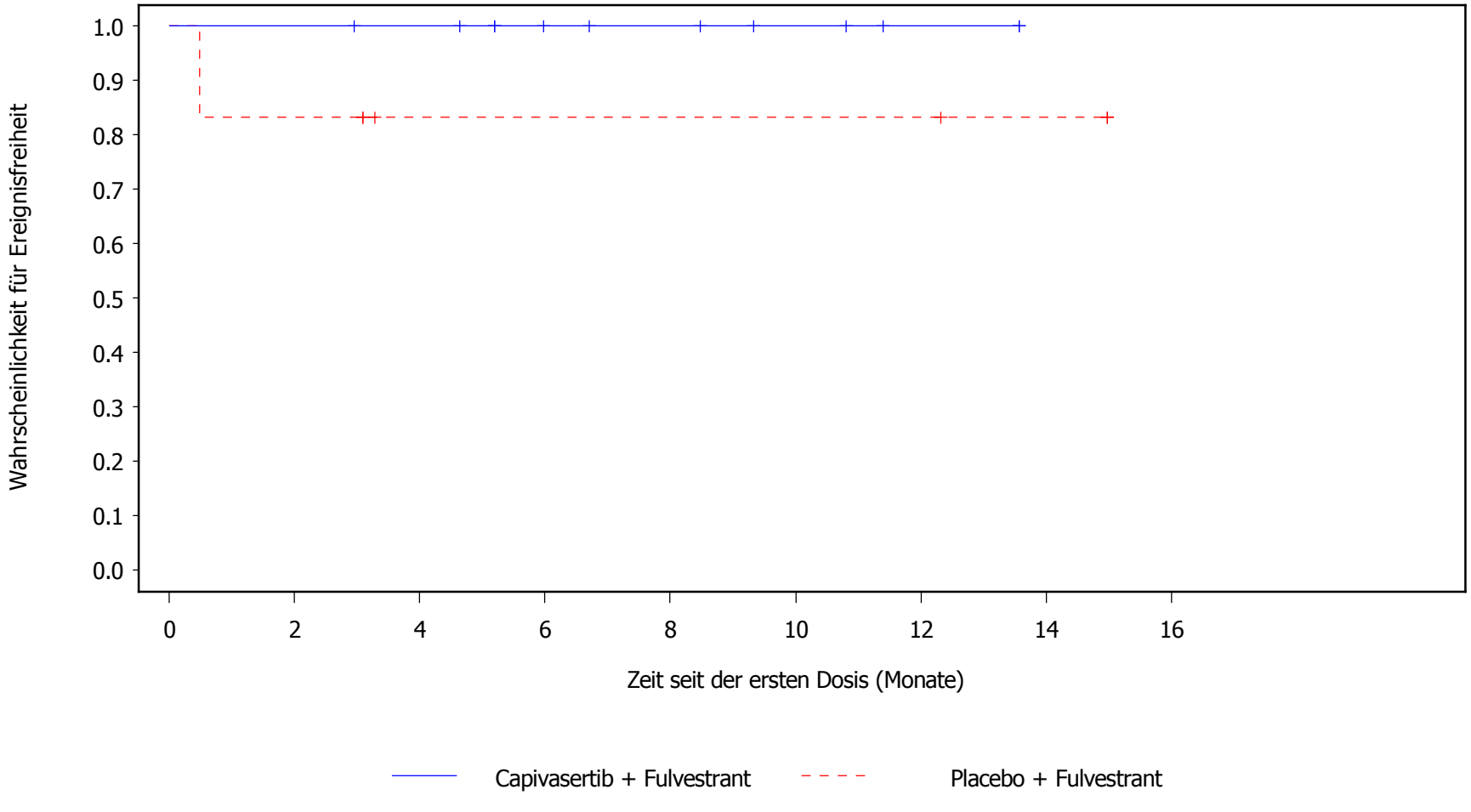
Figure 3.3.2.8 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	7	6	4	4	2	0	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

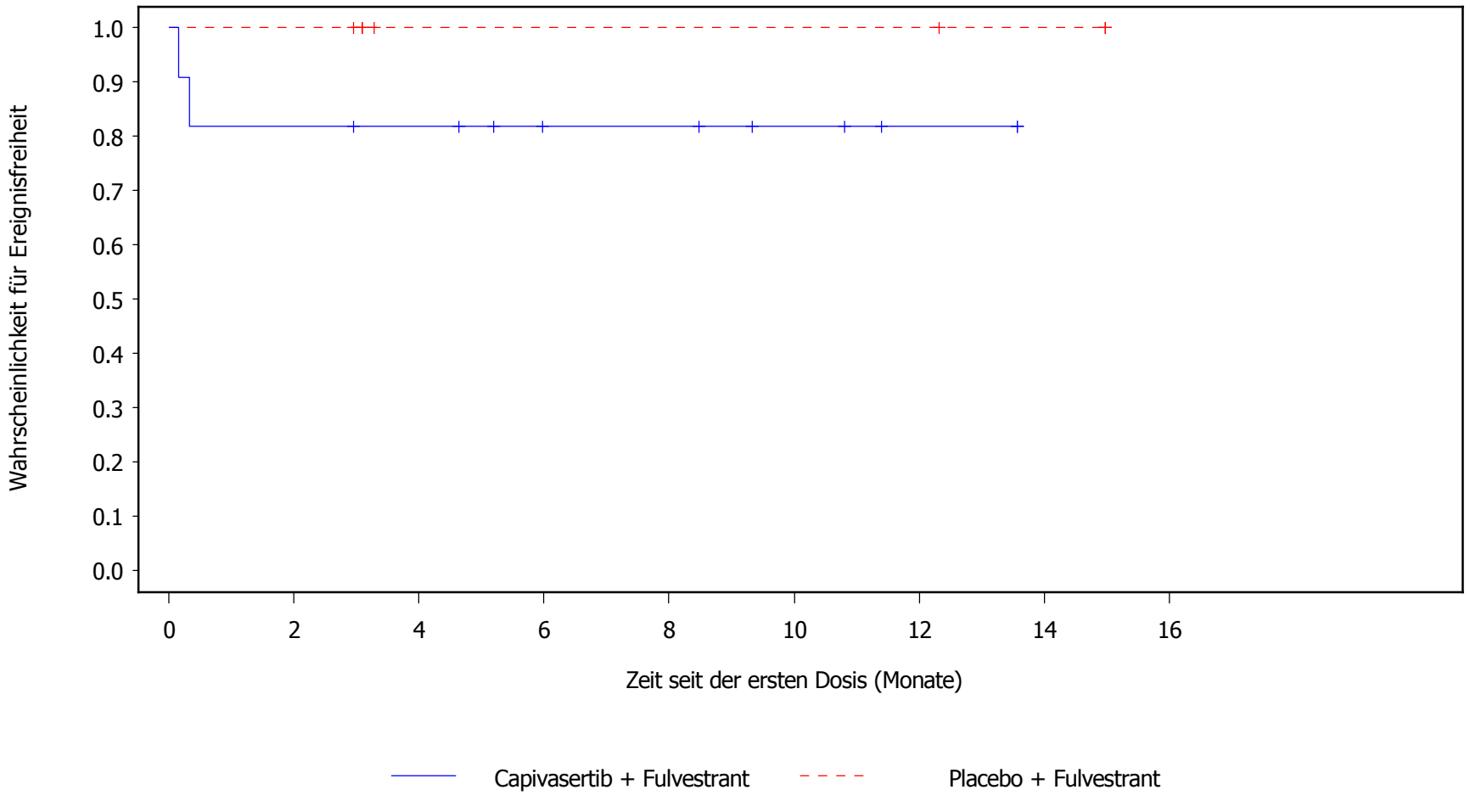
Figure 3.3.2.9 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Pneumonitis
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

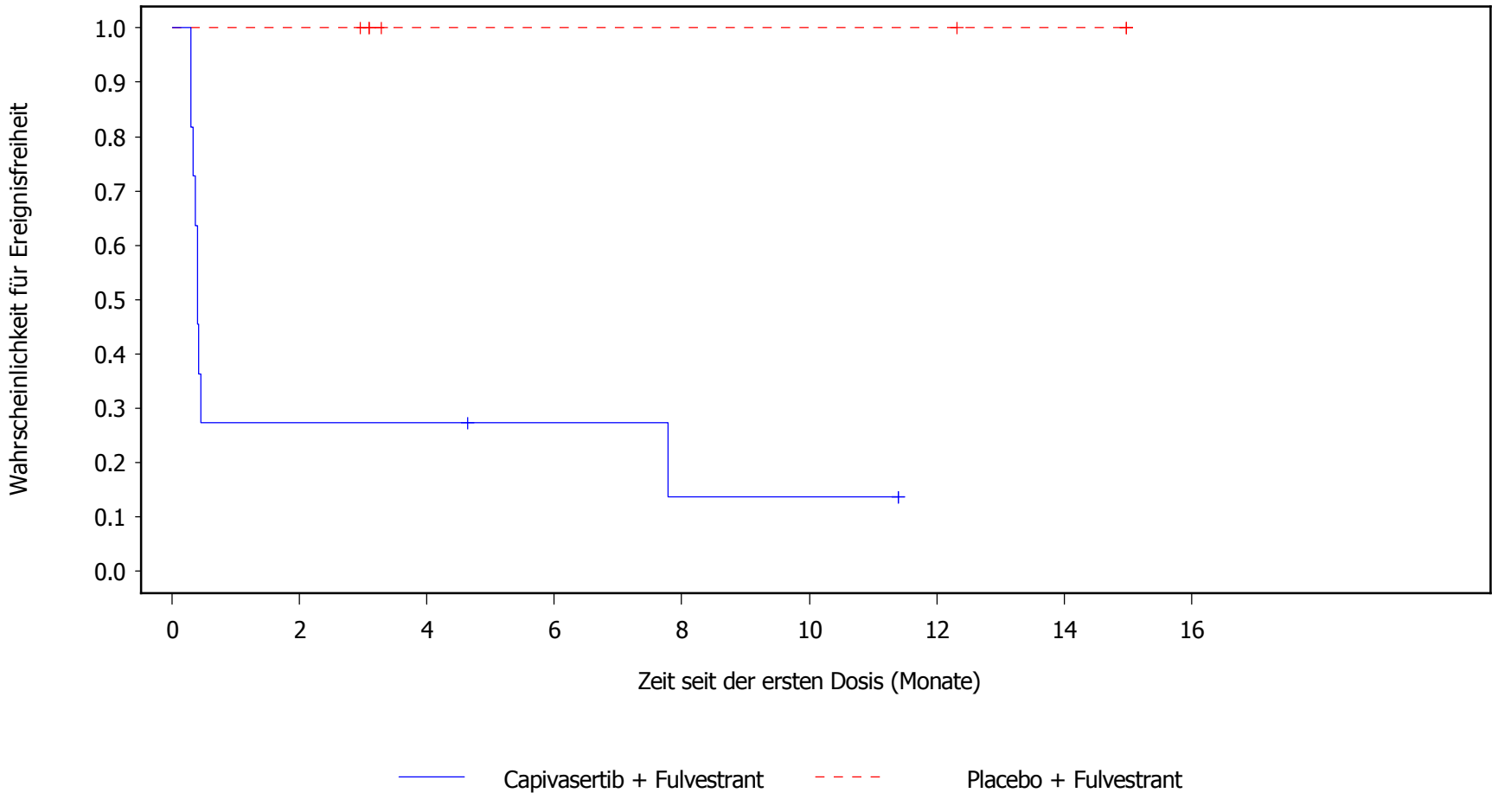
Figure 3.3.2.10 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Schmerzen im Oropharynx
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

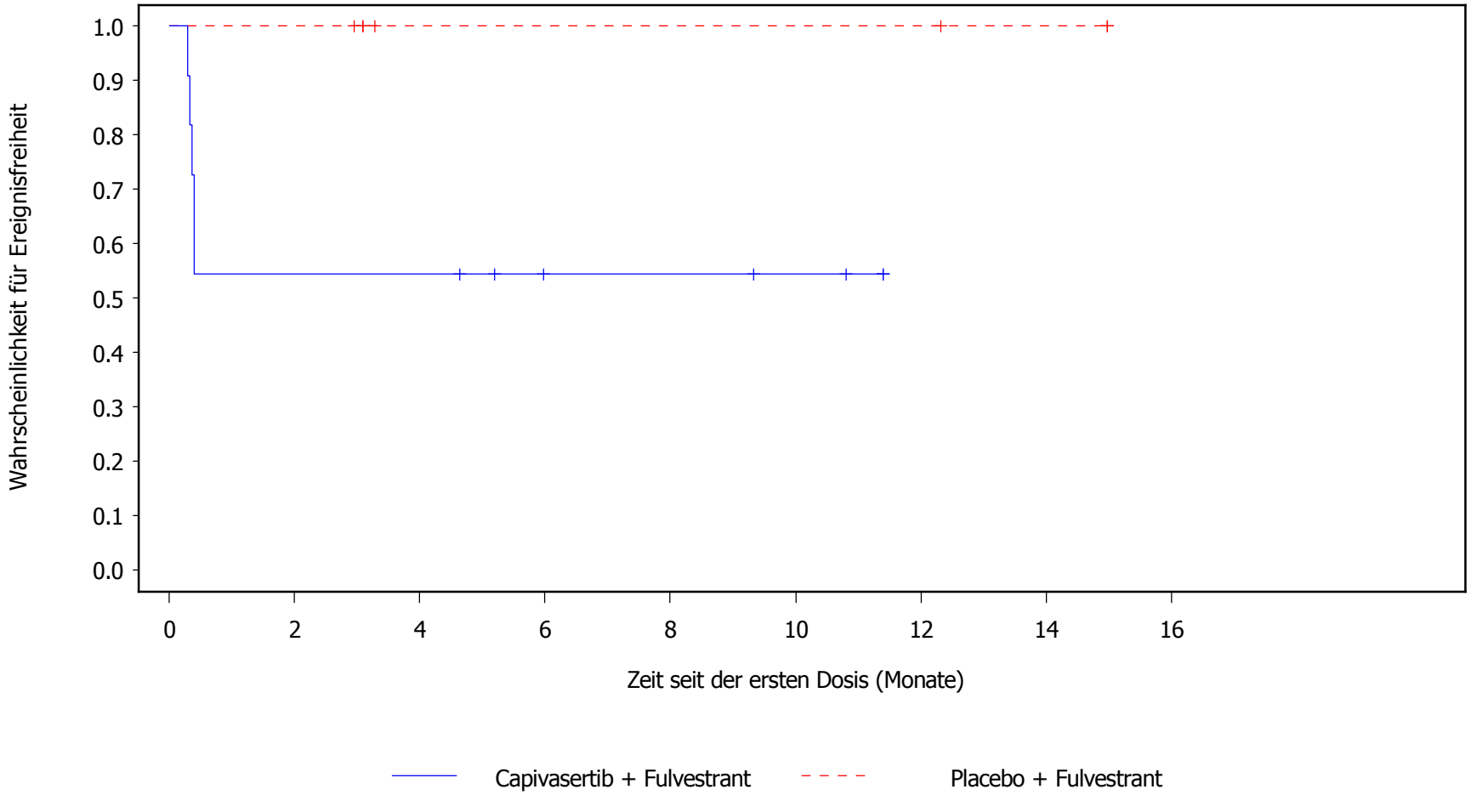
Figure 3.3.2.11 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	3	3	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

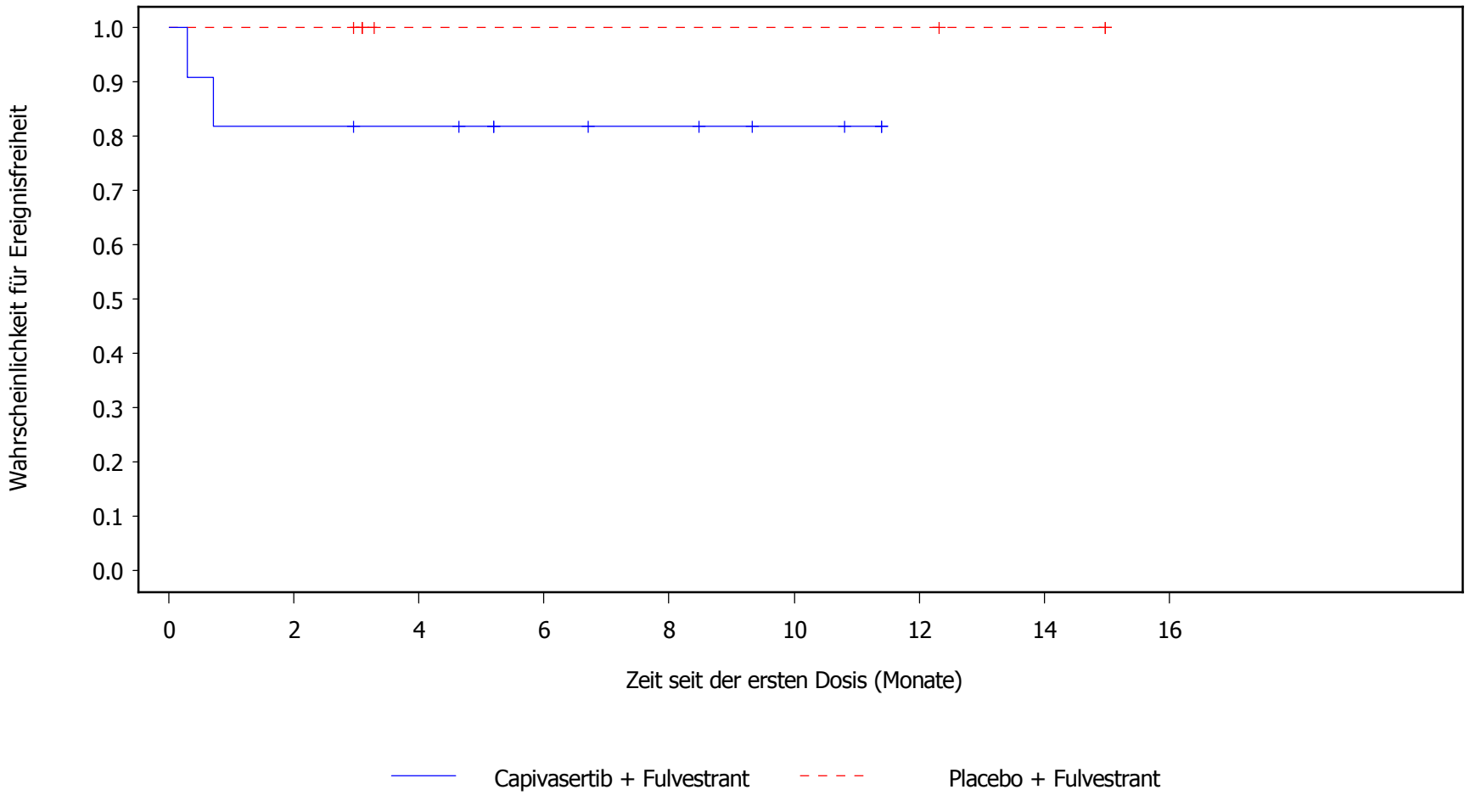
Figure 3.3.2.12 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	6	6	3	3	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

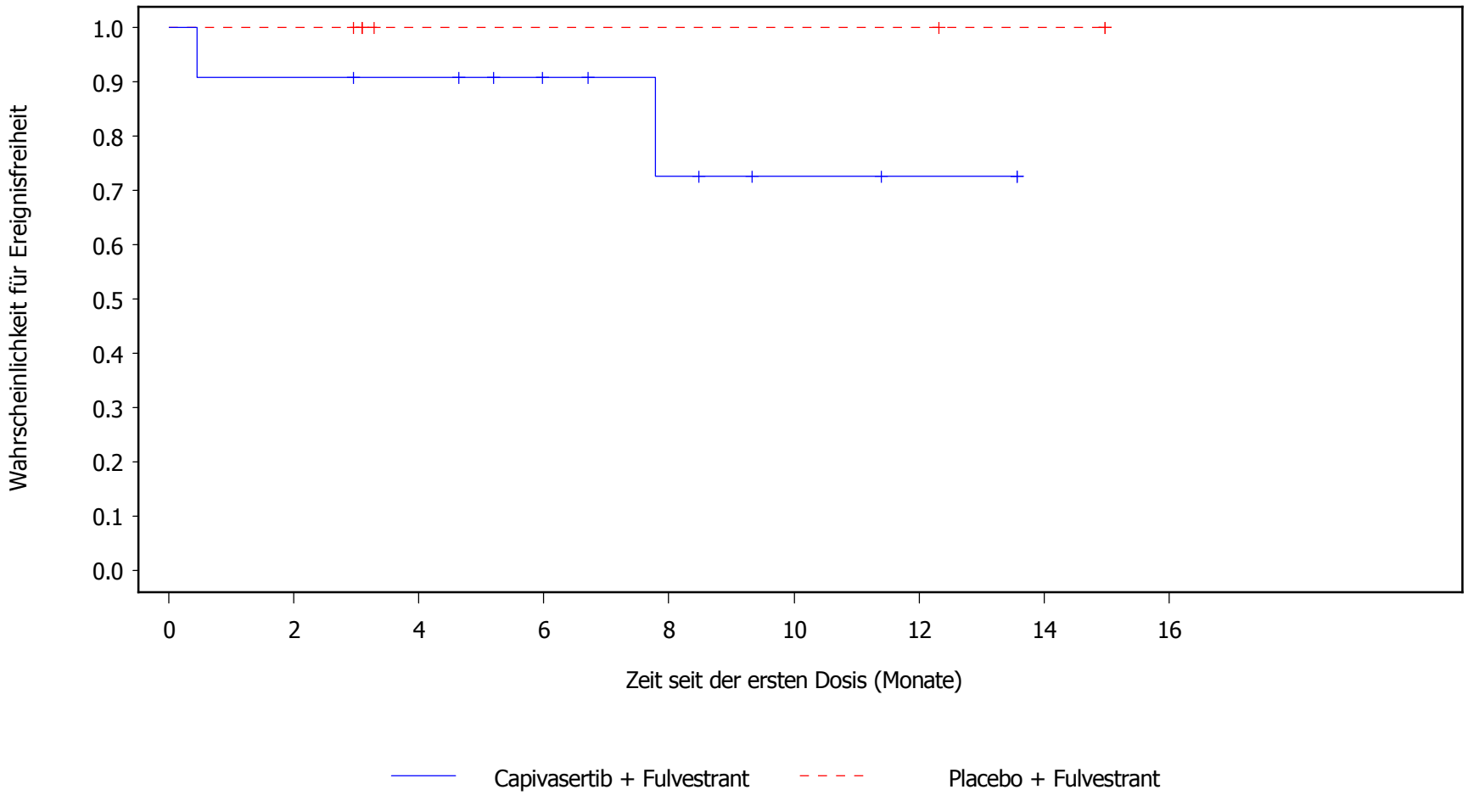
Figure 3.3.2.13 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

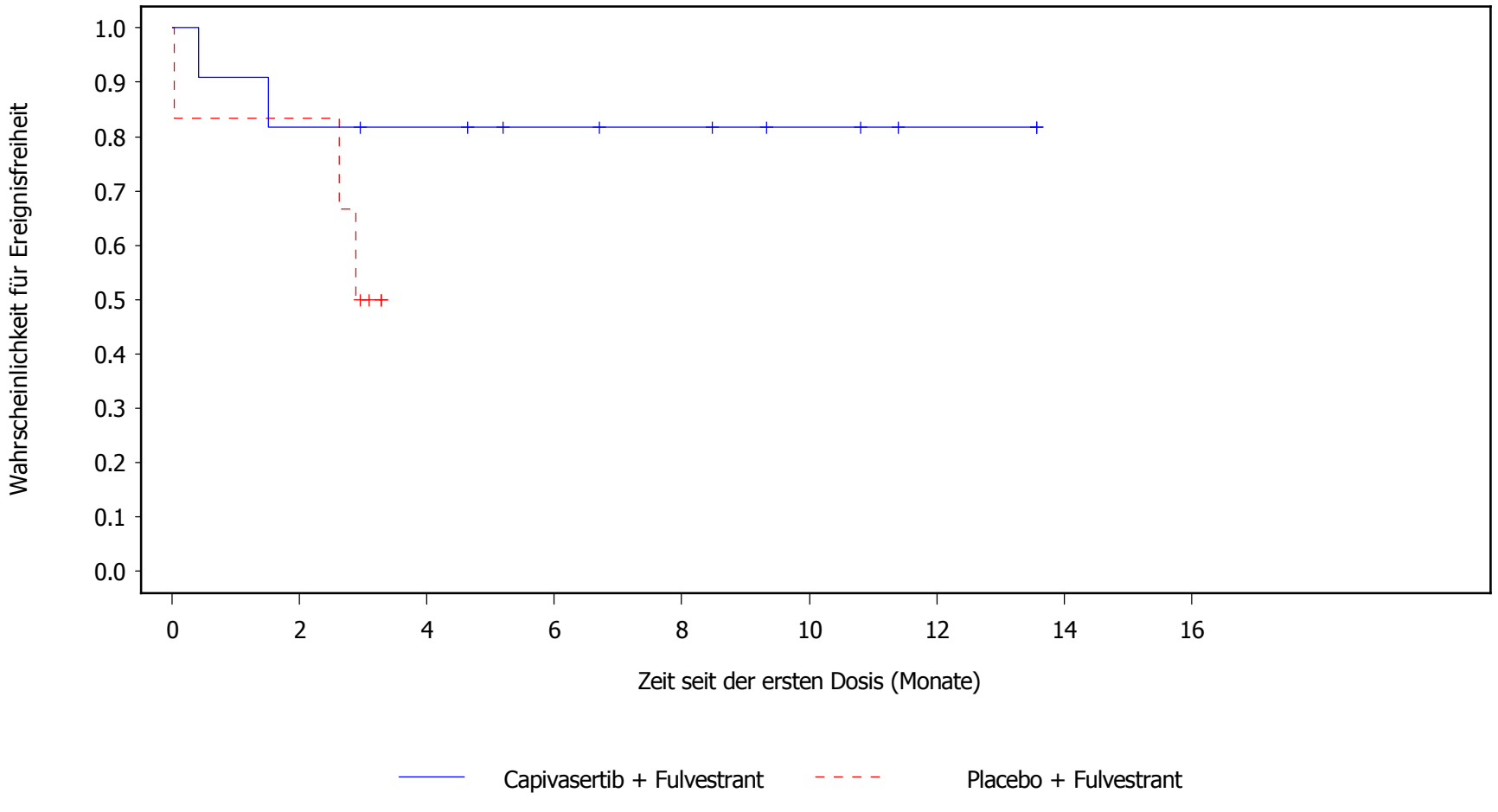
Figure 3.3.2.14 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Erythem
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	4	2	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

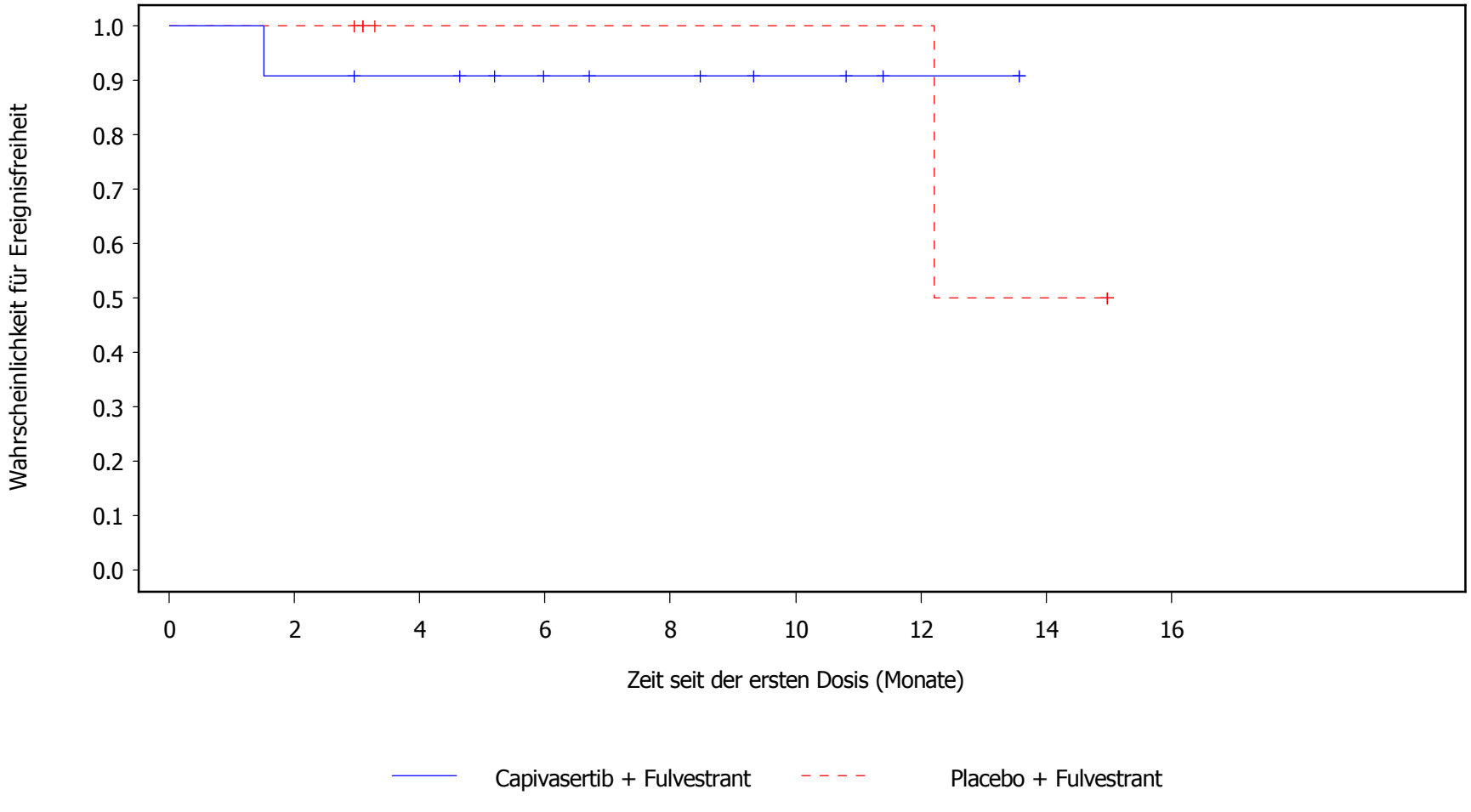
Figure 3.3.2.15 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Nieren und Harnwege
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	0	0	0	0	0	0	0	Placebo + Fulvestrant

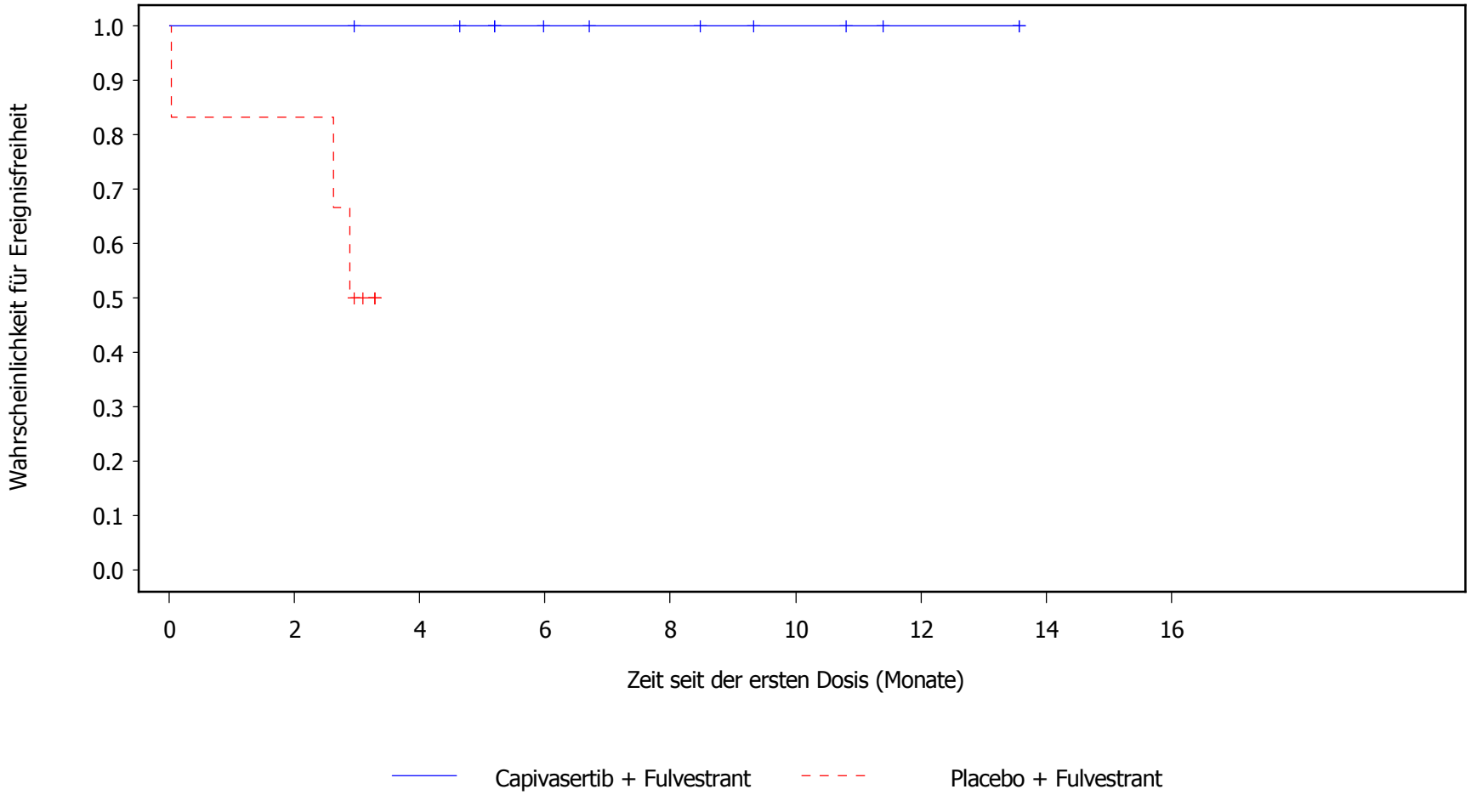
Figure 3.3.2.16 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Albuminurie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

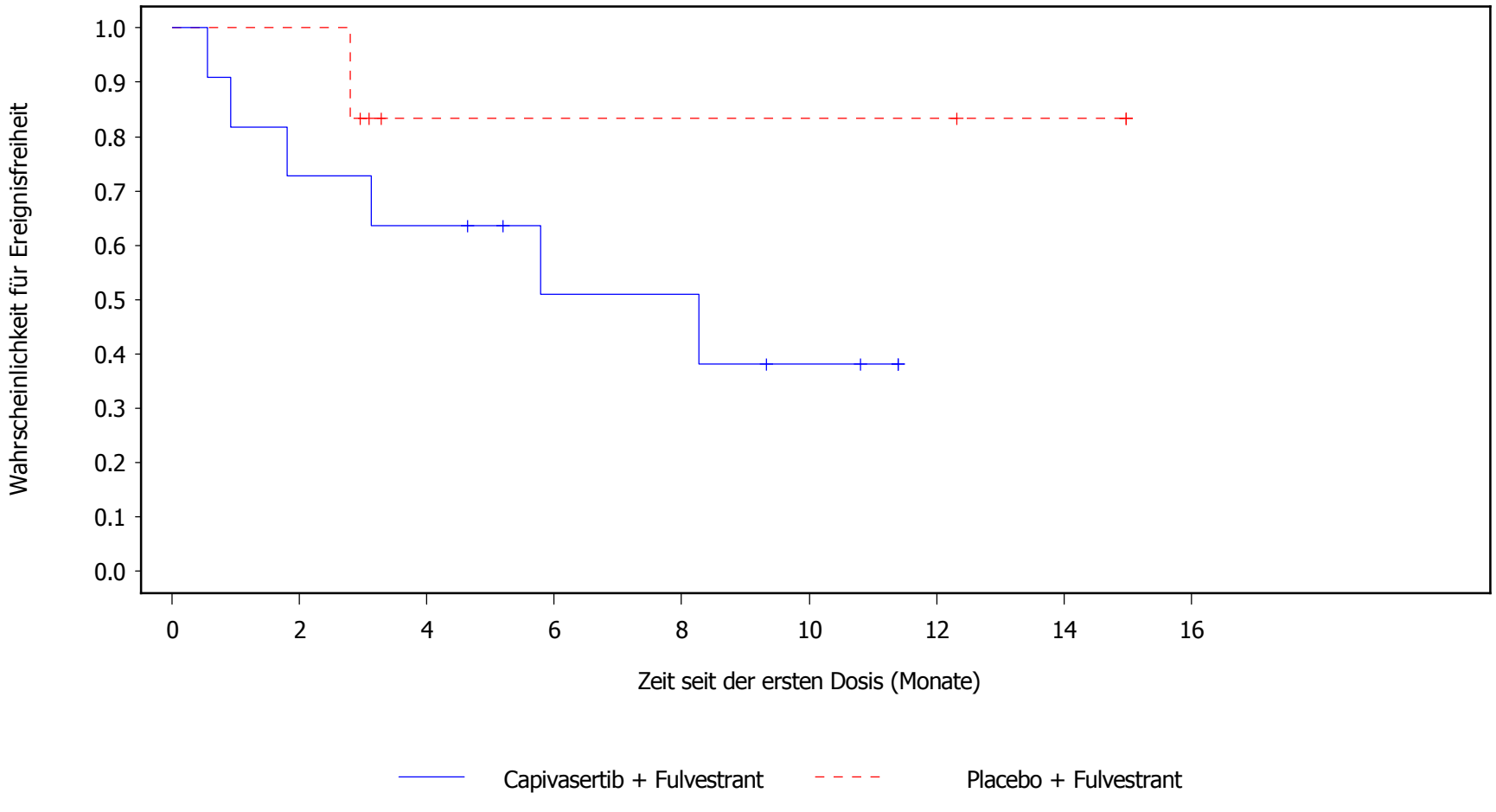
Figure 3.3.2.17 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Proteinurie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	0	0	0	0	0	0	0	Placebo + Fulvestrant

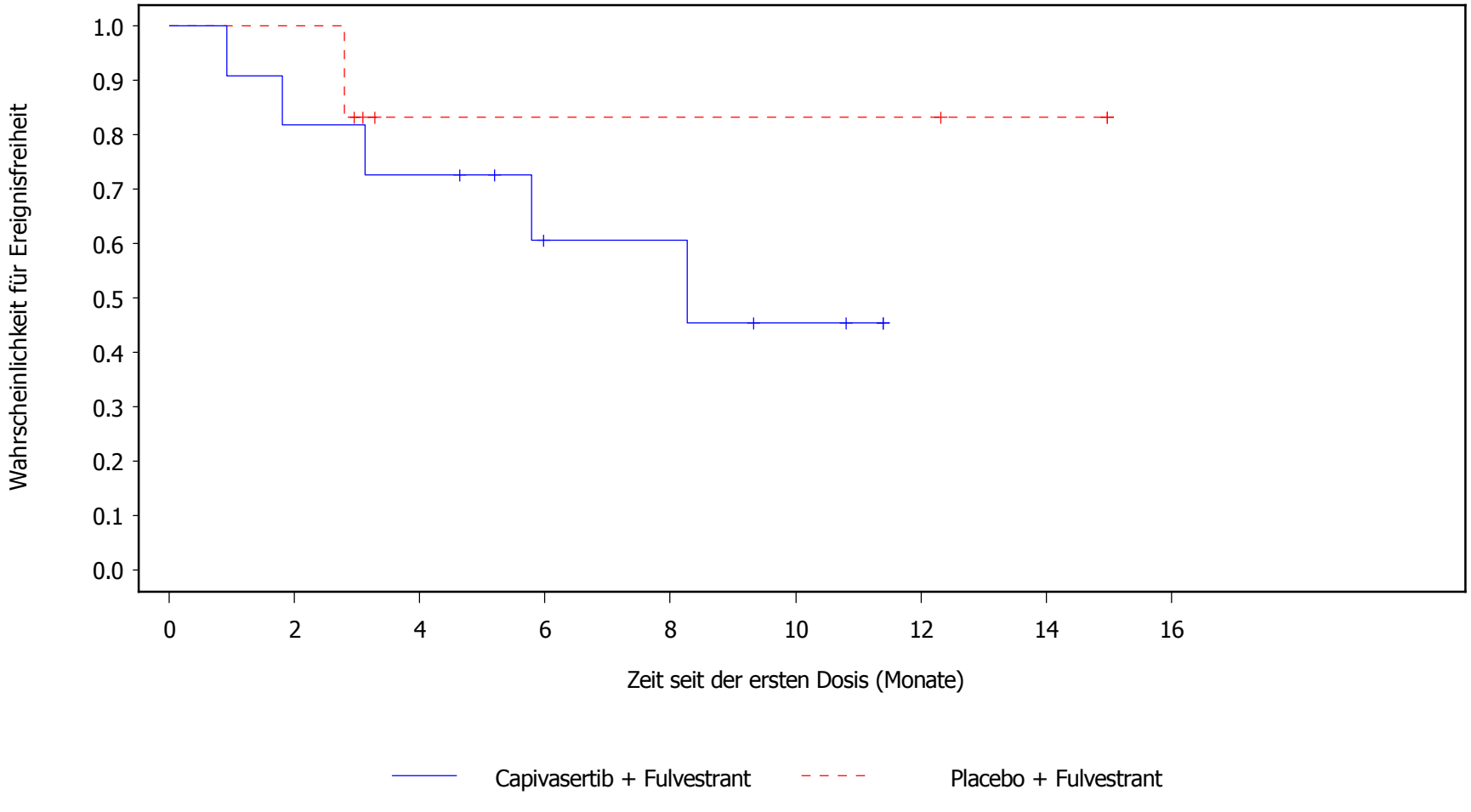
Figure 3.3.2.18 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Blutes und des Lymphsystems
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	7	4	4	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

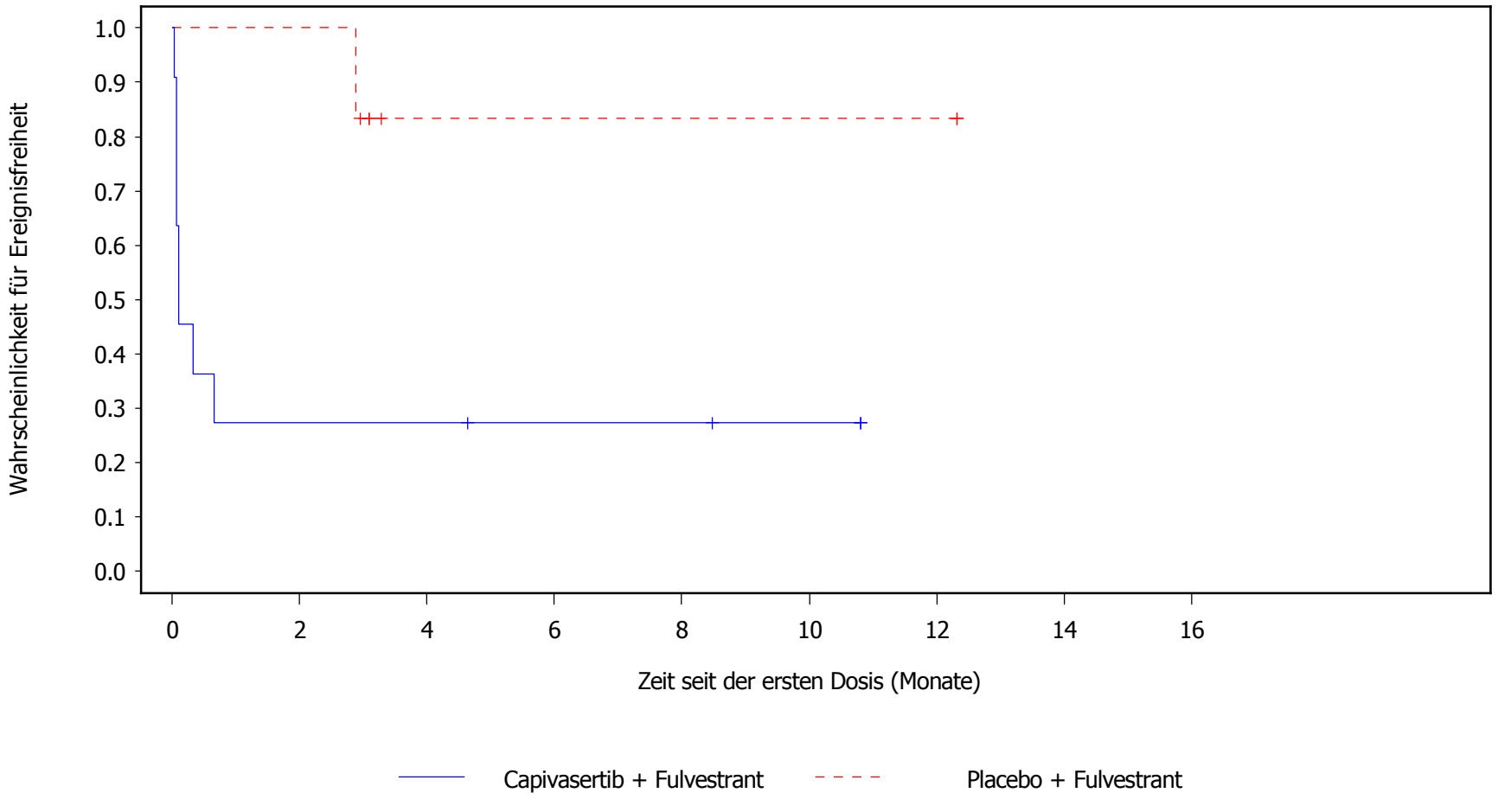
Figure 3.3.2.19 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Anaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	4	4	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

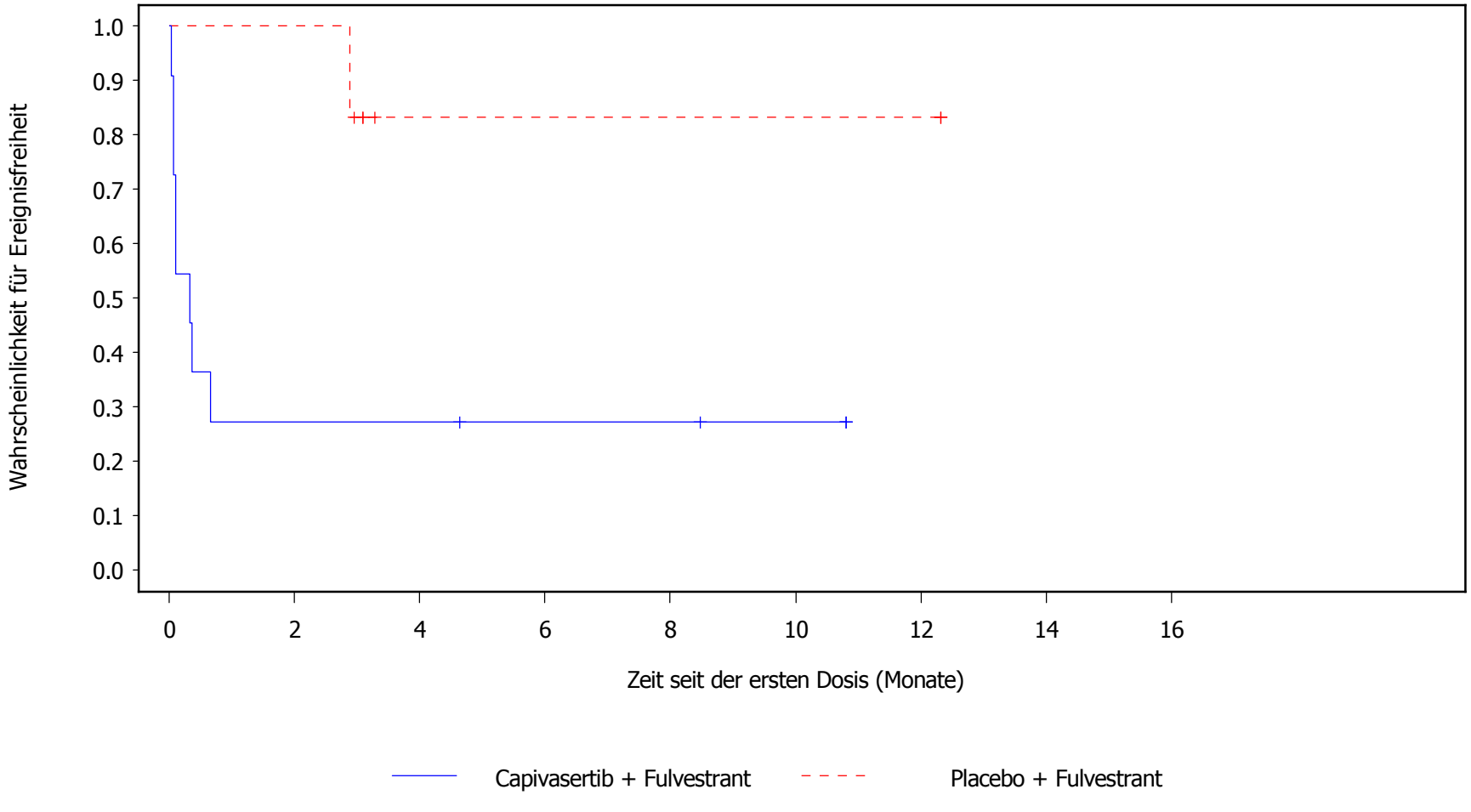
Figure 3.3.2.20 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	3	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
6	6	1	1	1	1	1	0	0	Placebo + Fulvestrant

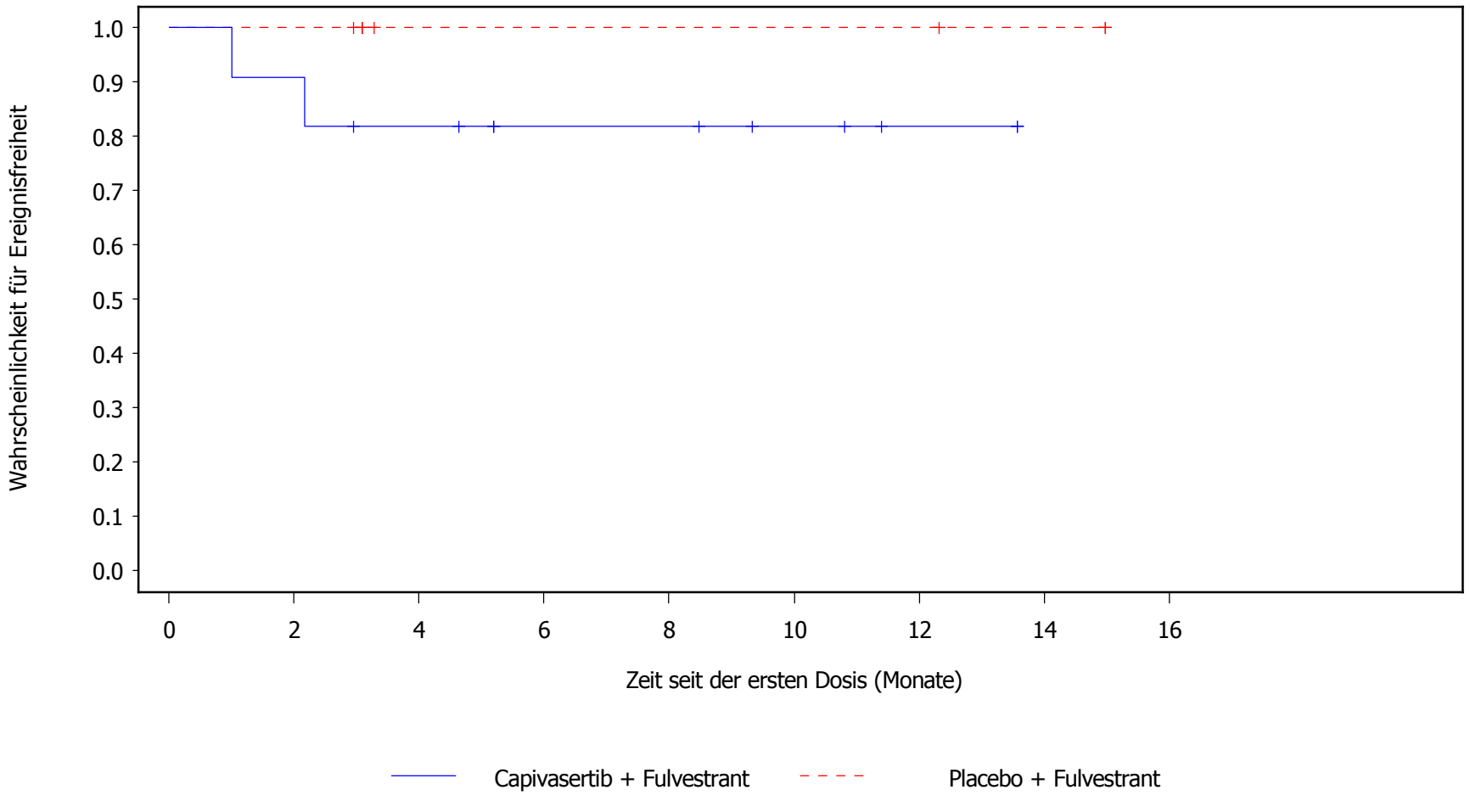
Figure 3.3.2.21 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Diarrhoe
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	3	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
6	6	1	1	1	1	1	0	0	Placebo + Fulvestrant

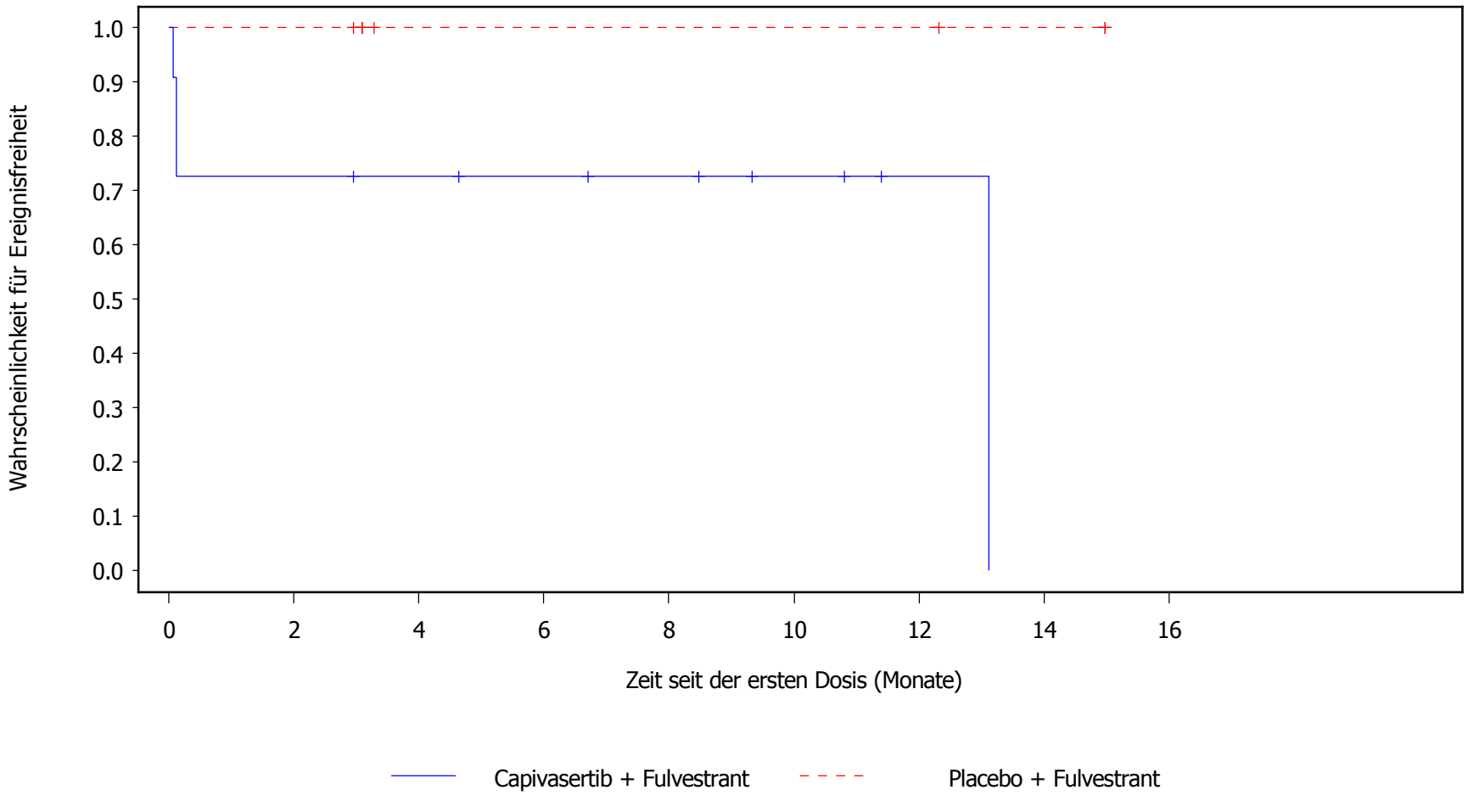
Figure 3.3.2.22 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Mundulzeration
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	8	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

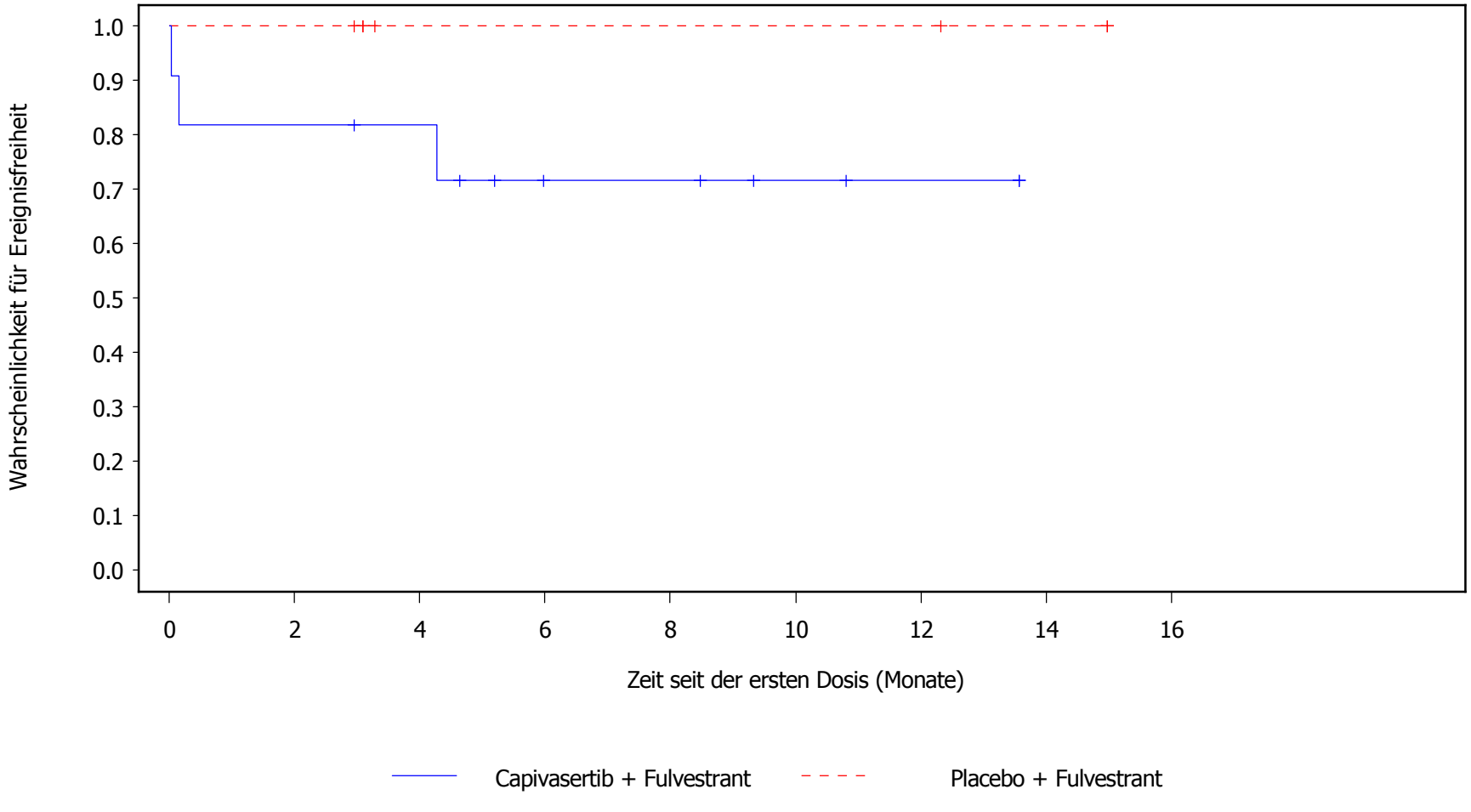
Figure 3.3.2.23 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Uebelkeit
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	7	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

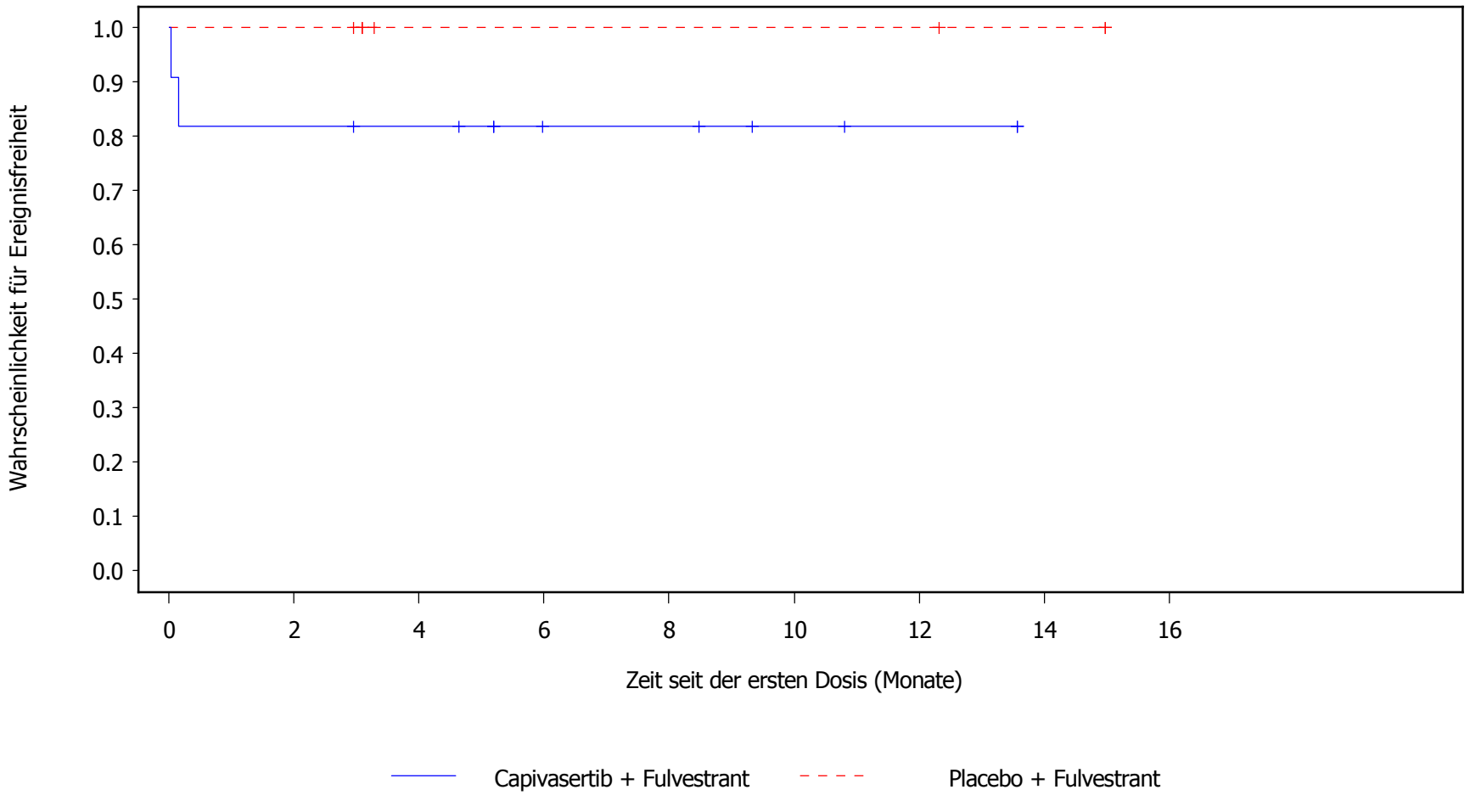
Figure 3.3.2.24 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Nervensystems
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	4	4	2	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

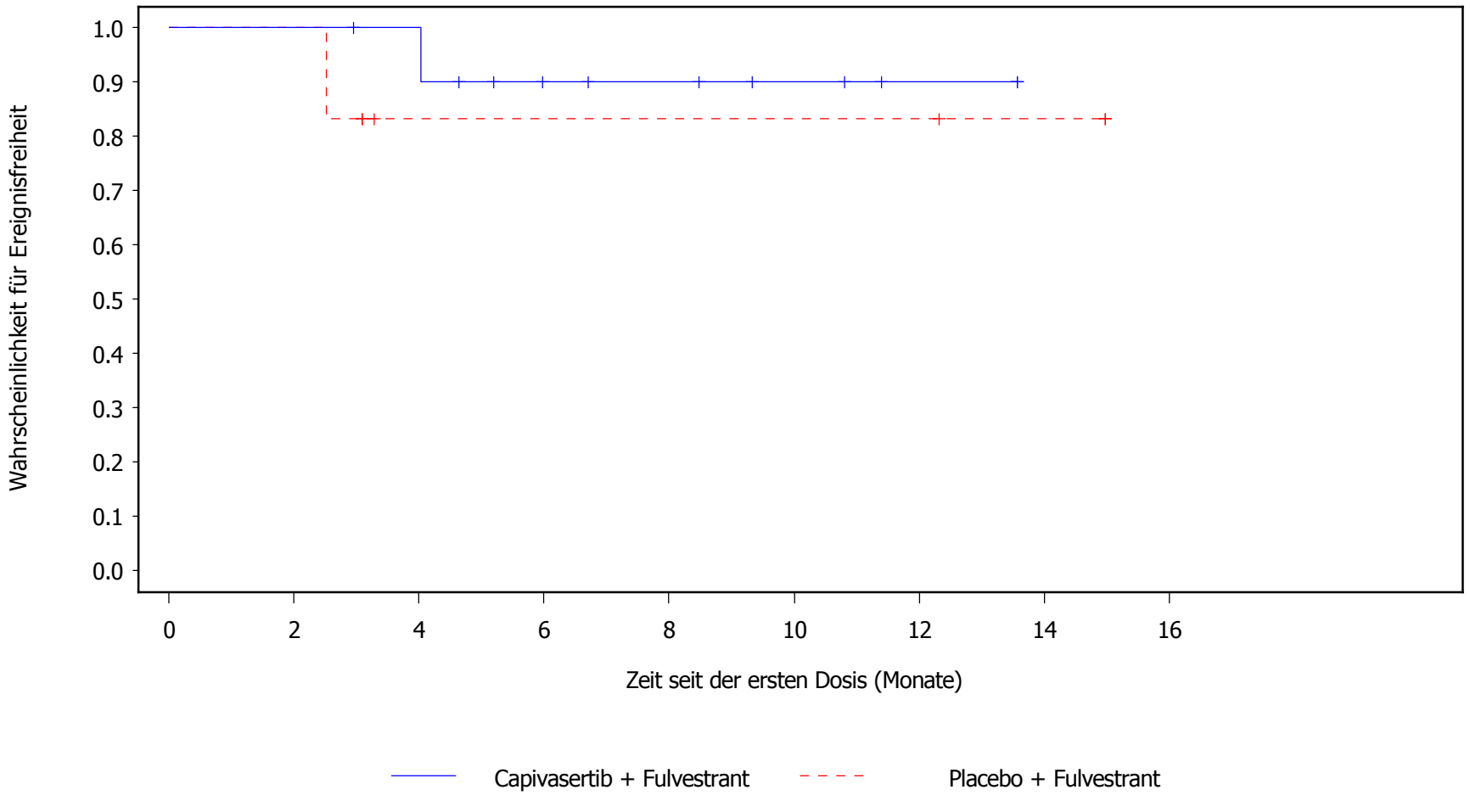
Figure 3.3.2.25 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Kopfschmerzen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	4	4	2	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

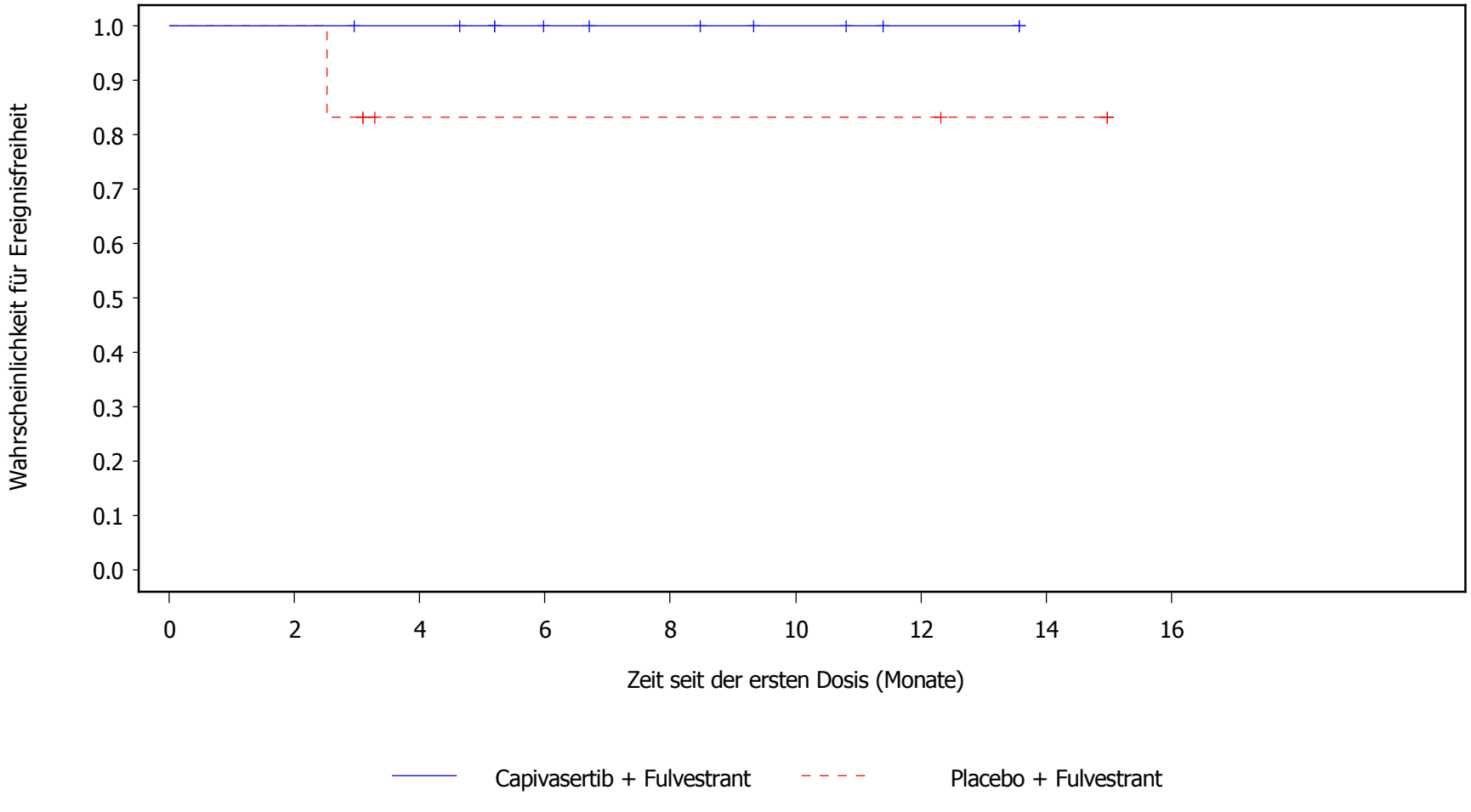
Figure 3.3.2.26 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Herzerkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

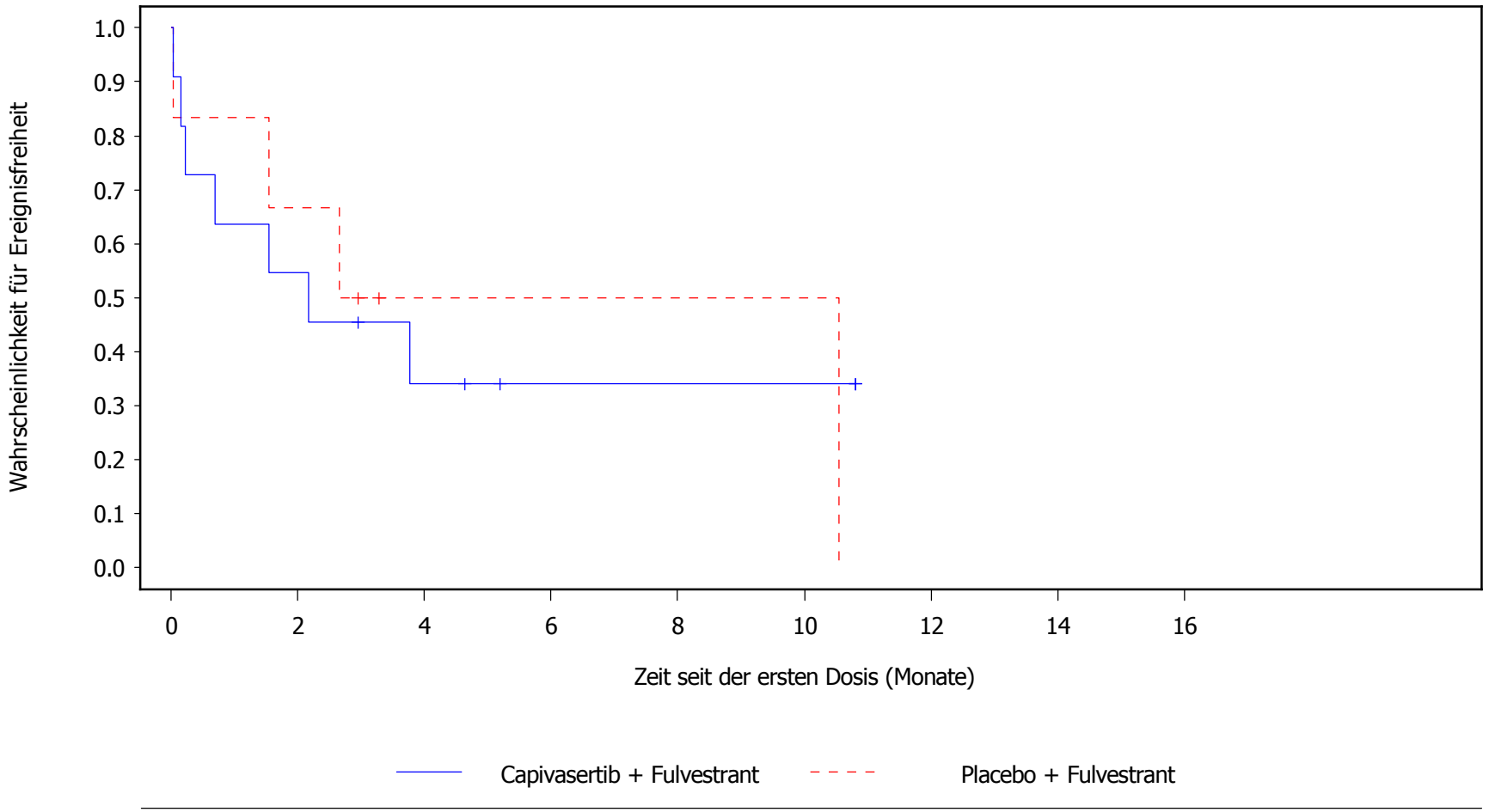
Figure 3.3.2.27 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Tachykardie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

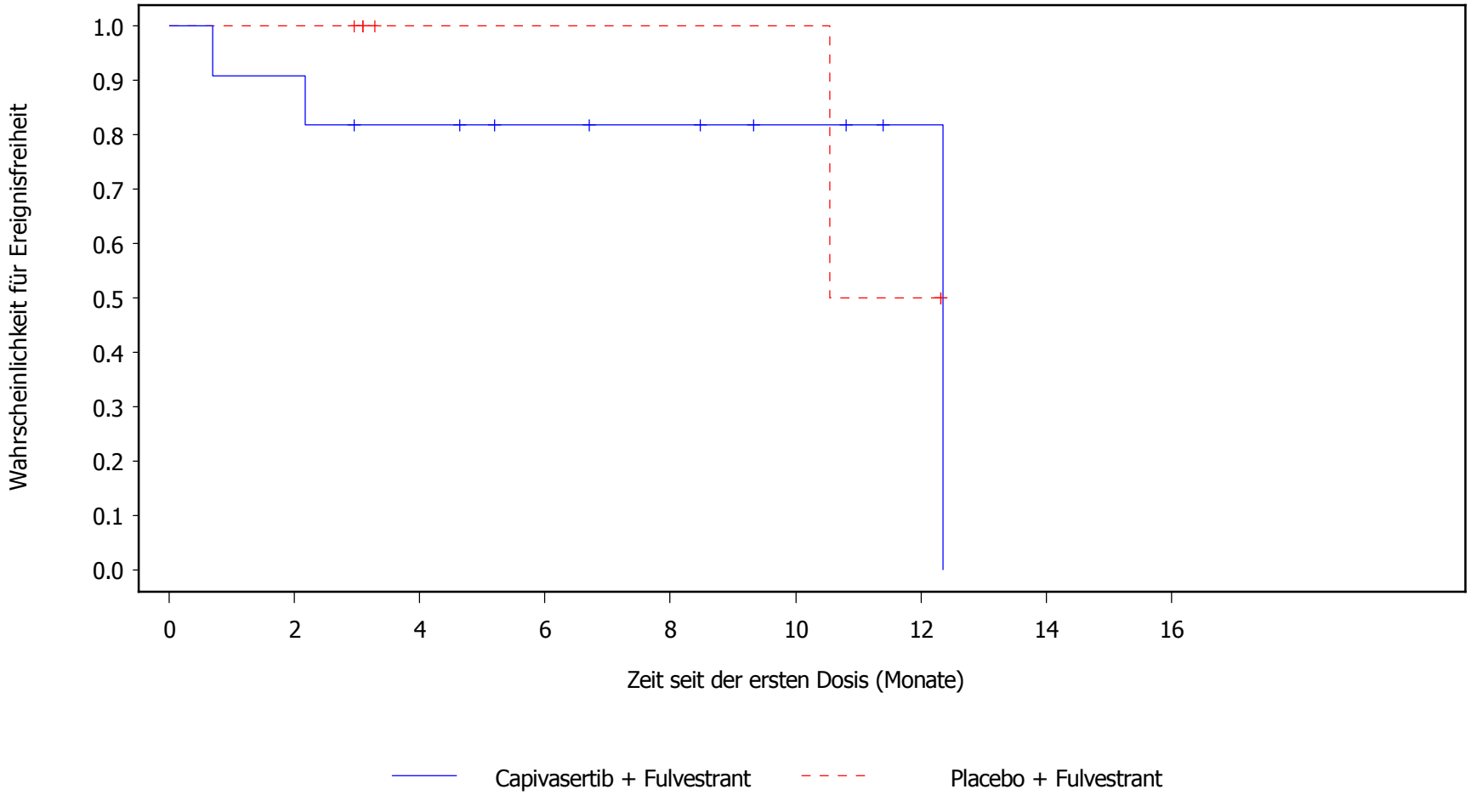
Figure 3.3.2.28 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	6	3	1	1	1	0	0	0	Capivasertib + Fulvestrant
6	4	1	1	1	1	0	0	0	Placebo + Fulvestrant

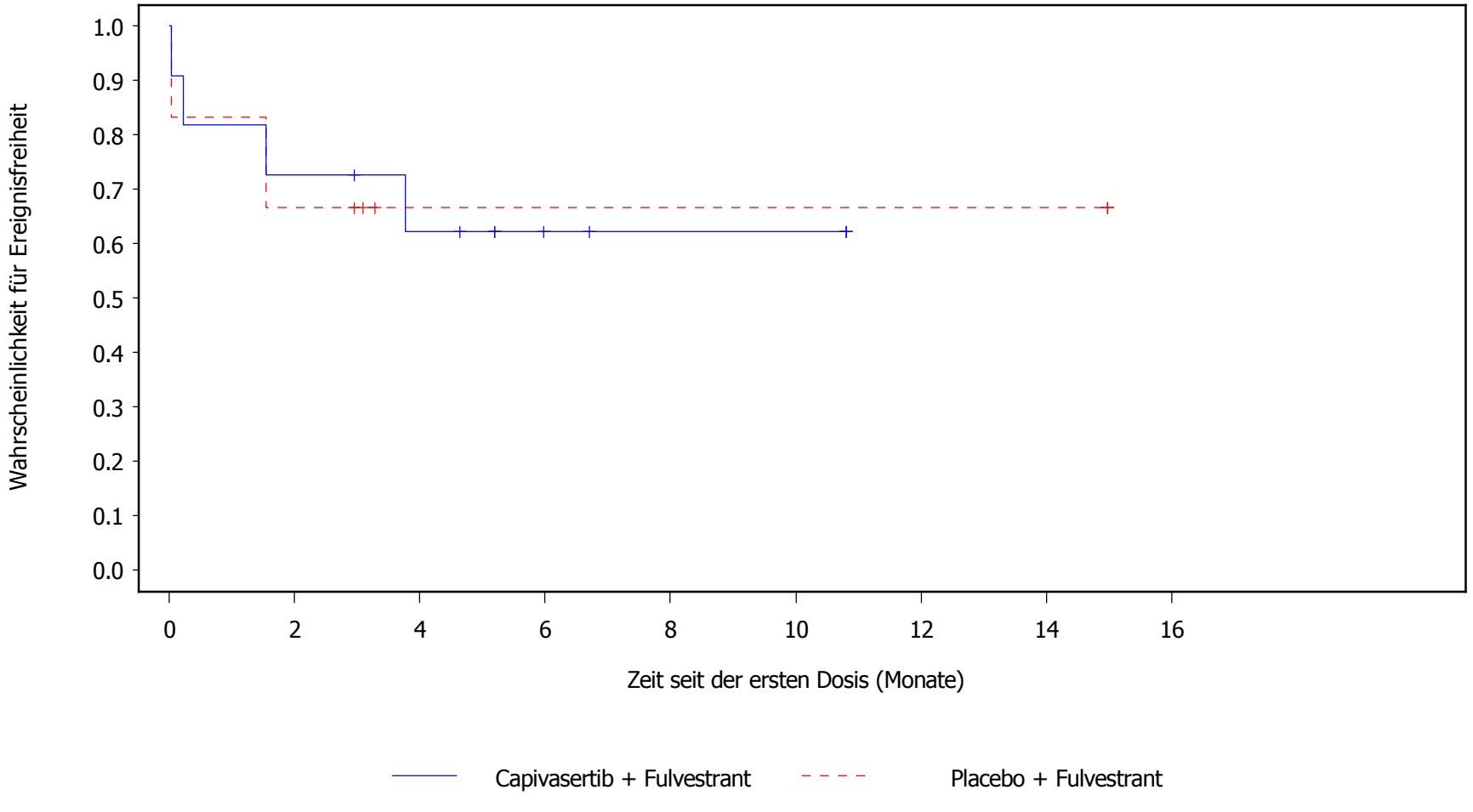
Figure 3.3.2.29 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: COVID-19
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	8	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	1	0	0	Placebo + Fulvestrant

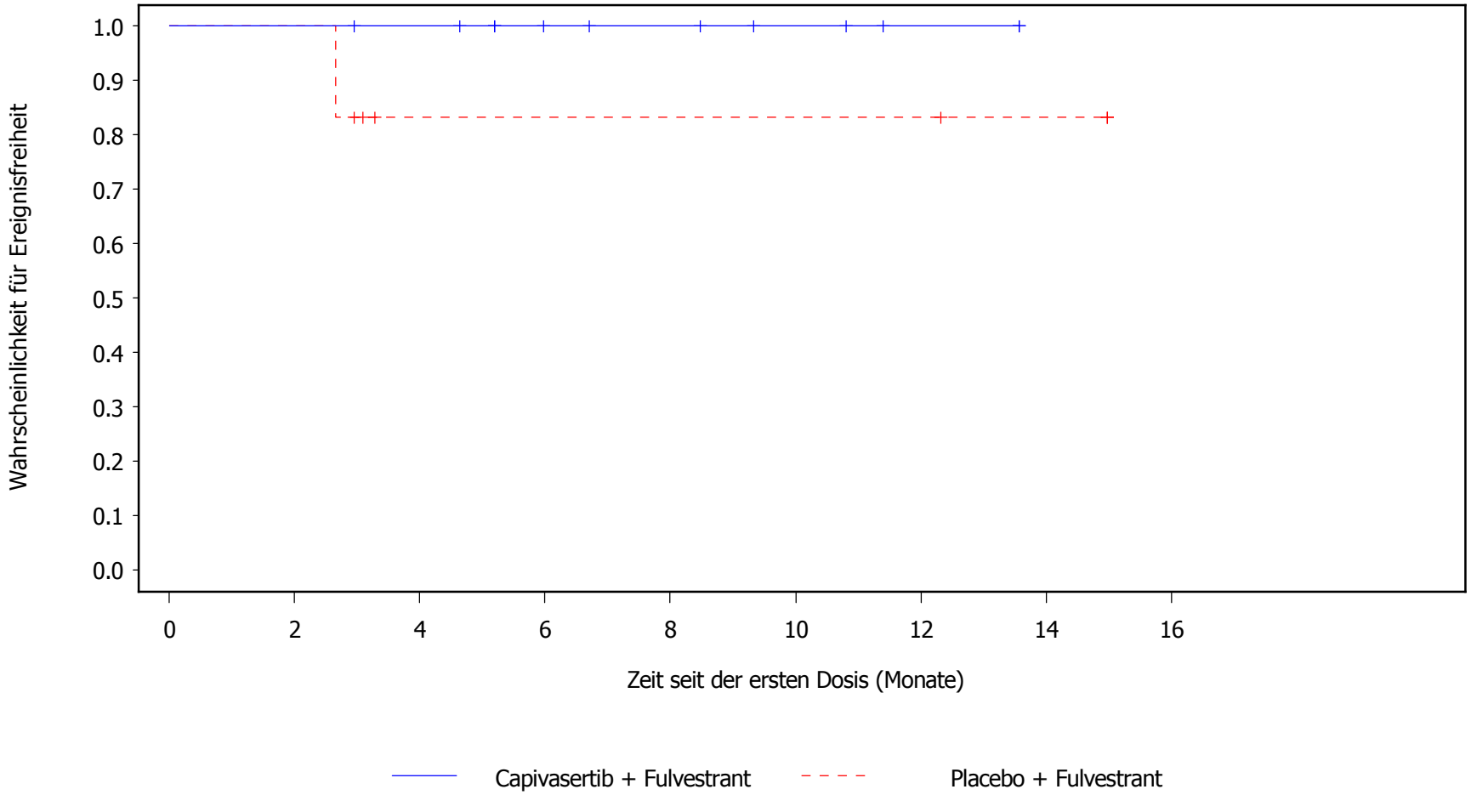
Figure 3.3.2.30 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Harnwegsinfektion
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	6	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	4	1	1	1	1	1	1	0	Placebo + Fulvestrant

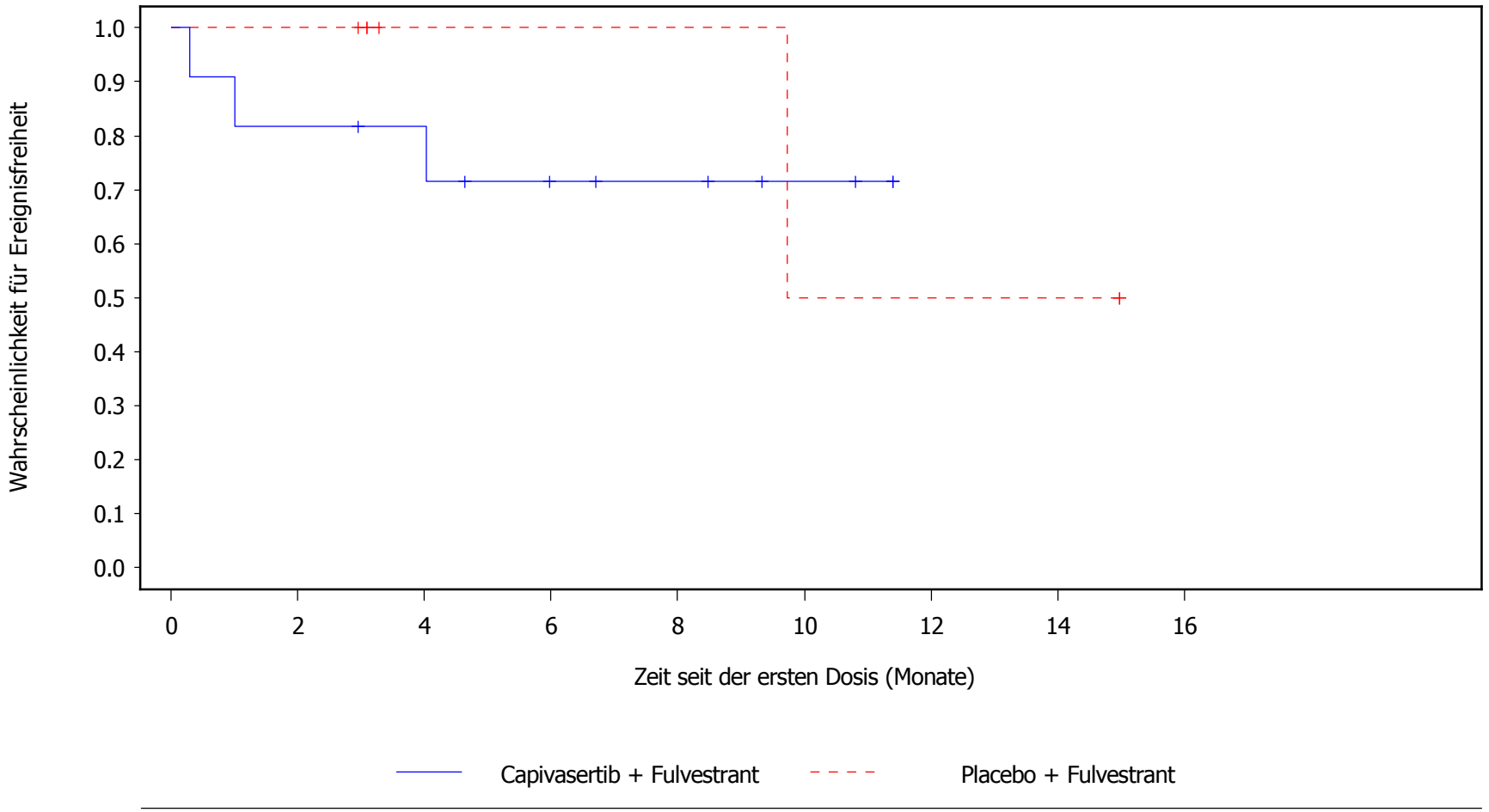
Figure 3.3.2.31 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Pneumonie durch Bakterien
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

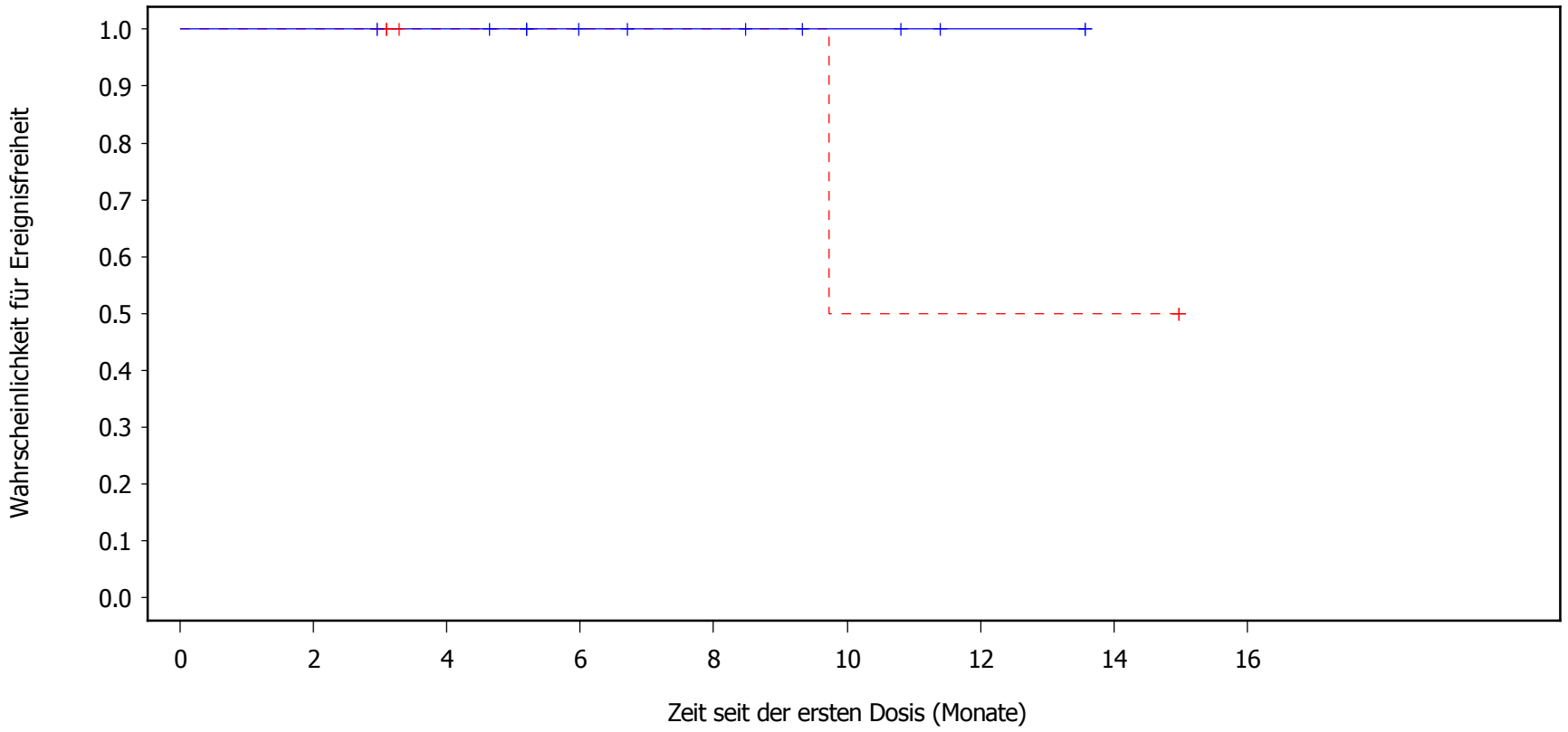
Figure 3.3.2.32 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	1	1	1	0	Placebo + Fulvestrant

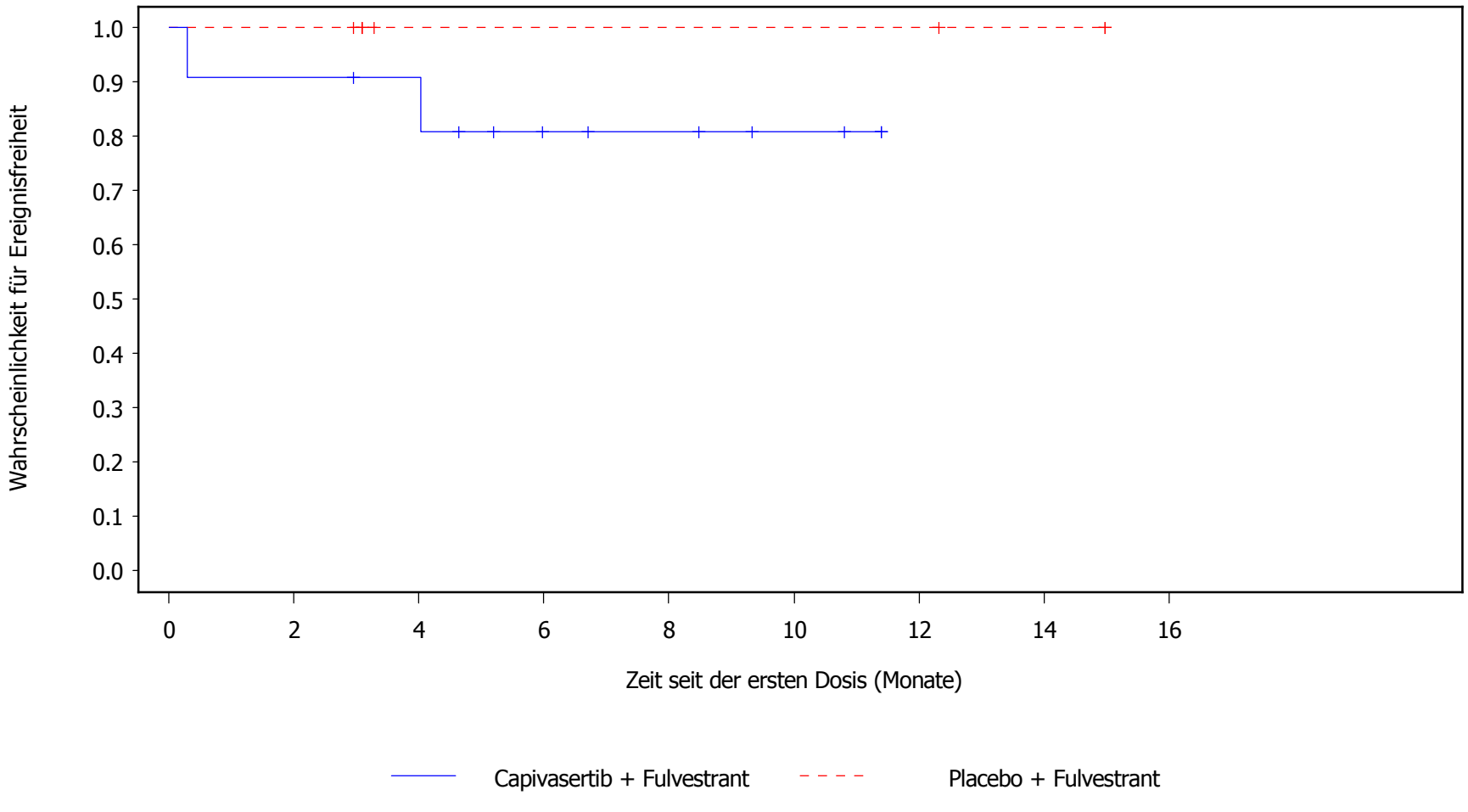
Figure 3.3.2.33 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Brustschmerzen die Skelettmuskulatur betreffend
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	1	1	1	0	Placebo + Fulvestrant

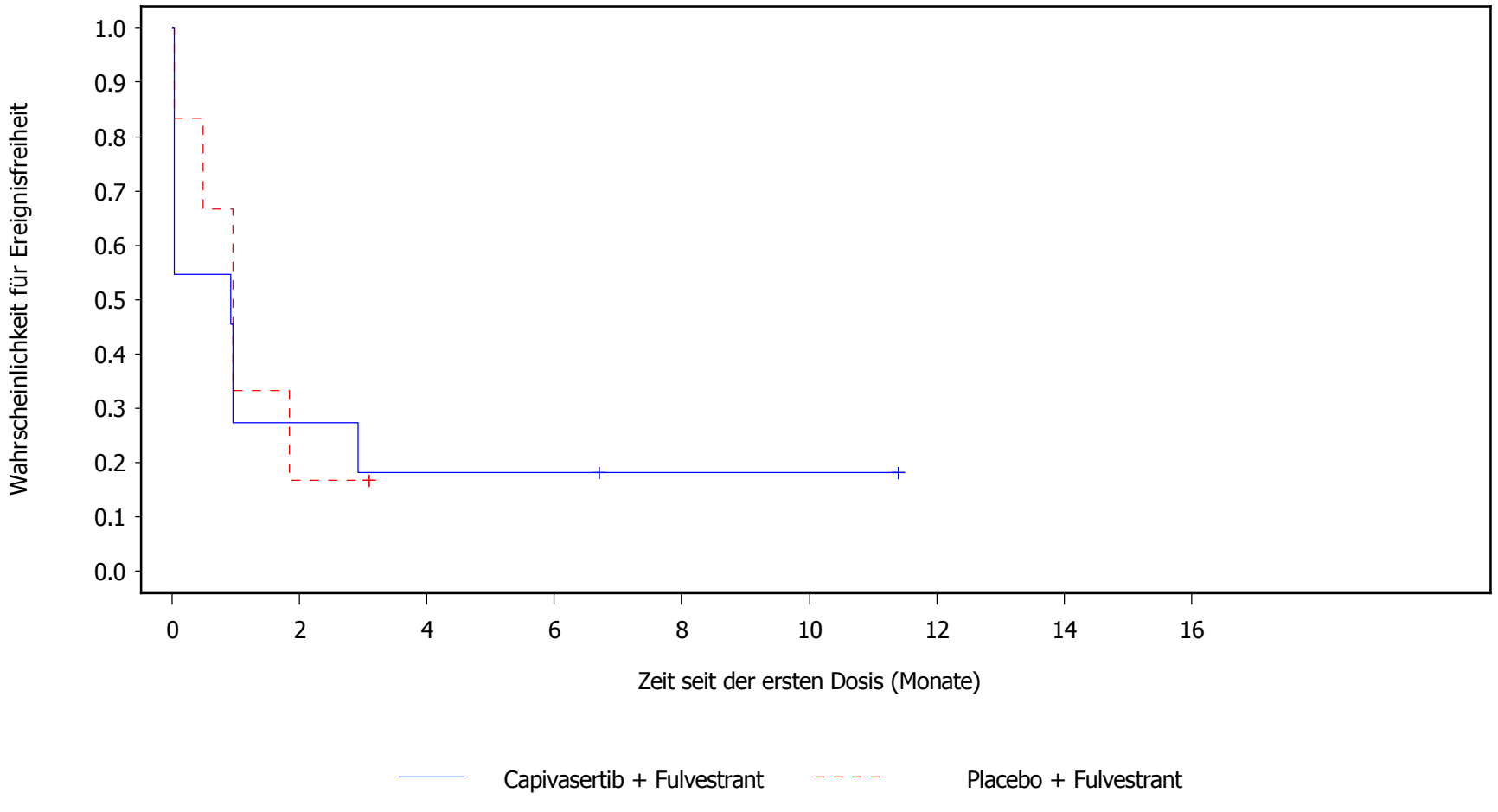
Figure 3.3.2.34 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Knochenschmerzen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

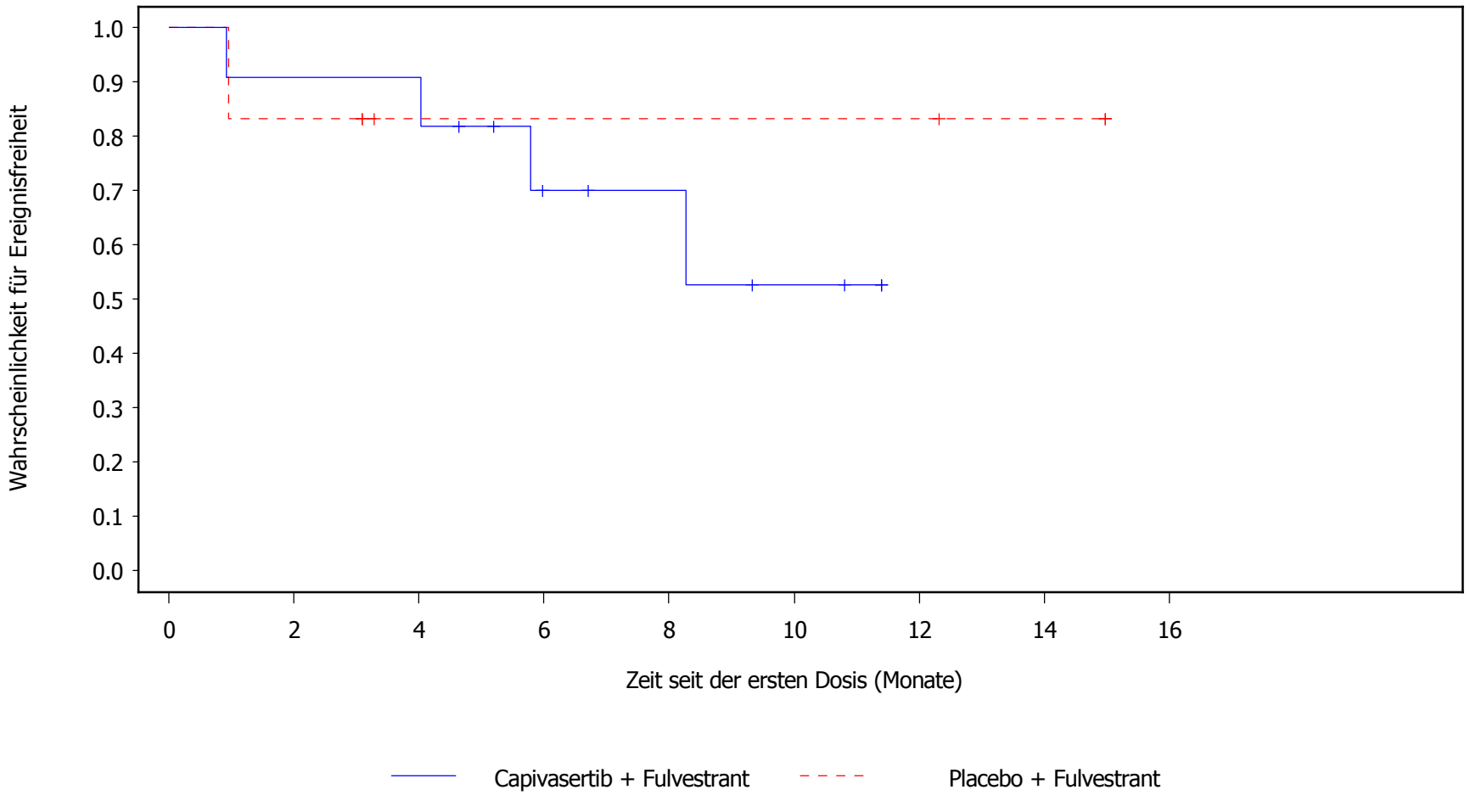
Figure 3.3.2.35 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	3	2	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

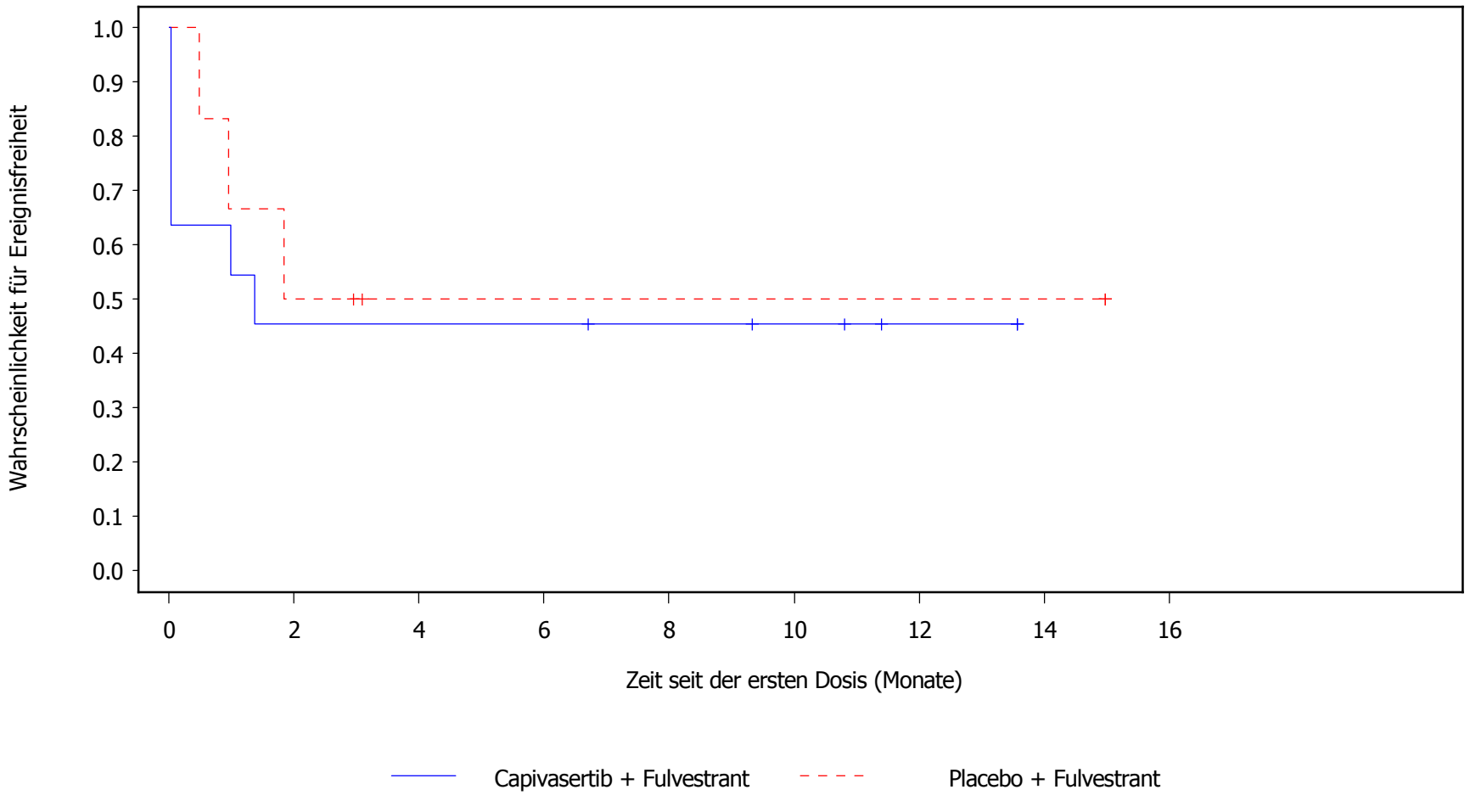
Figure 3.3.2.36 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypalbuminaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	10	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

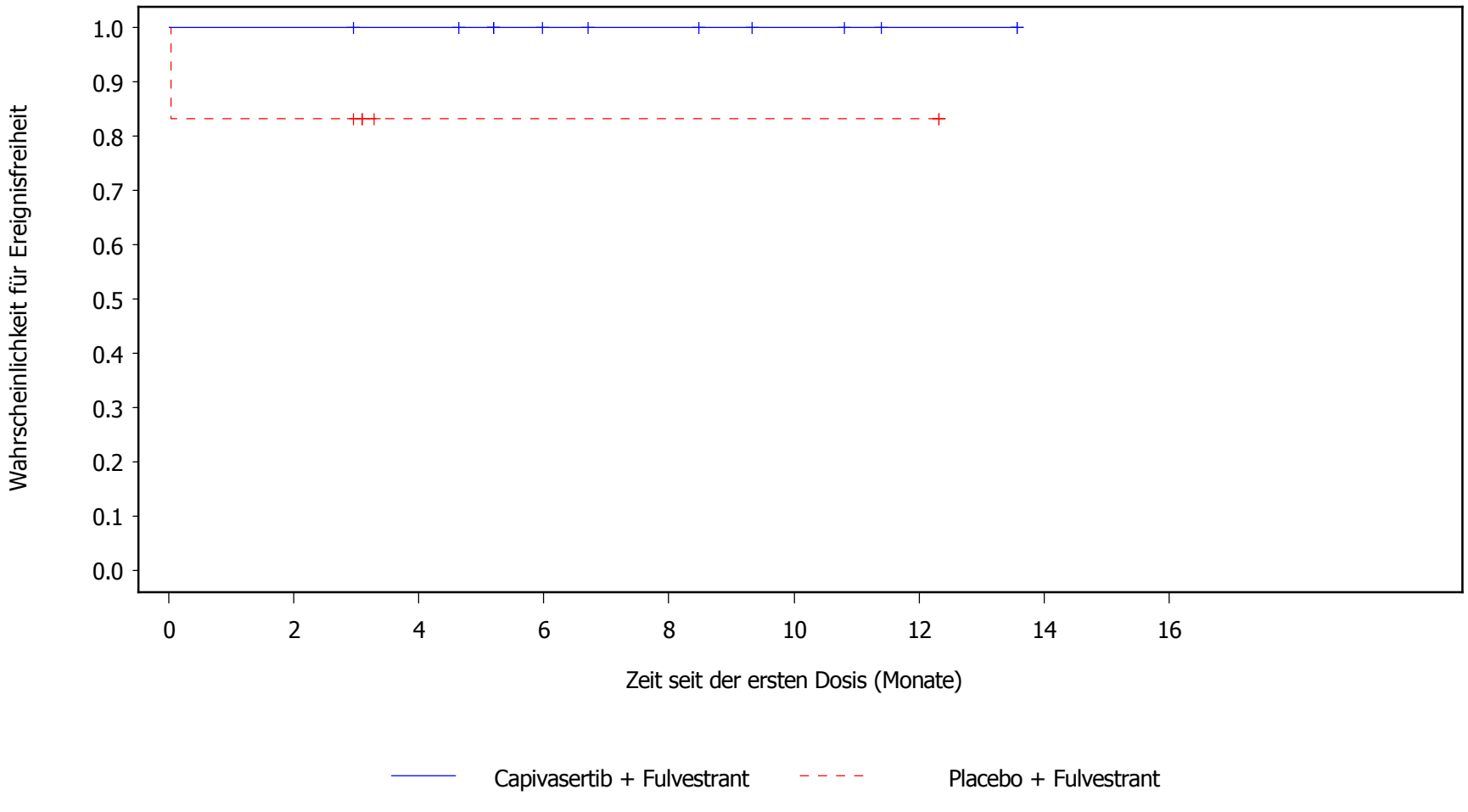
Figure 3.3.2.37 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hyperglykaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	5	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	3	1	1	1	1	1	1	0	Placebo + Fulvestrant

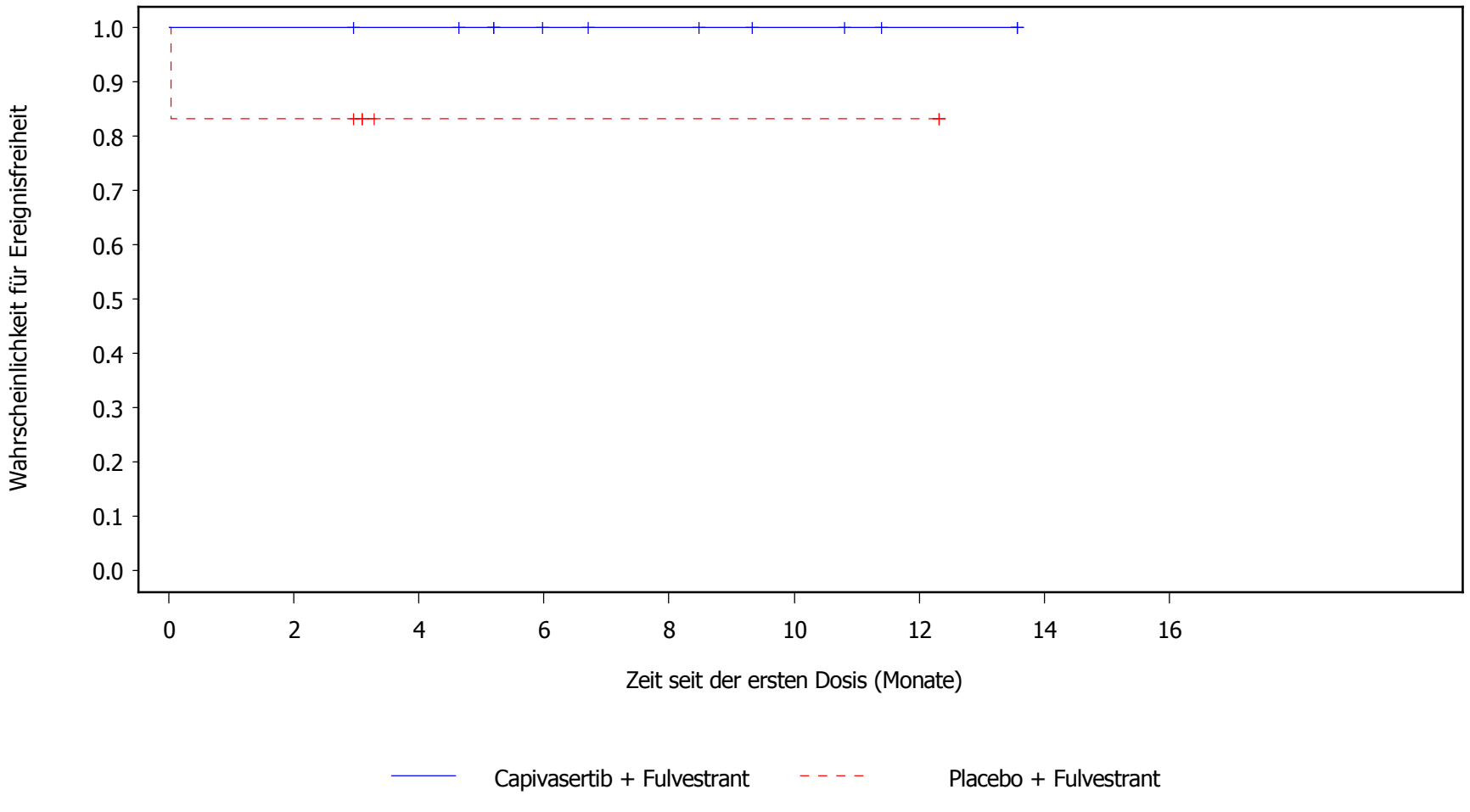
Figure 3.3.2.38 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hyperkalzaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	1	1	1	1	1	0	0	Placebo + Fulvestrant

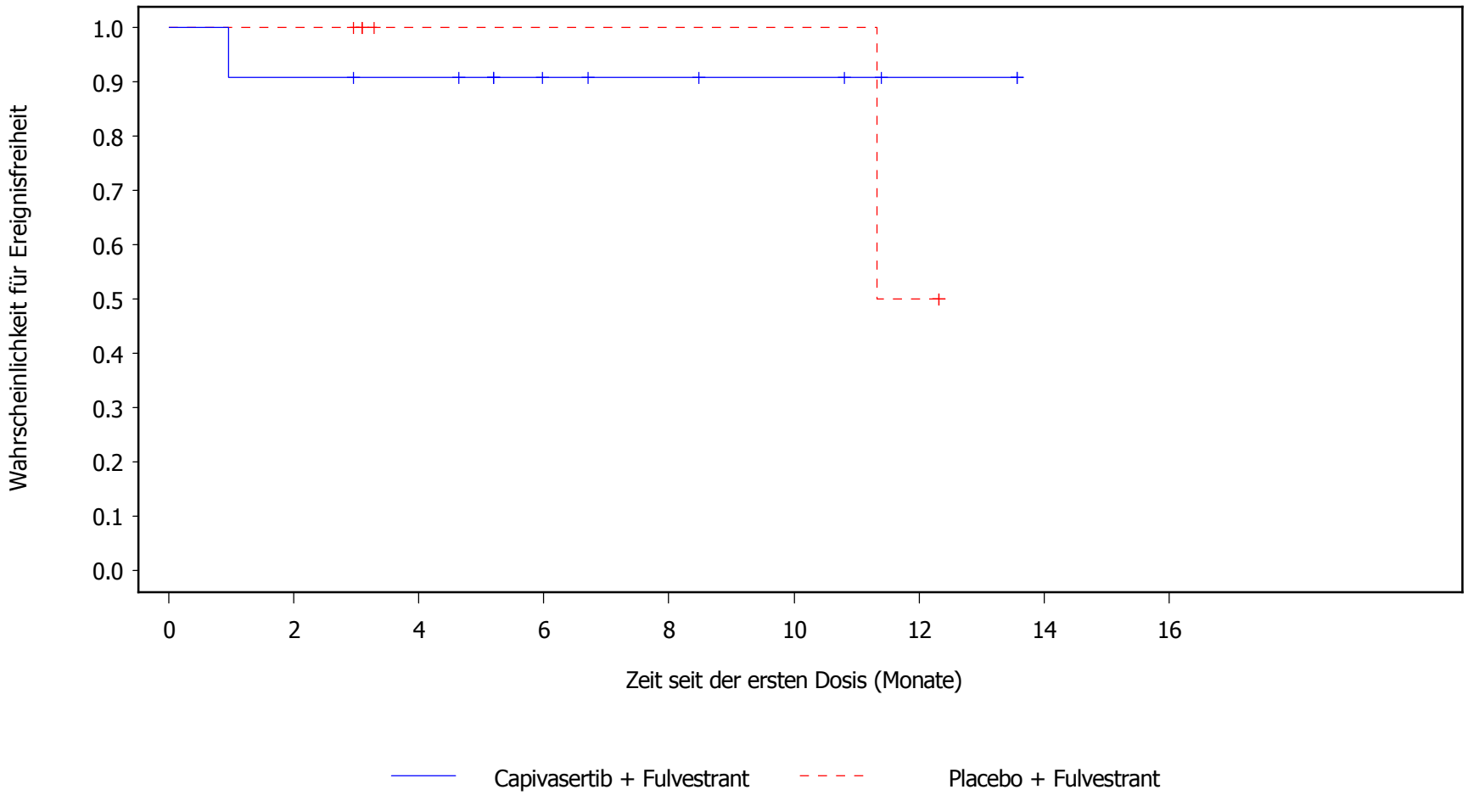
Figure 3.3.2.39 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hyperphosphataemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	1	1	1	1	1	0	0	Placebo + Fulvestrant

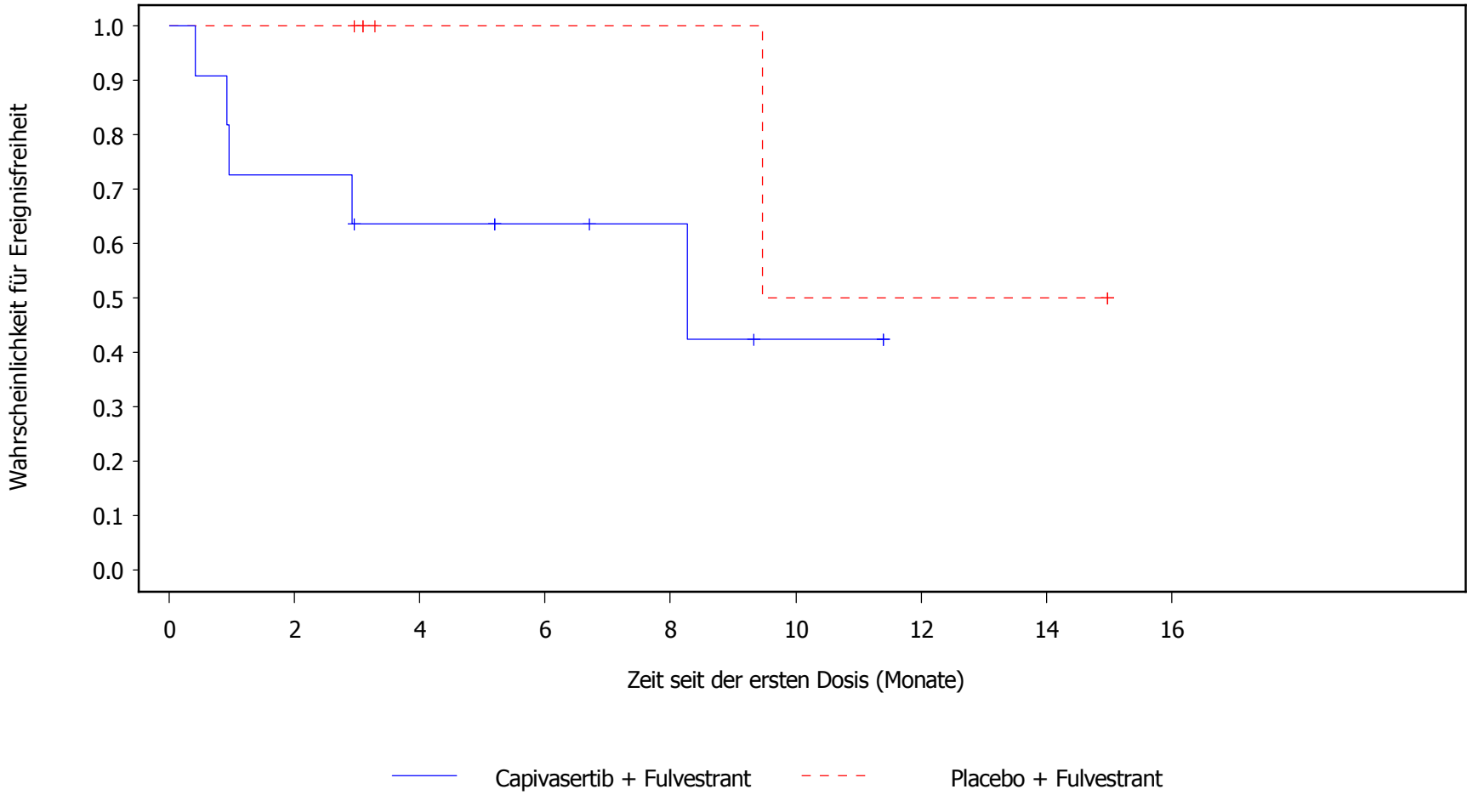
Figure 3.3.2.40 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypertriglyzeridaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	1	0	0	Placebo + Fulvestrant

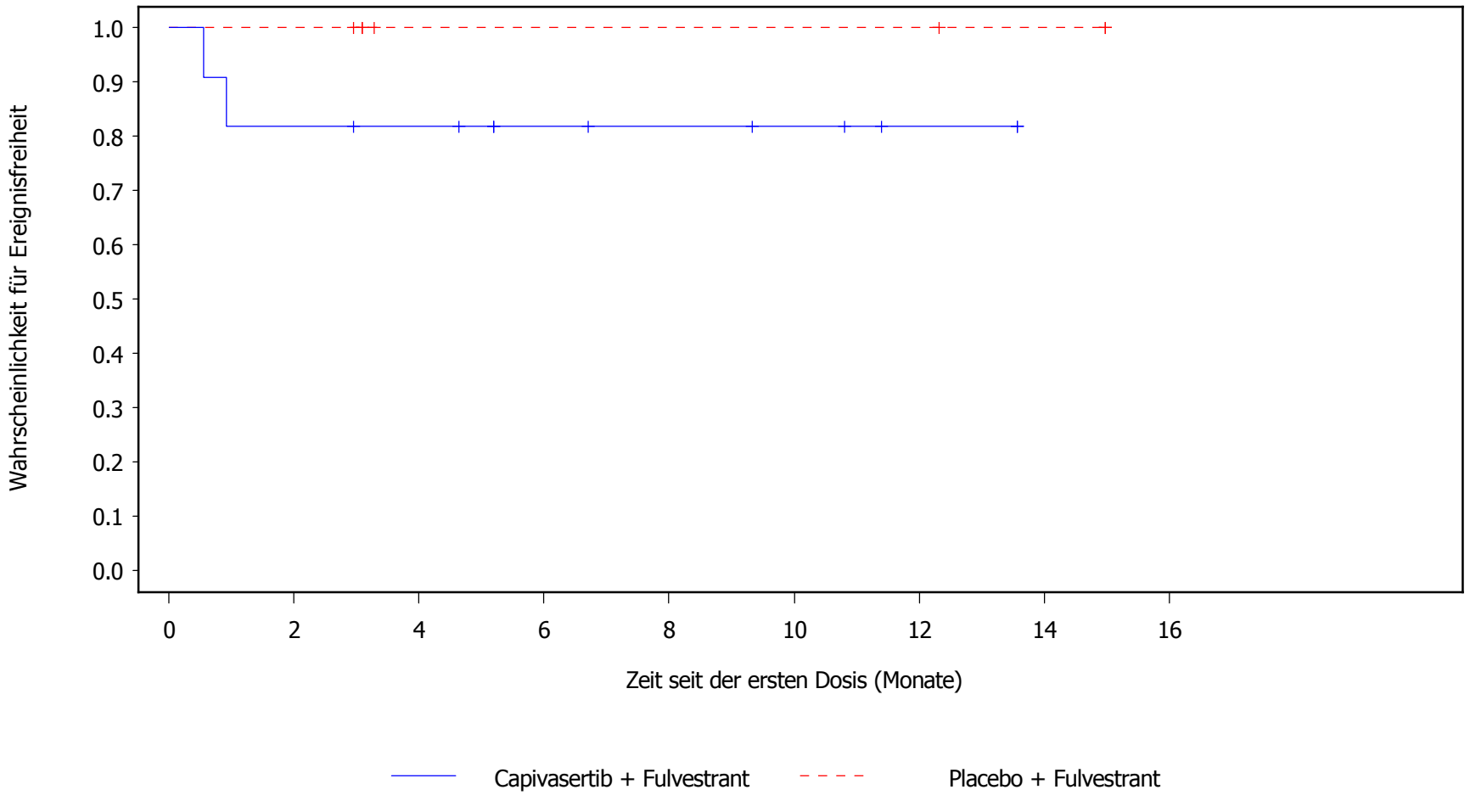
Figure 3.3.2.41 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypokaliaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	6	4	3	1	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	1	1	1	0	Placebo + Fulvestrant

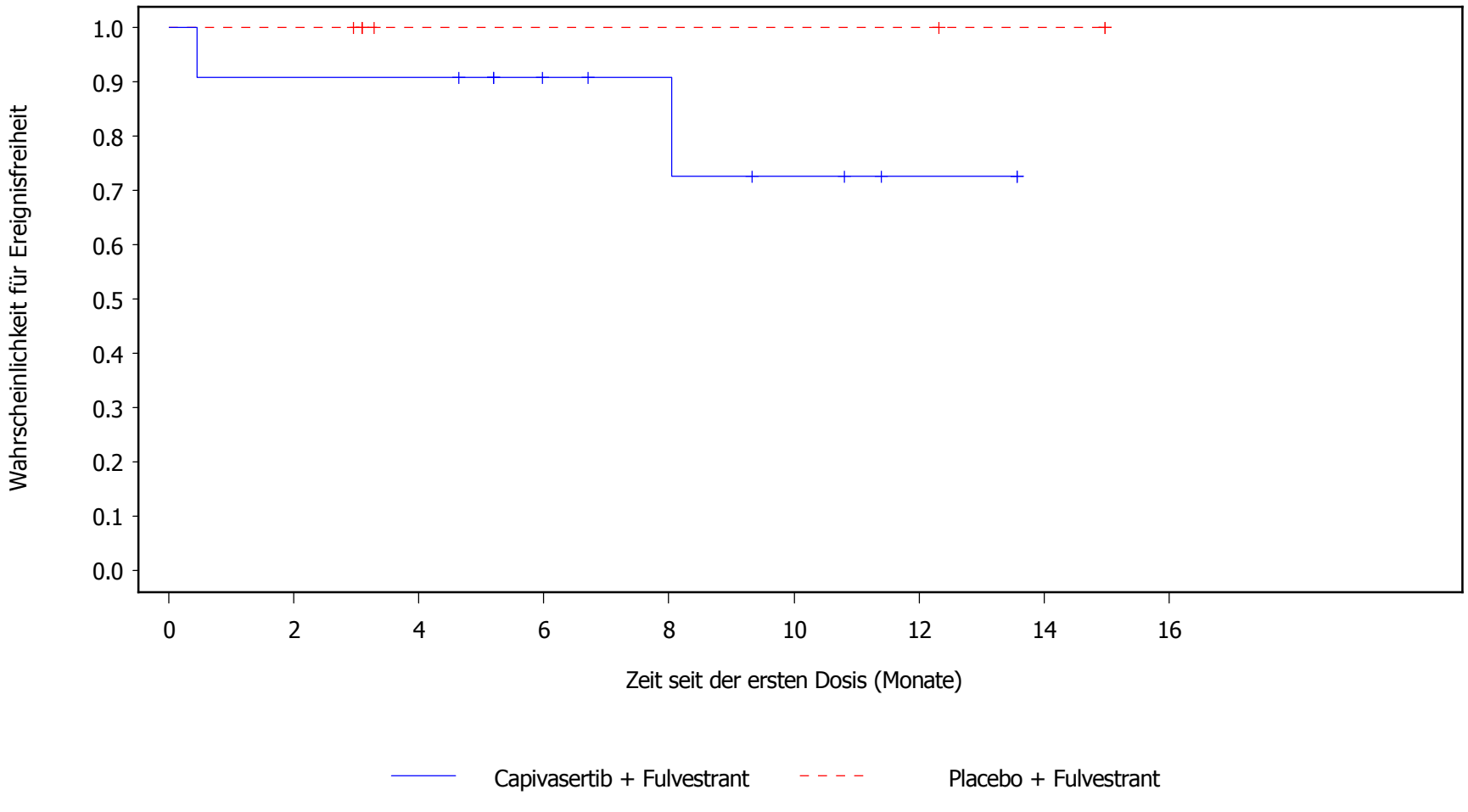
Figure 3.3.2.42 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypokalzaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

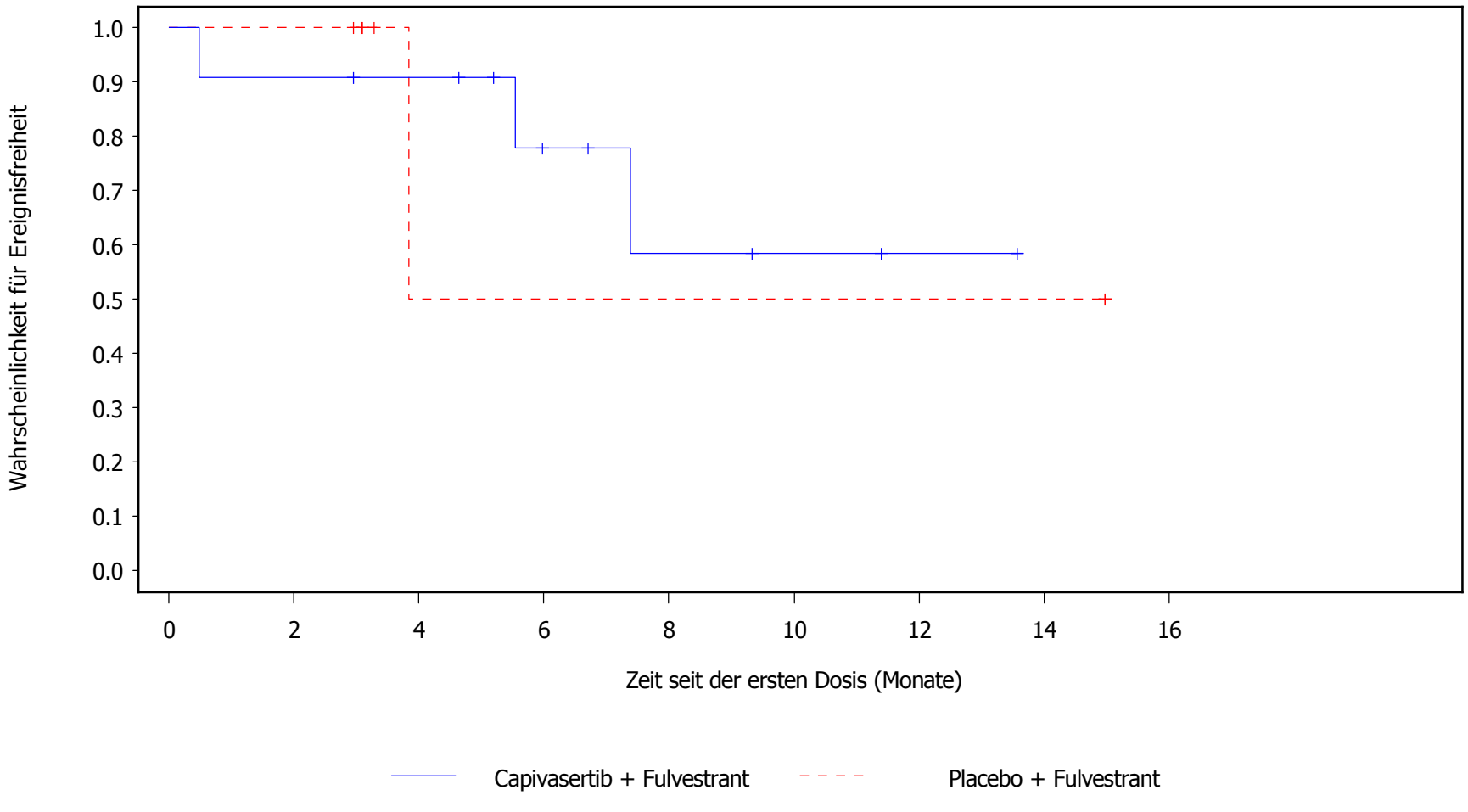
Figure 3.3.2.43 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hyponatriaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

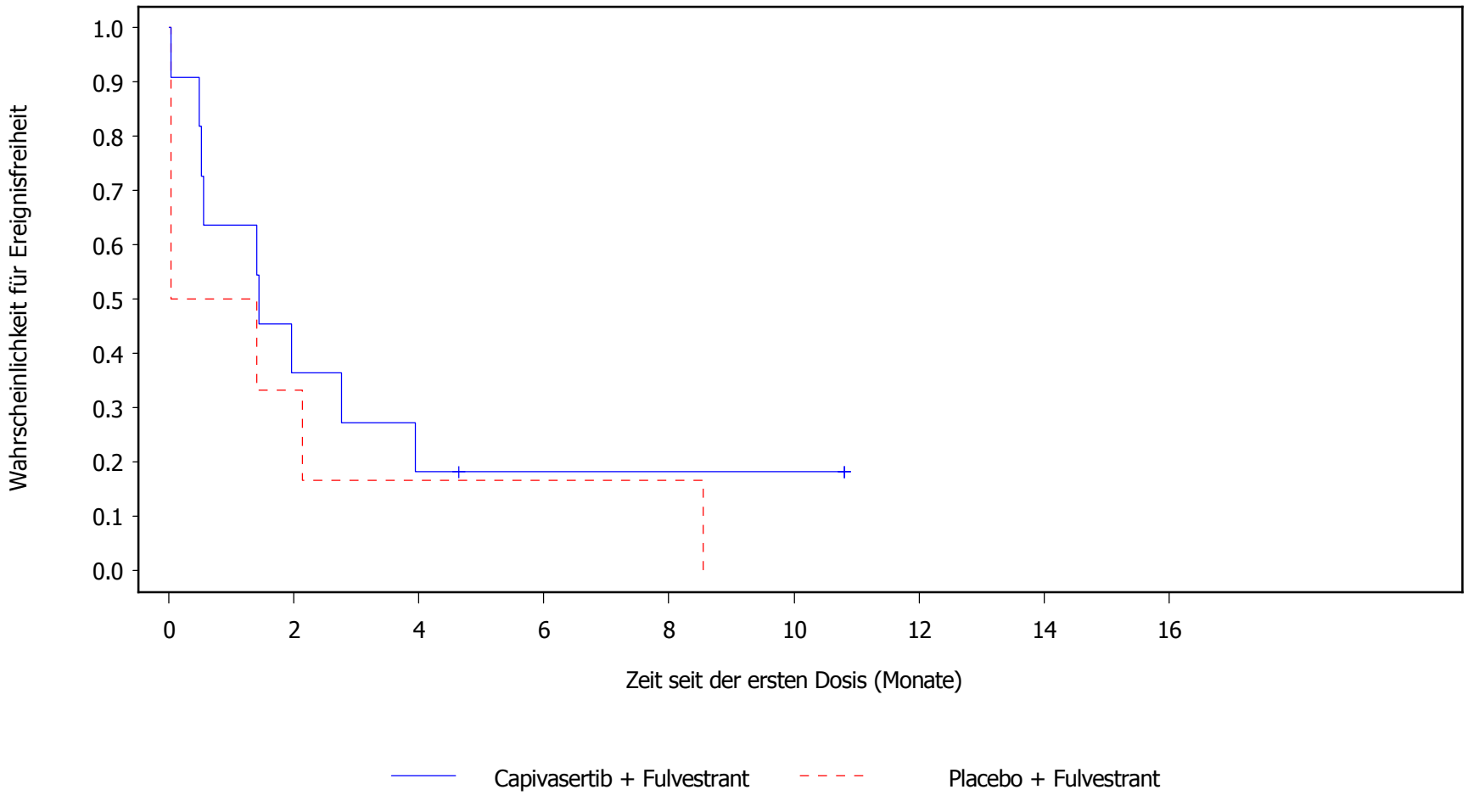
Figure 3.3.2.44 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Hypophosphataemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	3	2	1	0	0	Capivasertib + Fulvestrant
6	6	1	1	1	1	1	1	0	Placebo + Fulvestrant

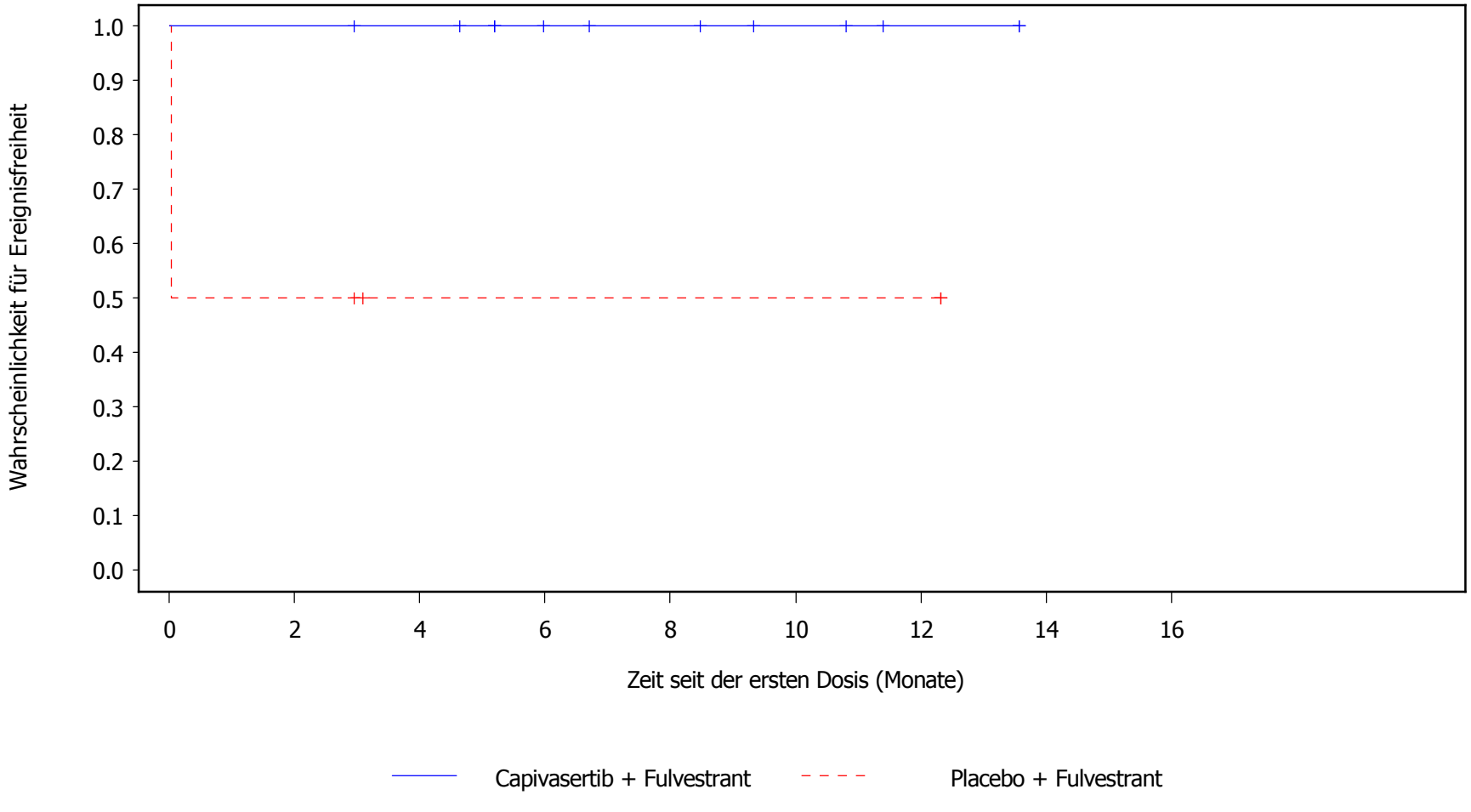
Figure 3.3.2.45 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SOC: Untersuchungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	4	2	1	1	1	0	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	0	0	0	0	Placebo + Fulvestrant

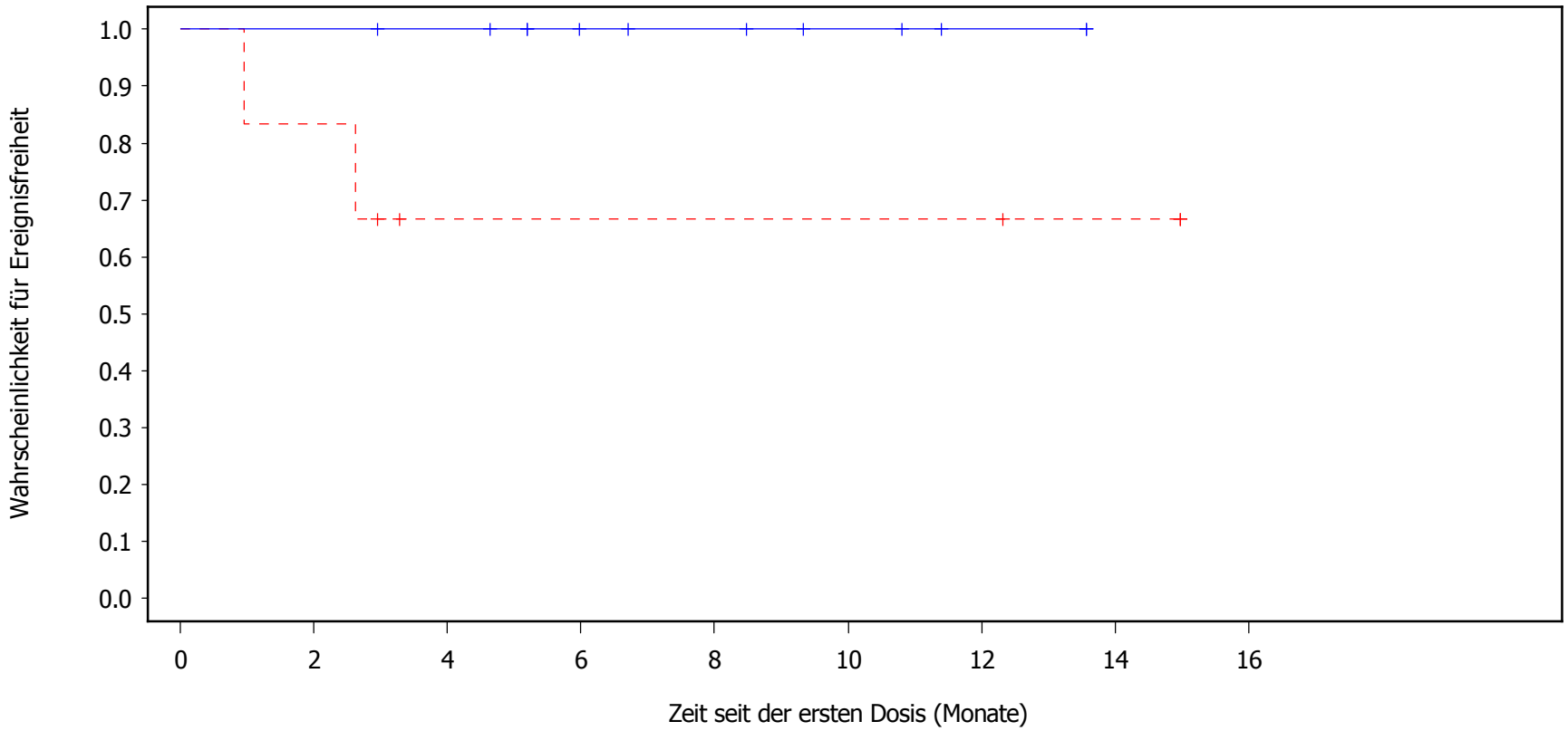
Figure 3.3.2.46 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Alaninaminotransferase erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	3	1	1	1	1	1	0	0	Placebo + Fulvestrant

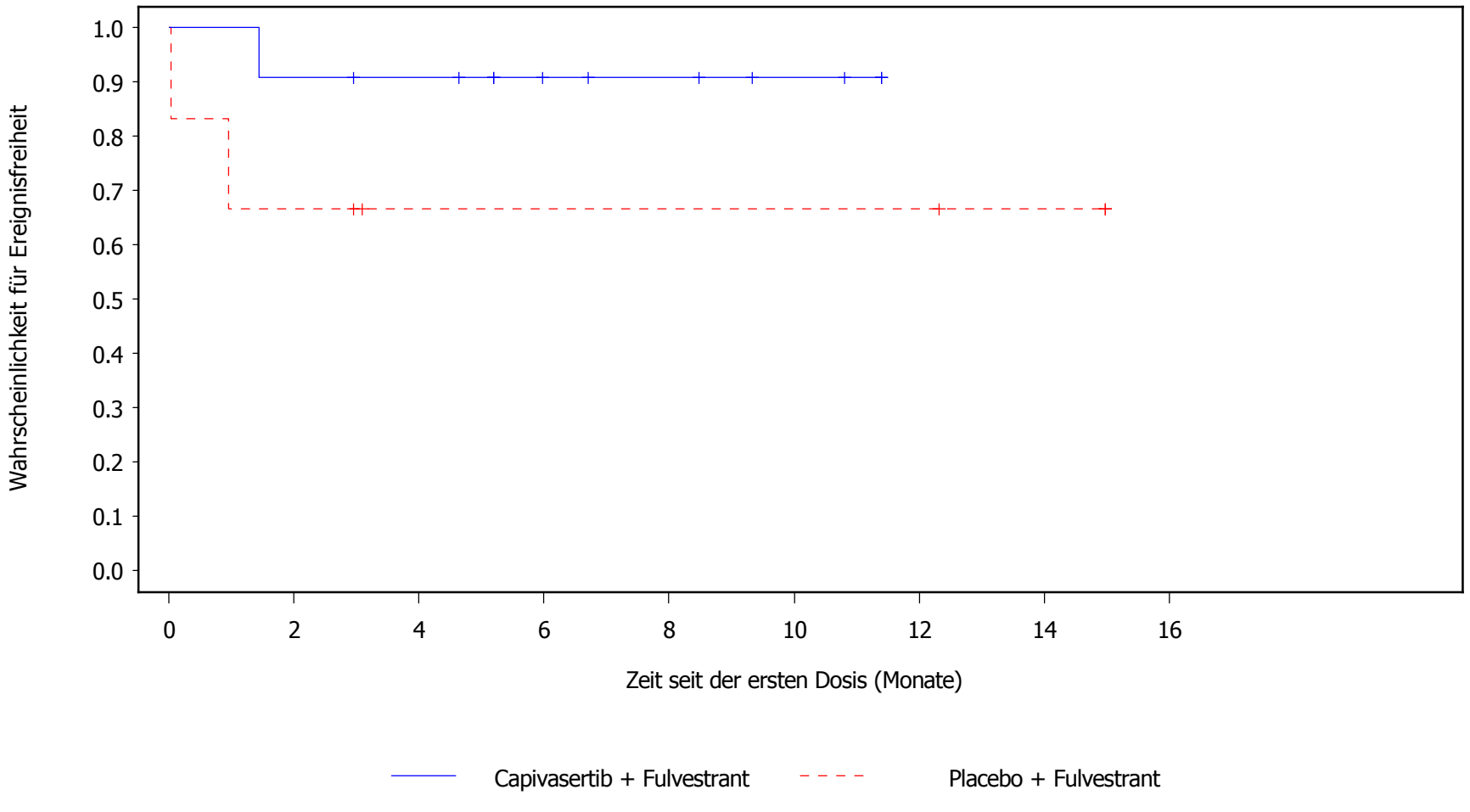
Figure 3.3.2.47 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Alkalische Phosphatase im Blut erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

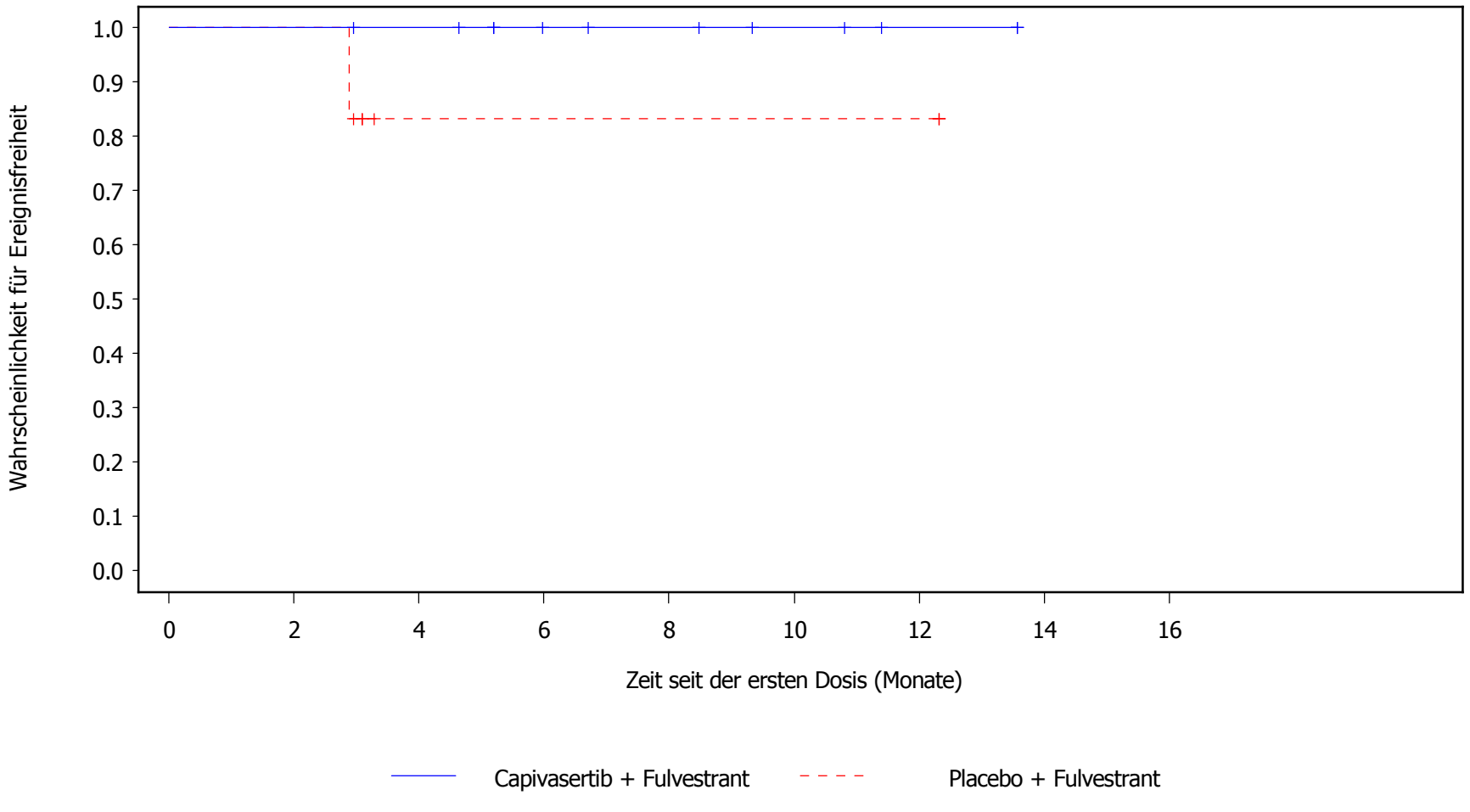
Figure 3.3.2.48 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Aspartataminotransferase erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	2	0	0	0	Capivasertib + Fulvestrant
6	4	2	2	2	2	2	1	0	Placebo + Fulvestrant

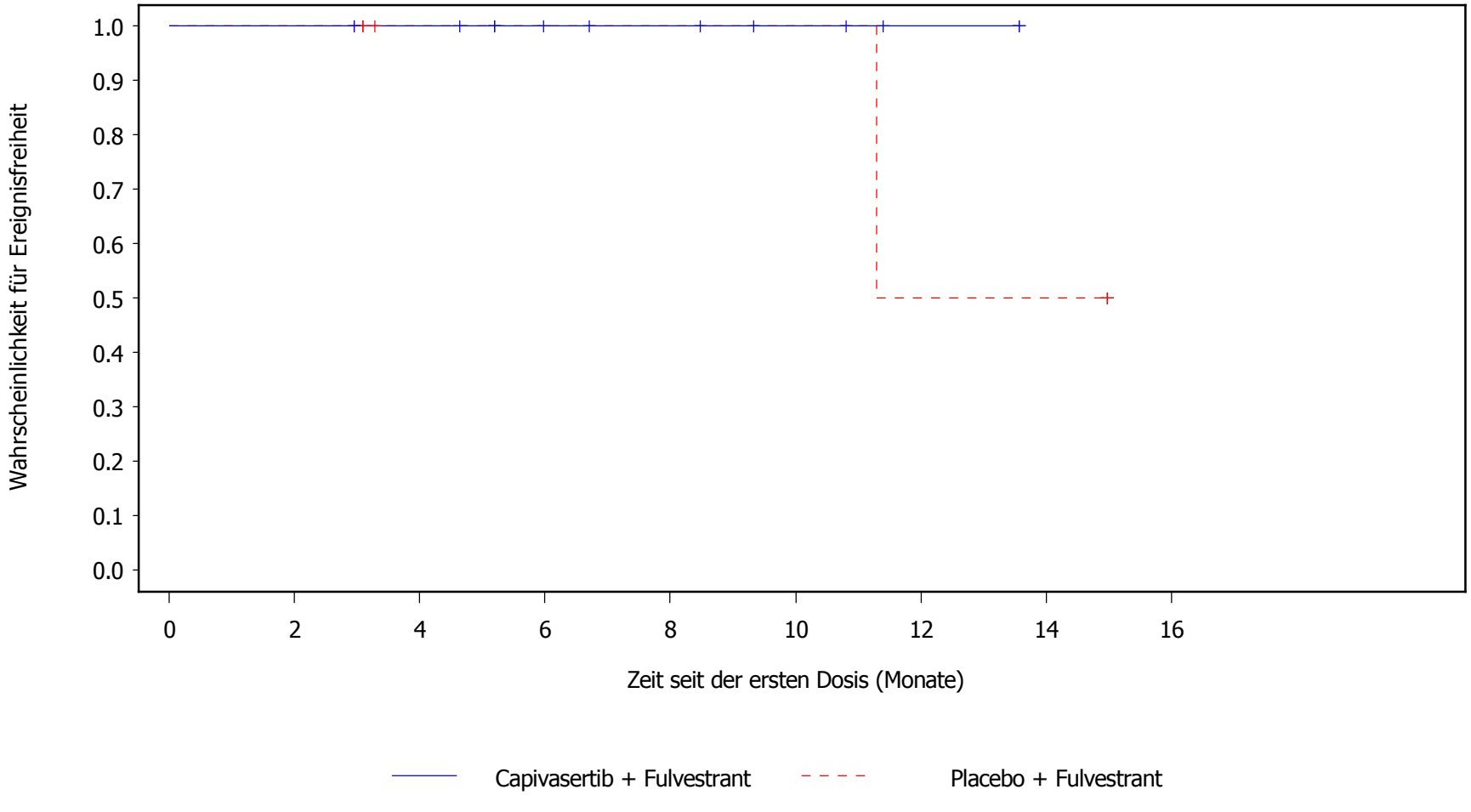
Figure 3.3.2.49 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Bilirubin im Blut erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	1	1	1	1	1	0	0	Placebo + Fulvestrant

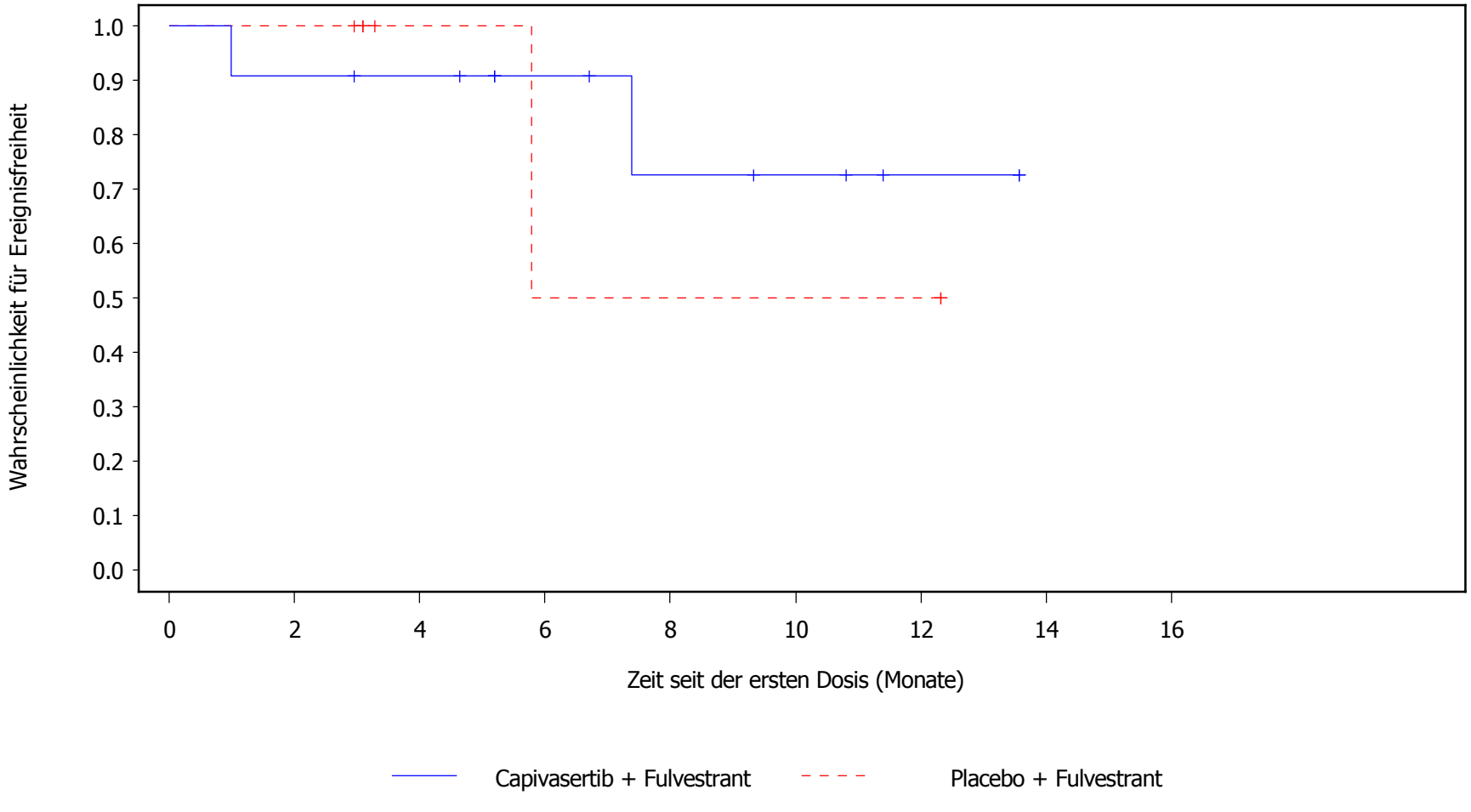
Figure 3.3.2.50 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Blut im Urin nachweisbar
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	1	1	0	Placebo + Fulvestrant

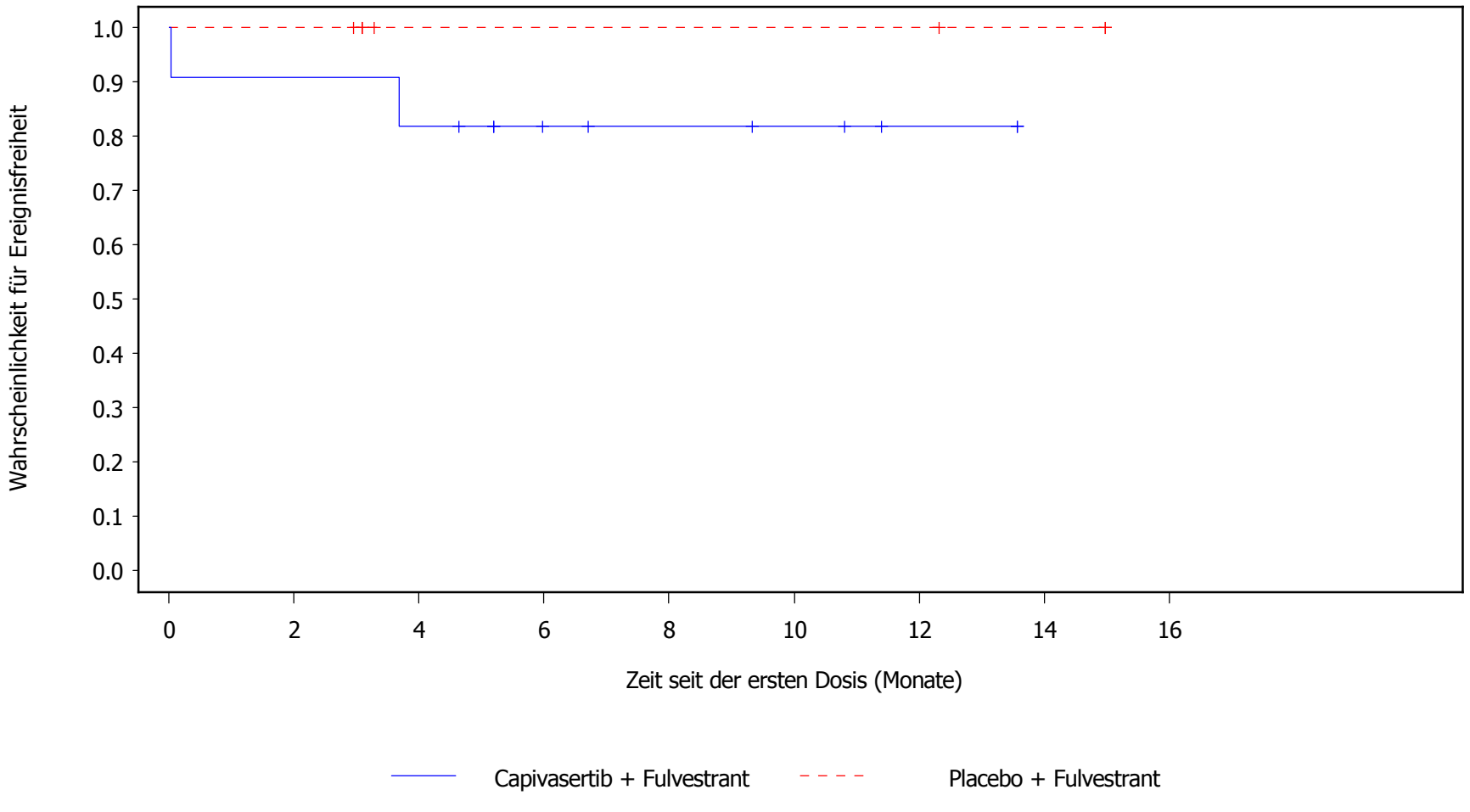
Figure 3.3.2.51 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Cholesterin im Blut erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	1	1	1	1	0	0	Placebo + Fulvestrant

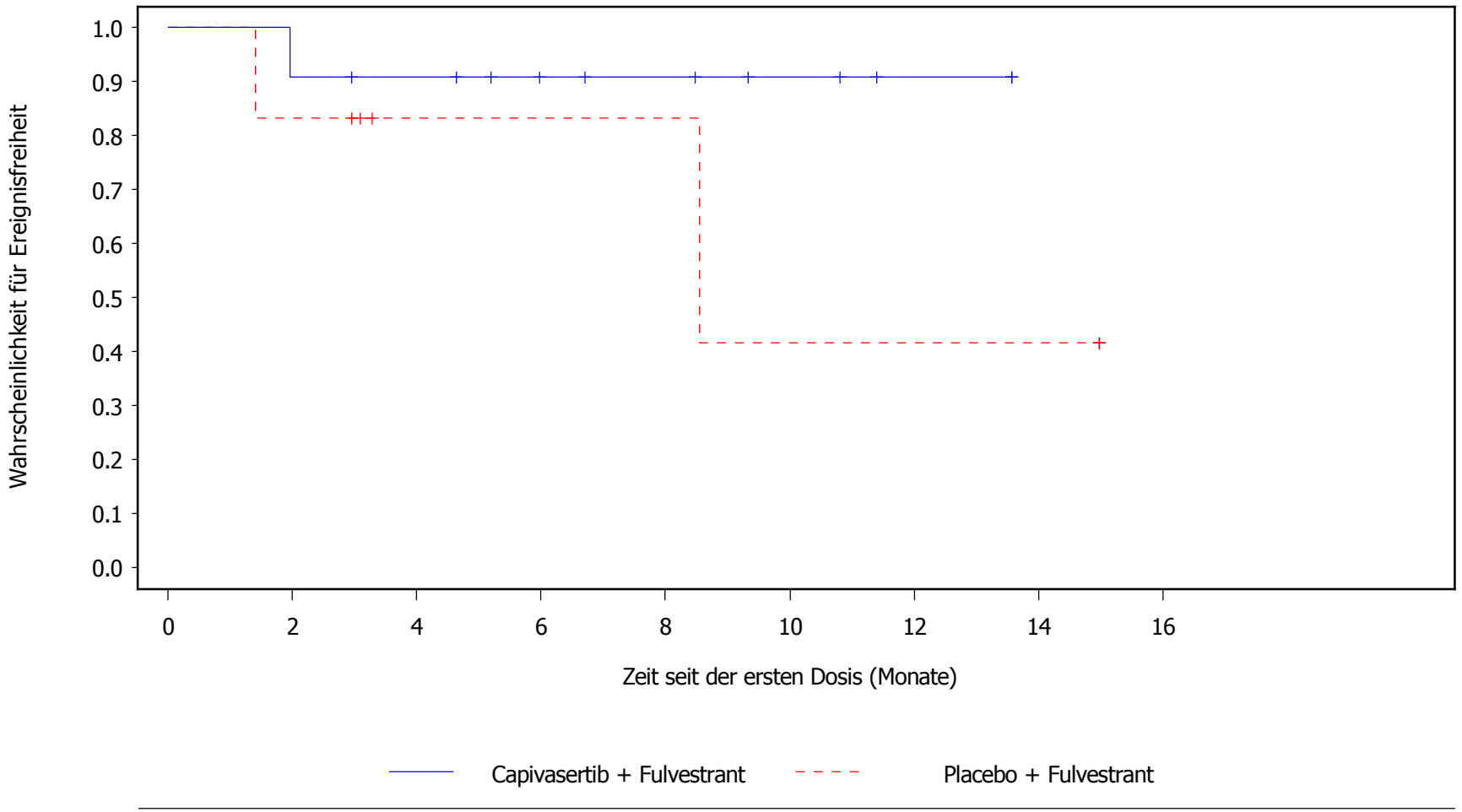
Figure 3.3.2.52 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Elektrokardiogramm QT verlaengert
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

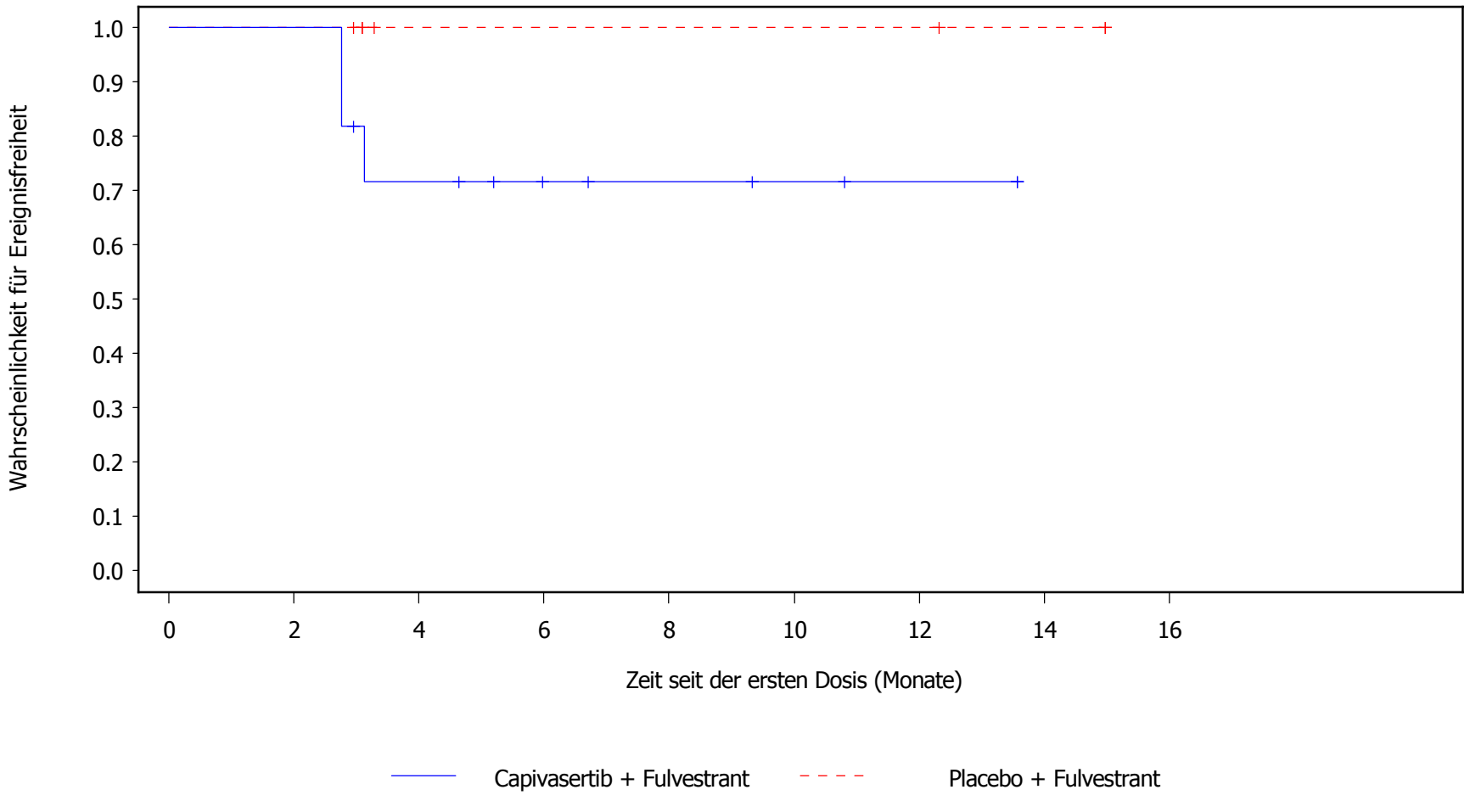
Figure 3.3.2.53 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Gamma-Glutamyltransferase erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	1	1	1	0	Placebo + Fulvestrant

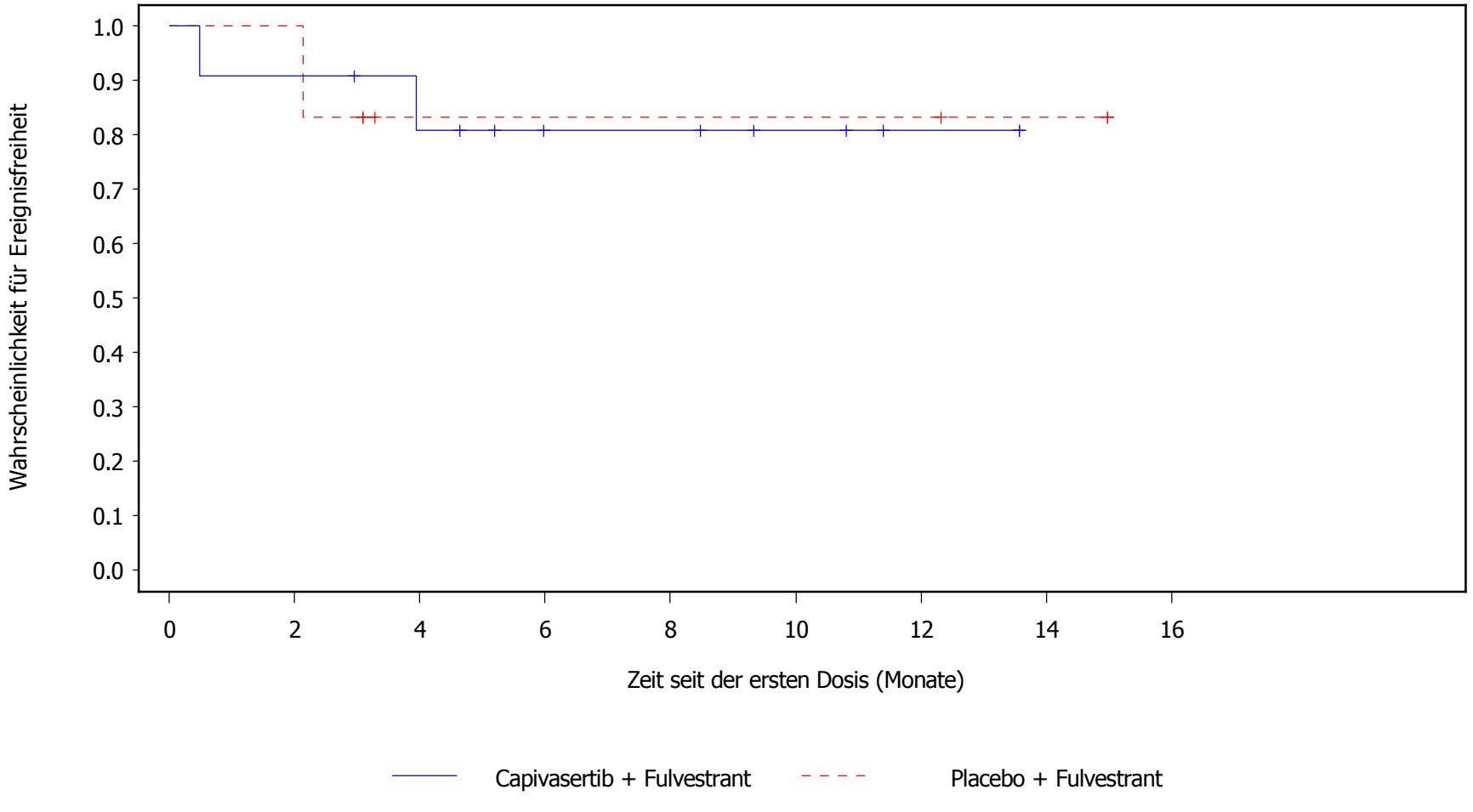
Figure 3.3.2.54 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Glykolisiertes Haemoglobin erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	7	4	3	2	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

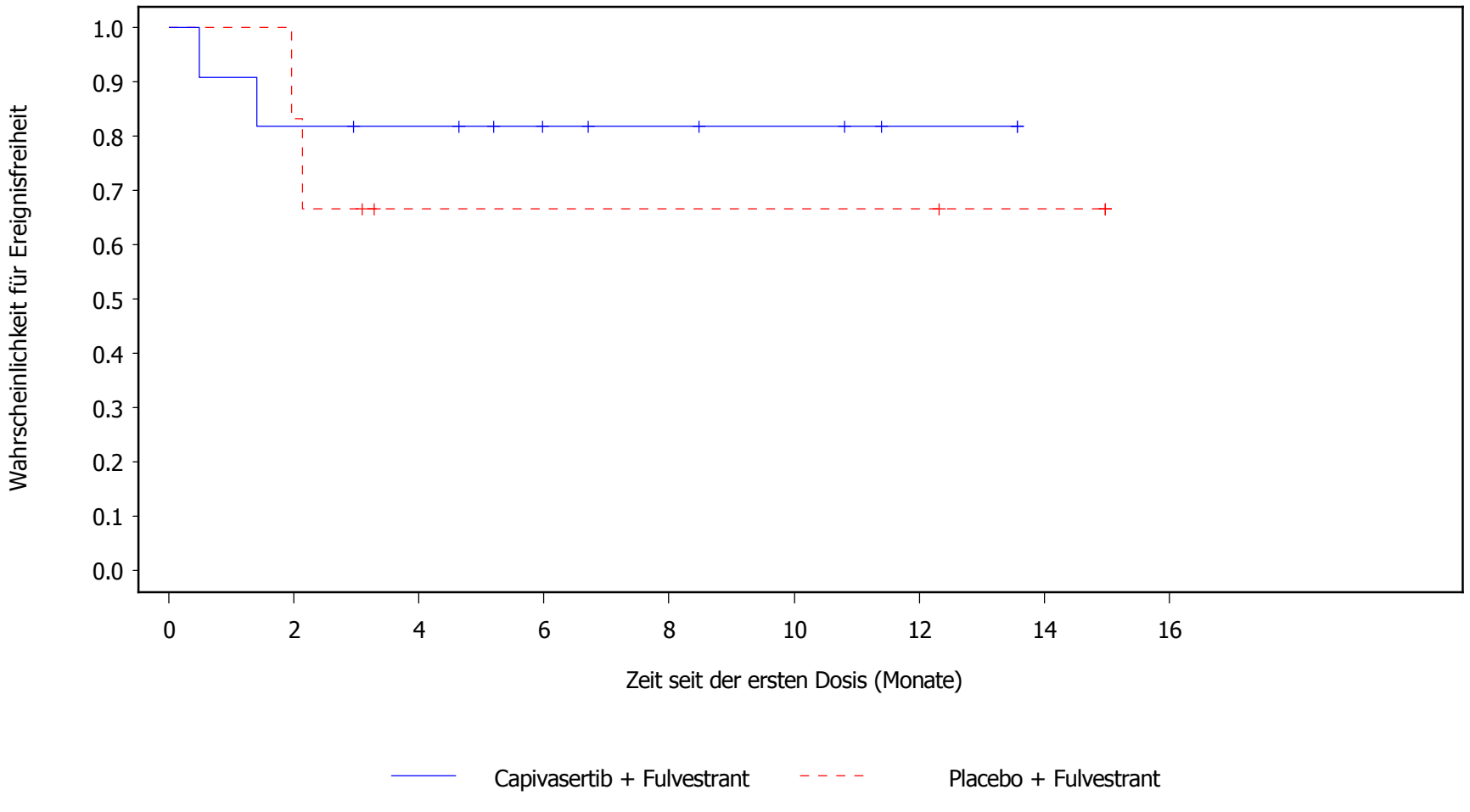
Figure 3.3.2.55 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Leukozytenzahl erniedrigt
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	8	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

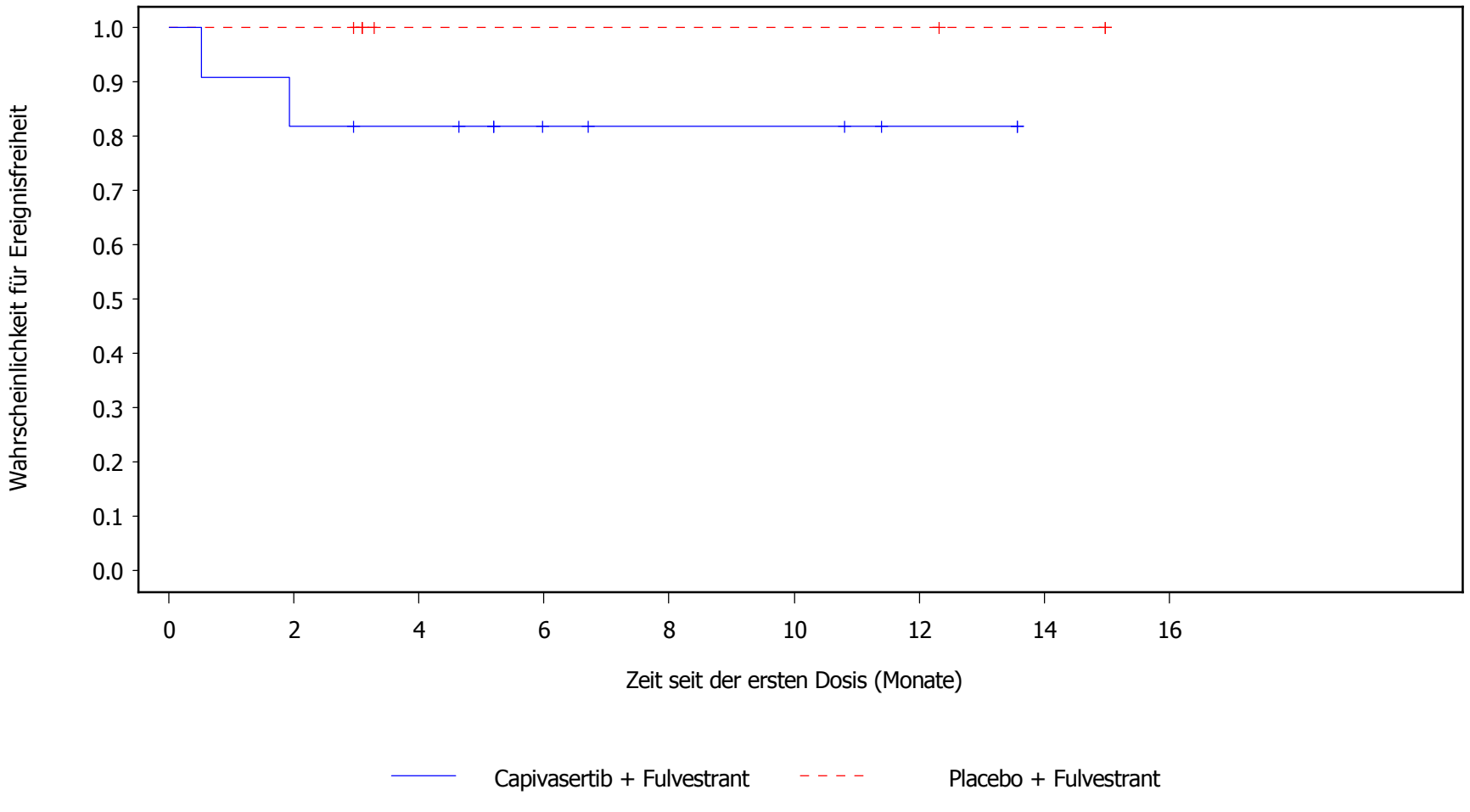
Figure 3.3.2.56 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Lymphozytenzahl erniedrigt
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	5	2	2	2	2	2	1	0	Placebo + Fulvestrant

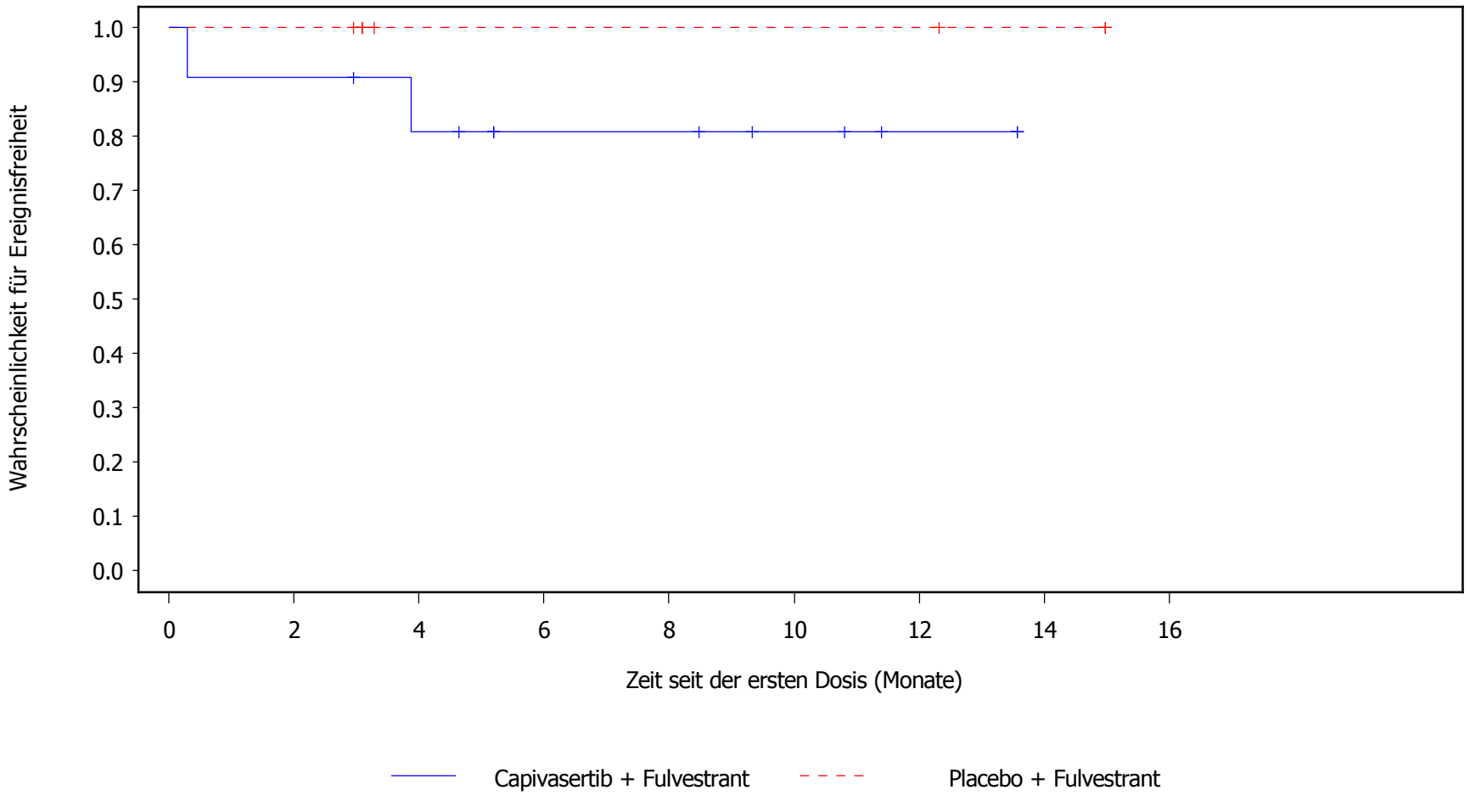
Figure 3.3.2.57 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of PT: Thyreotropin im Blut erhoeht
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	4	3	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

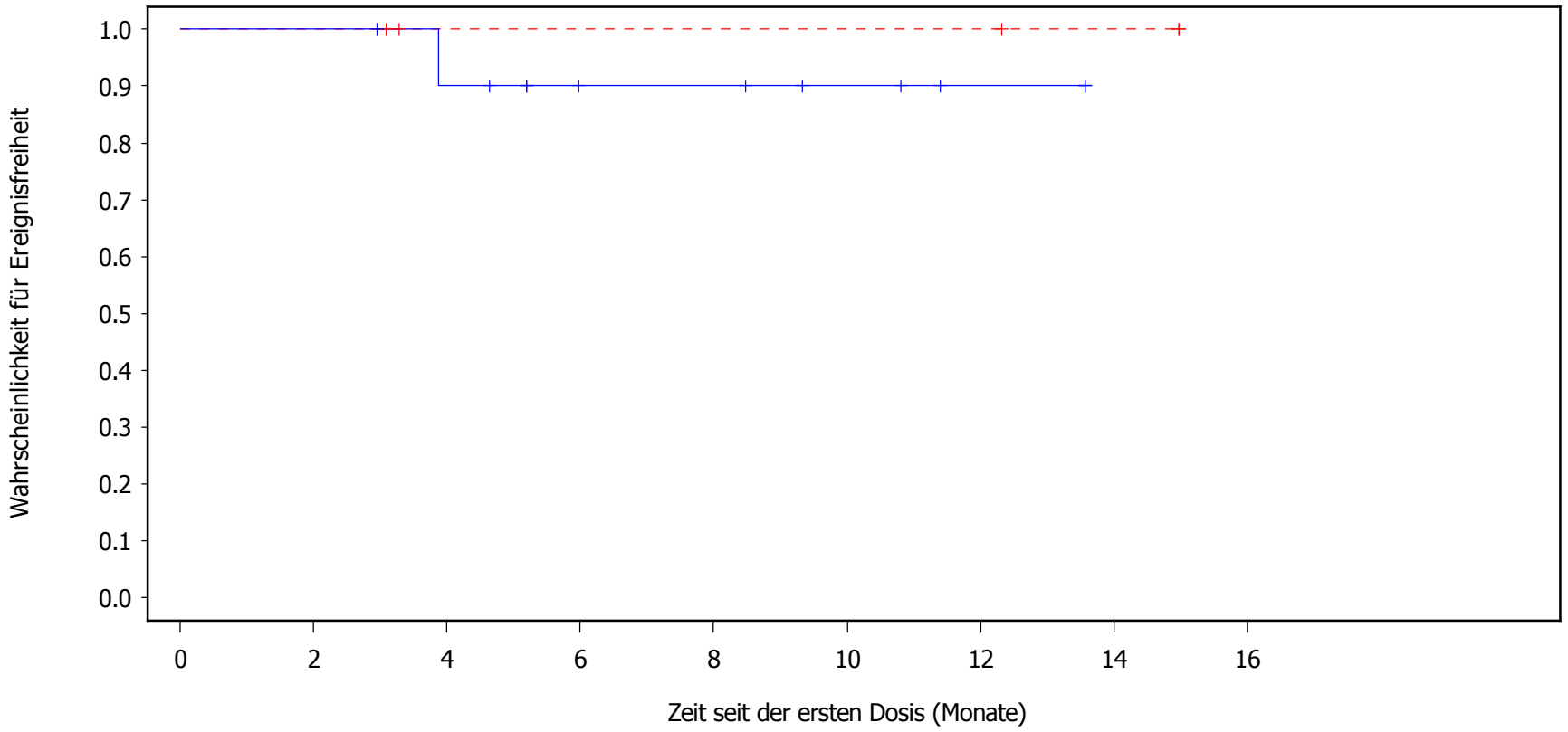
Figure 3.3.2.58 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	8	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

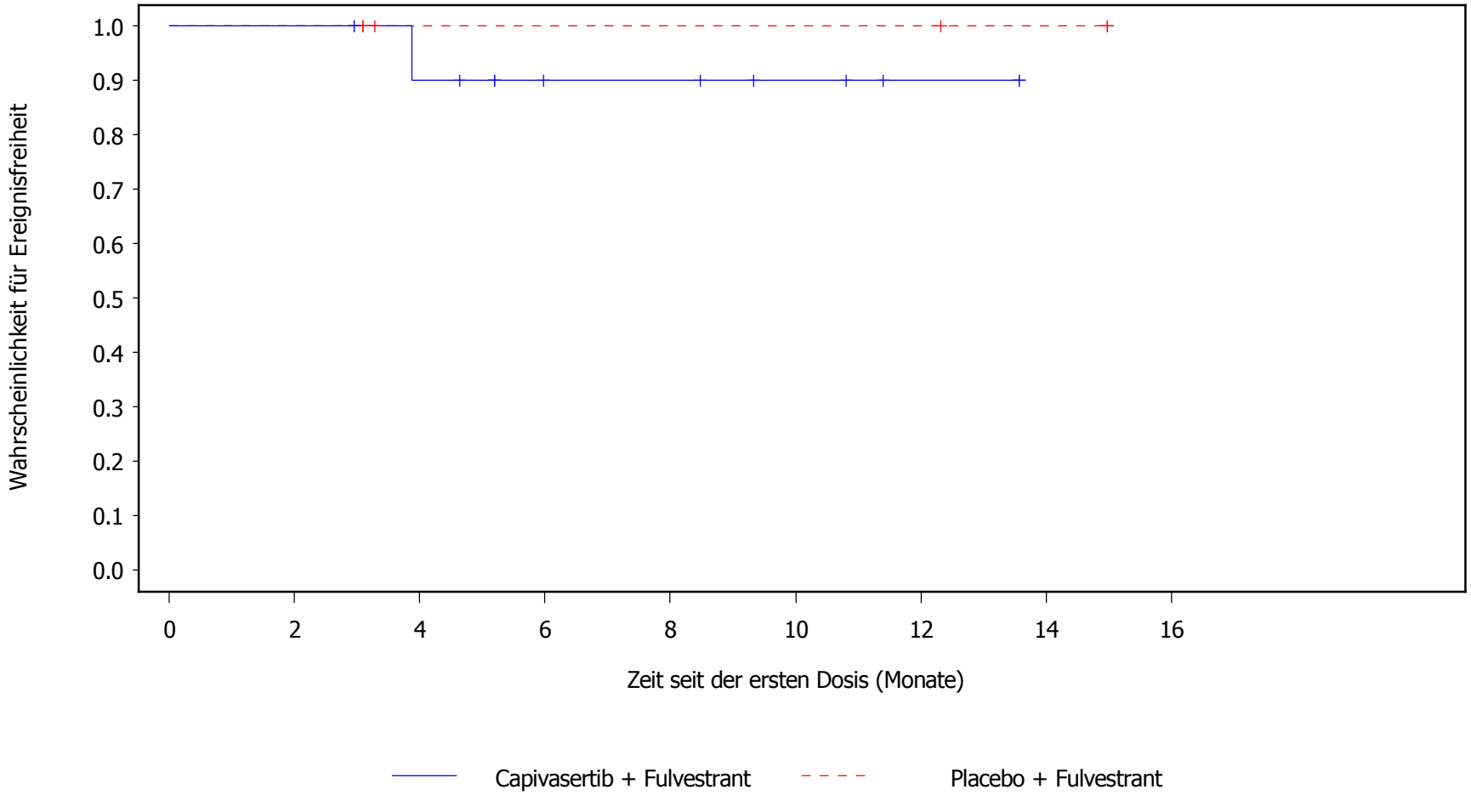
Figure 3.3.2.59 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

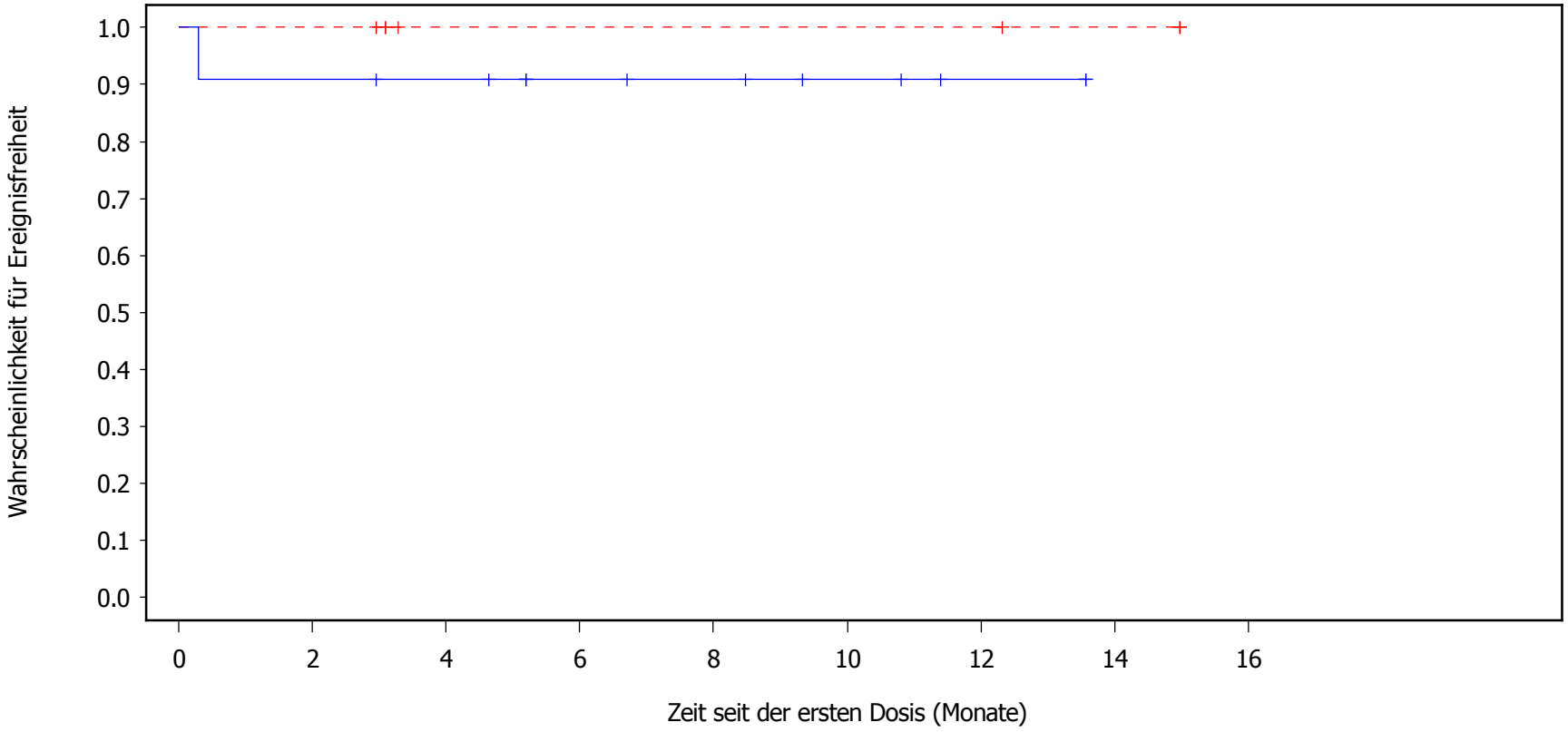
Figure 3.3.2.60 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE PT: Fieber
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

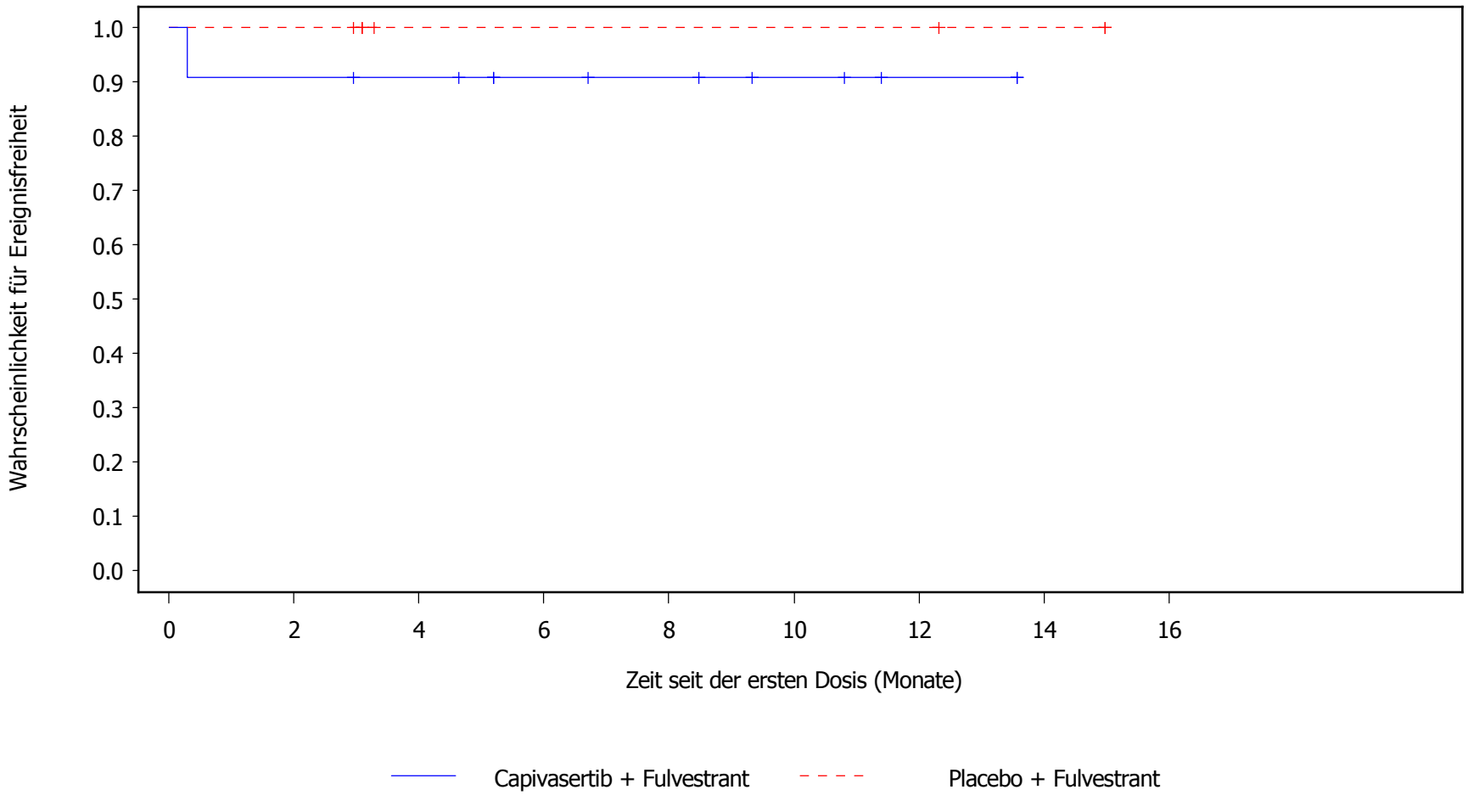
Figure 3.3.2.61 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

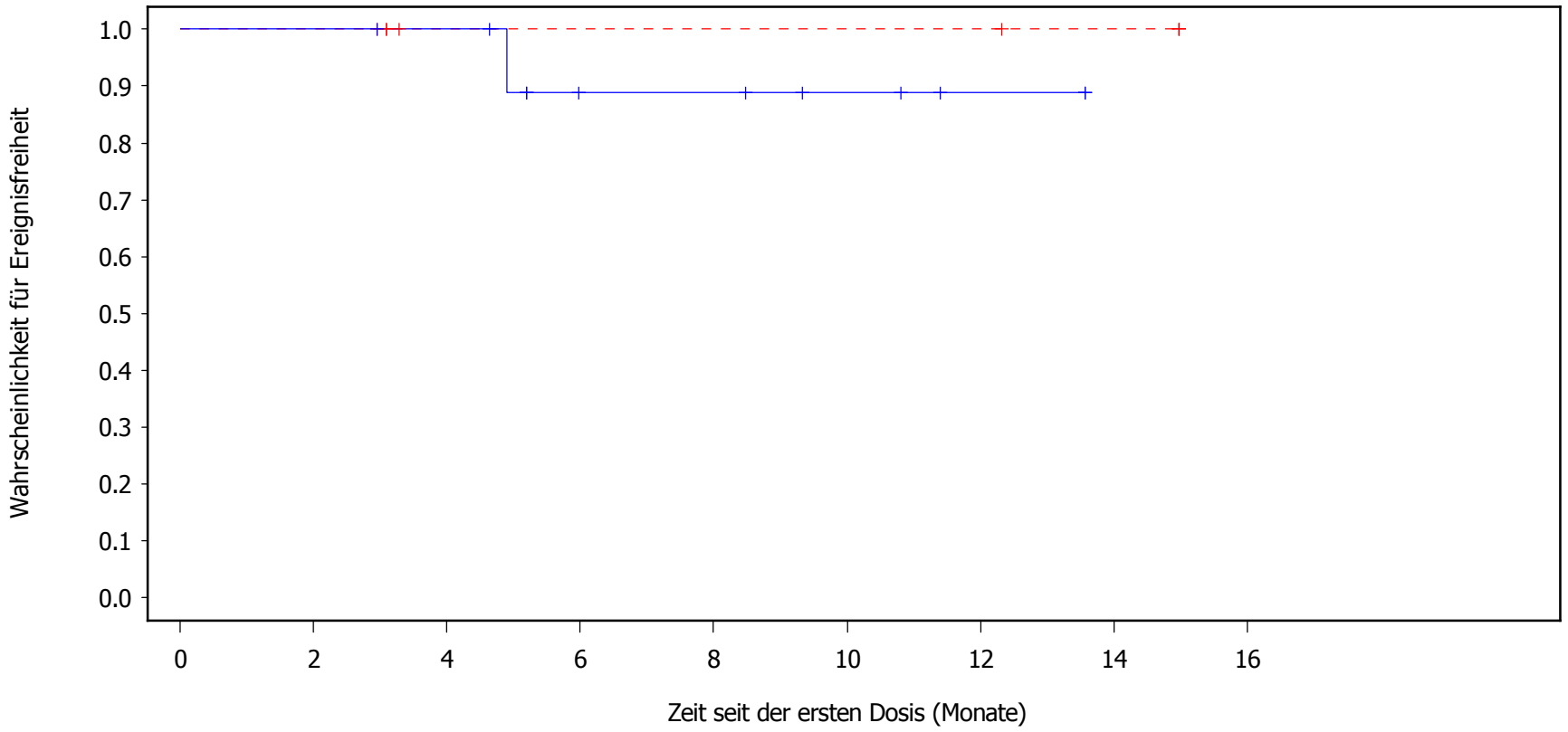
Figure 3.3.2.62 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

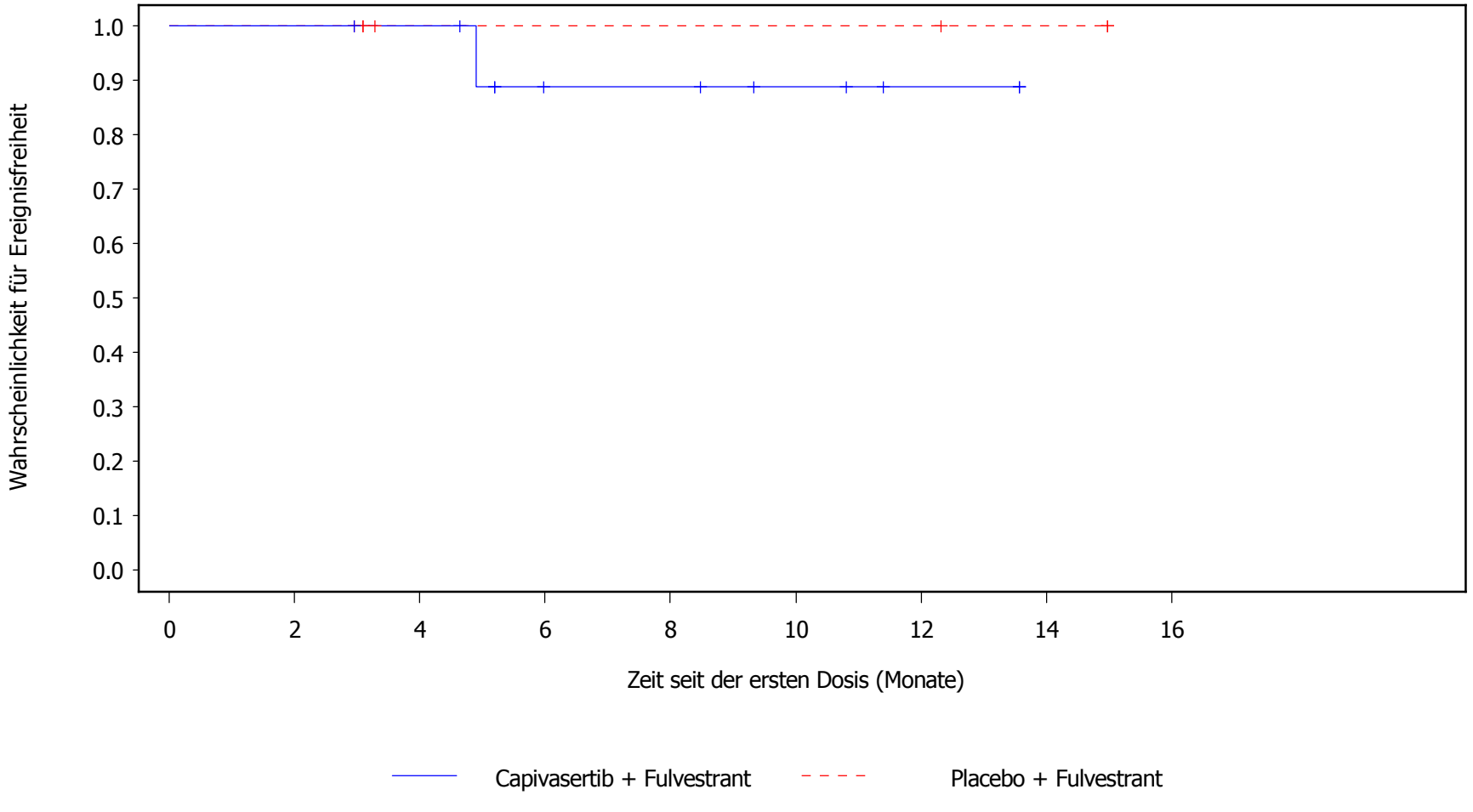
Figure 3.3.2.63 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

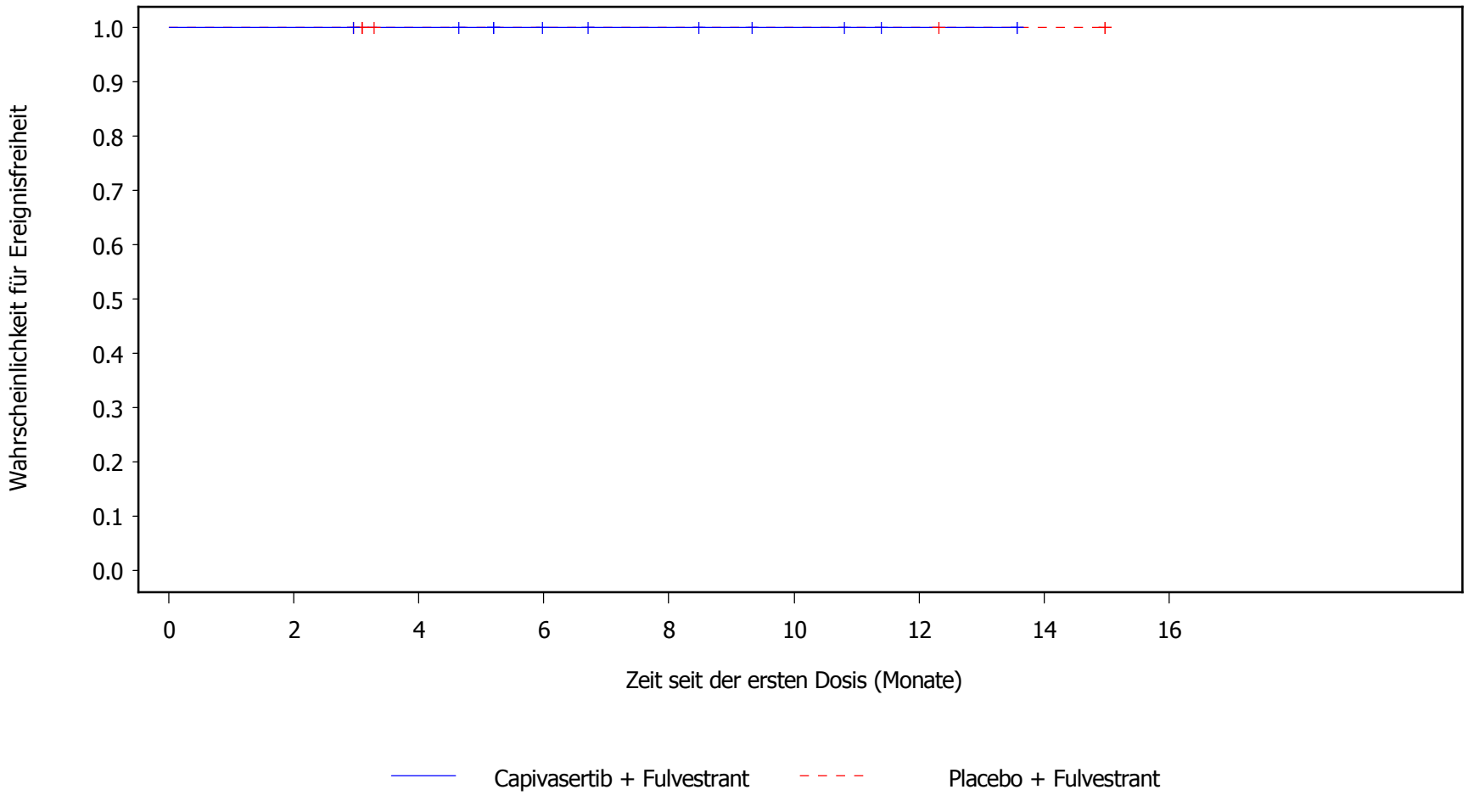
Figure 3.3.2.64 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUE PT: Knochentuberkulose
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

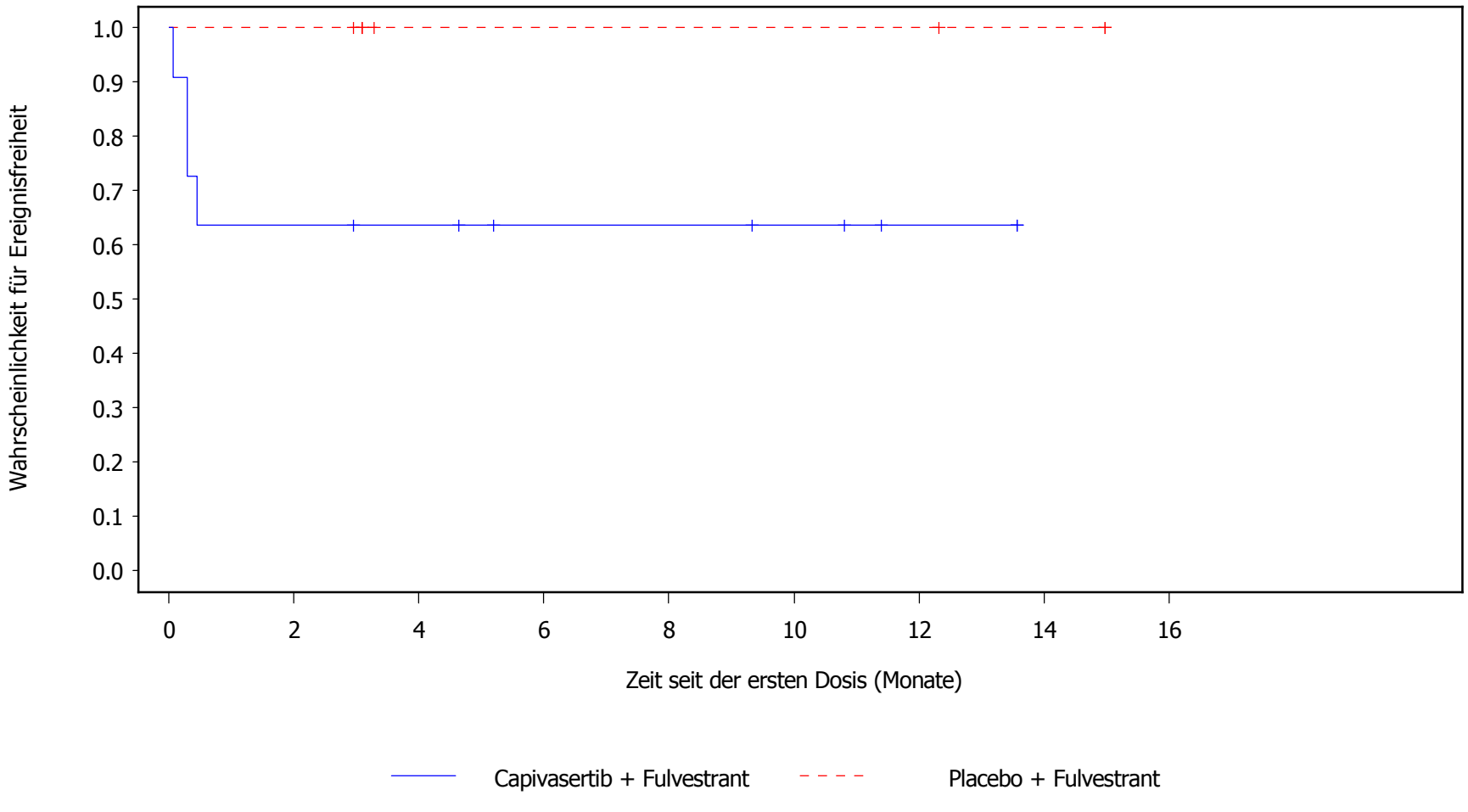
Figure 3.3.2.65 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of Therapieabbruch aufgrund von UE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

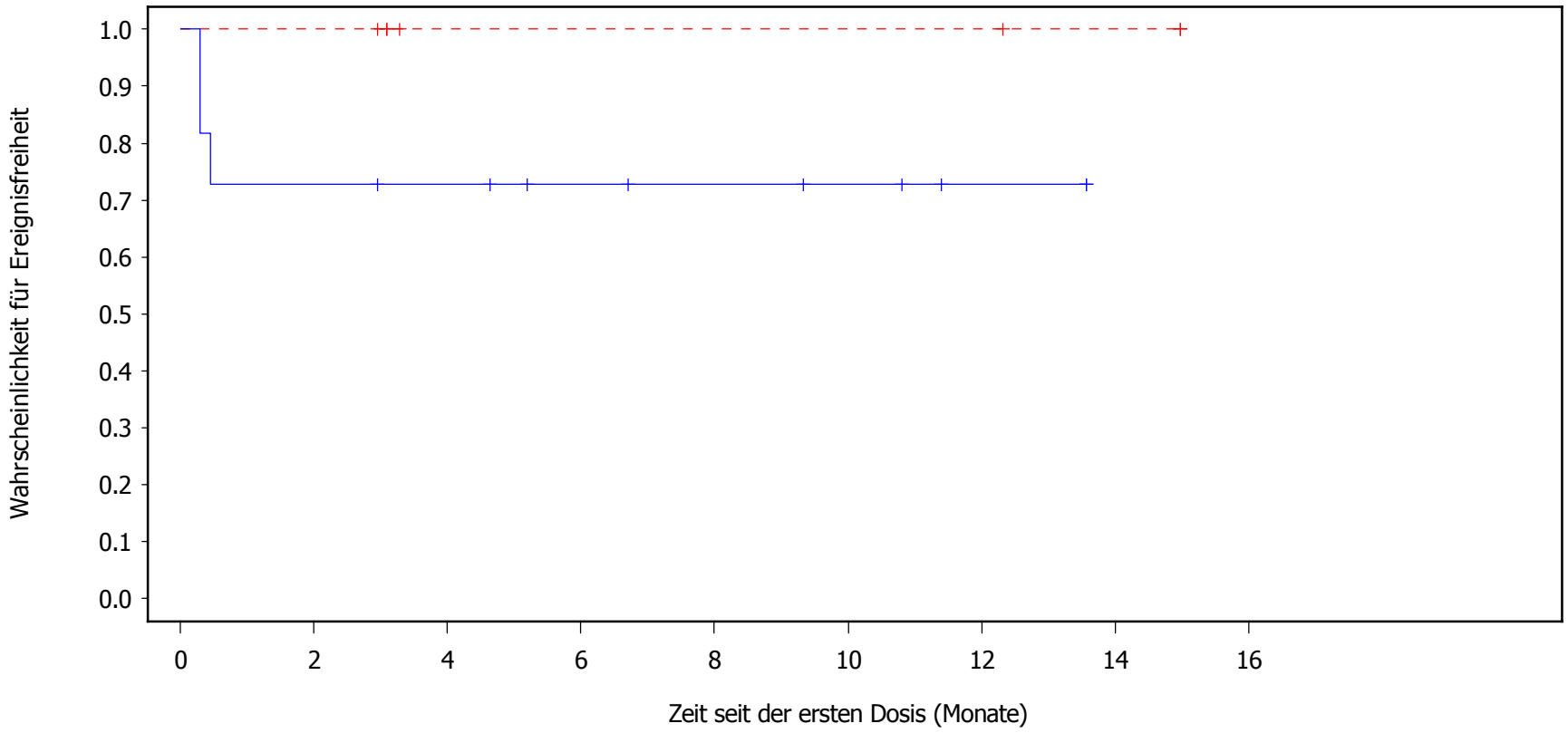
Figure 3.3.2.66 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UE mit CTCAE Grad >=3
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	7	6	4	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

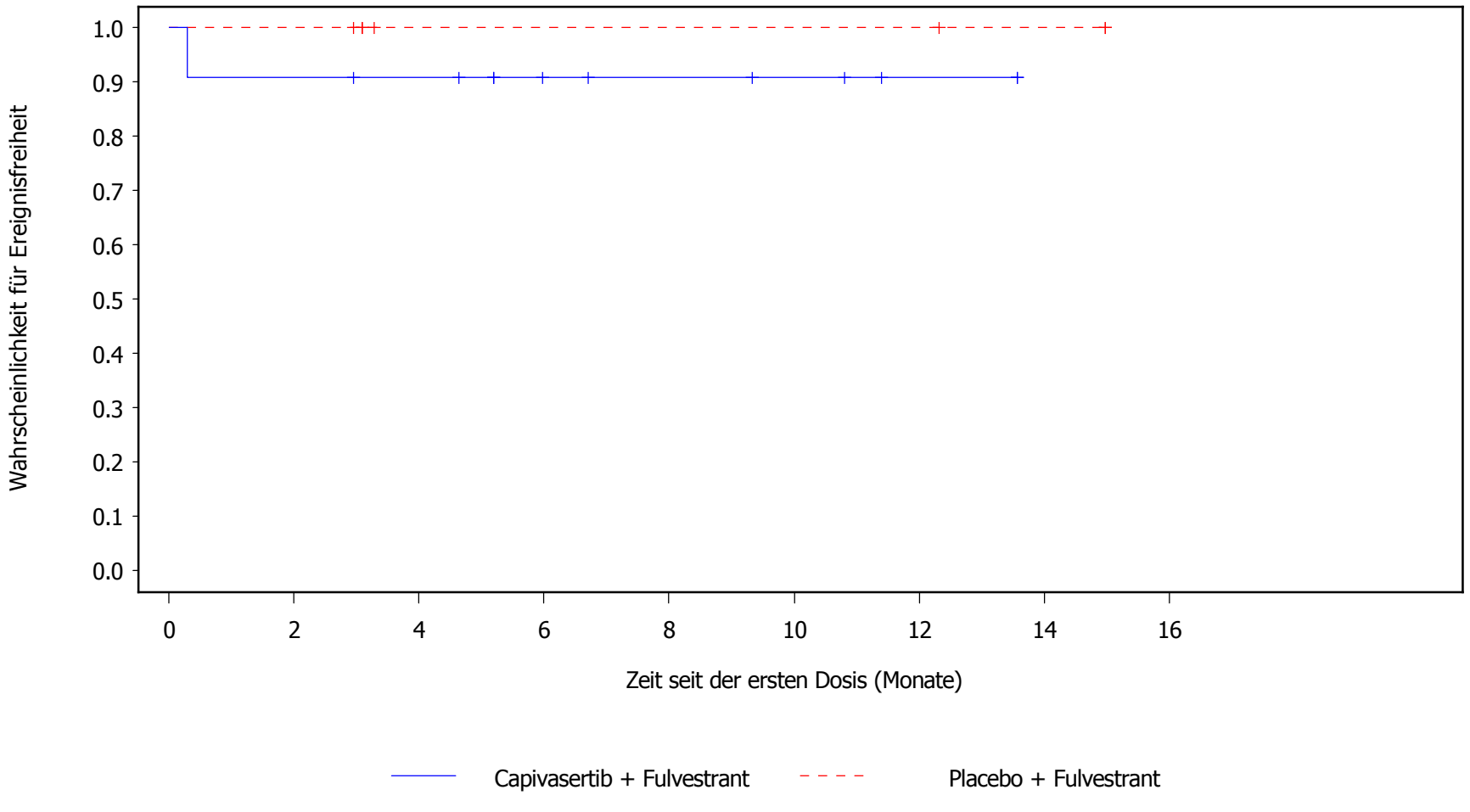
Figure 3.3.2.67 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	7	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

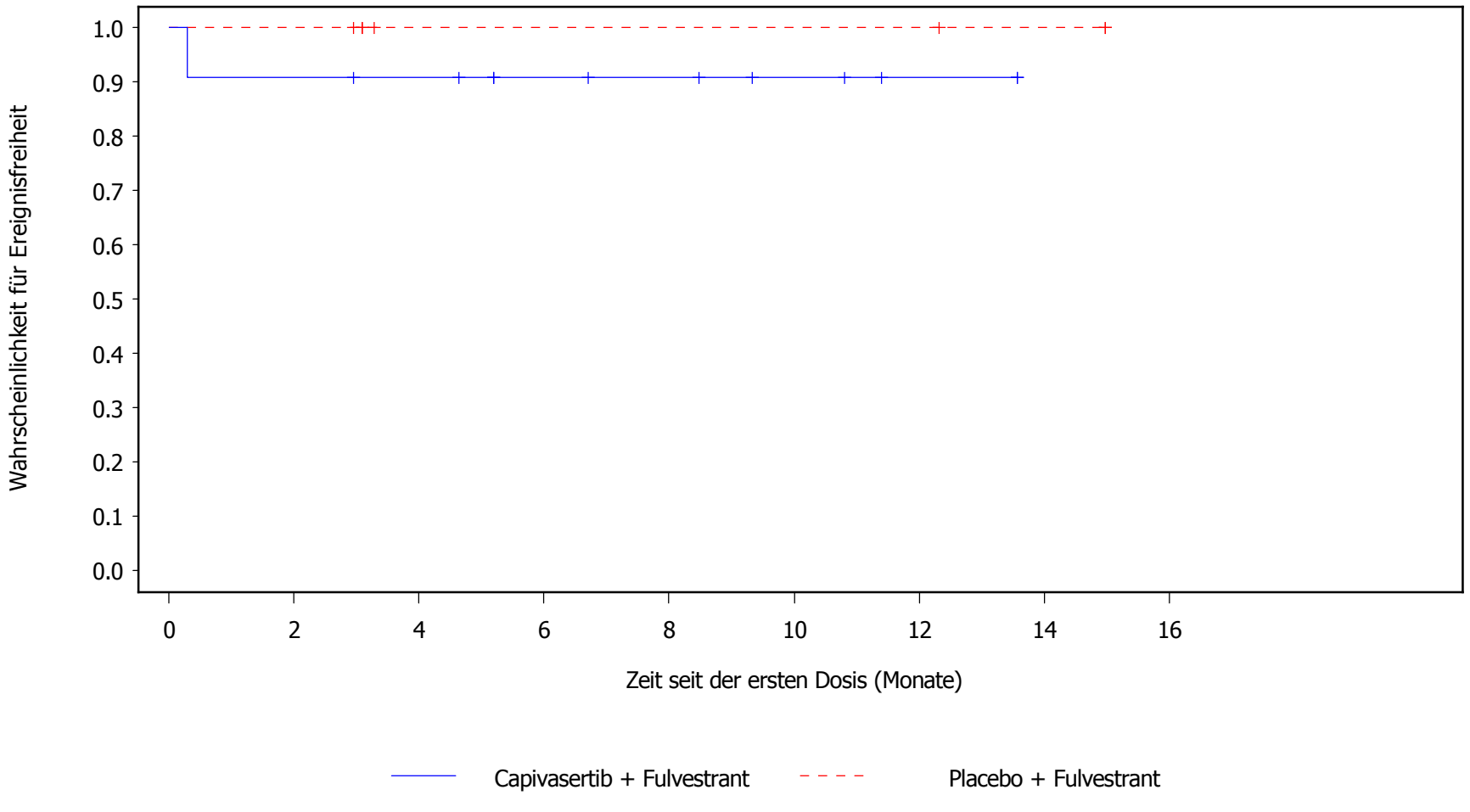
Figure 3.3.2.68 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

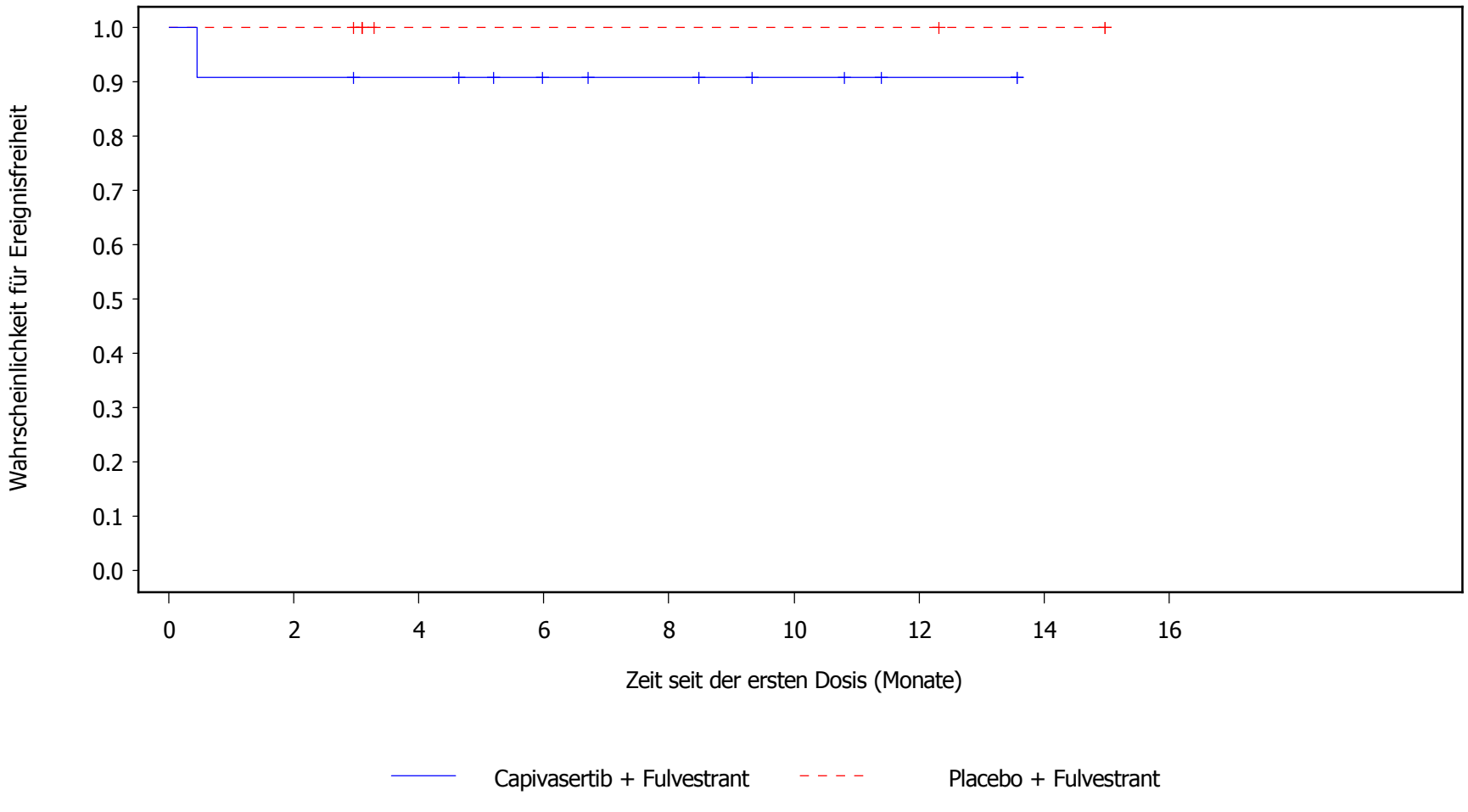
Figure 3.3.2.69 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

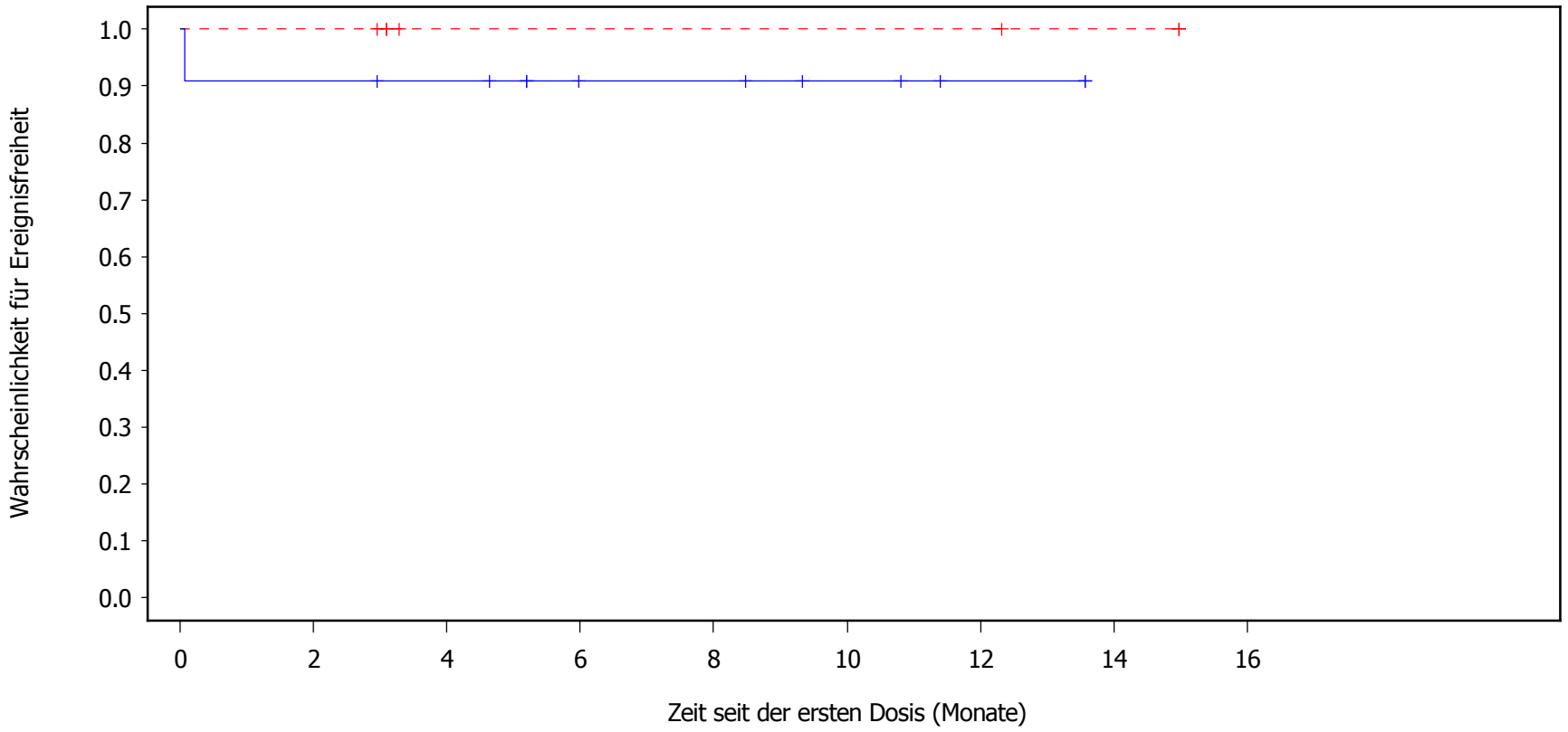
Figure 3.3.2.70 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Erythem
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

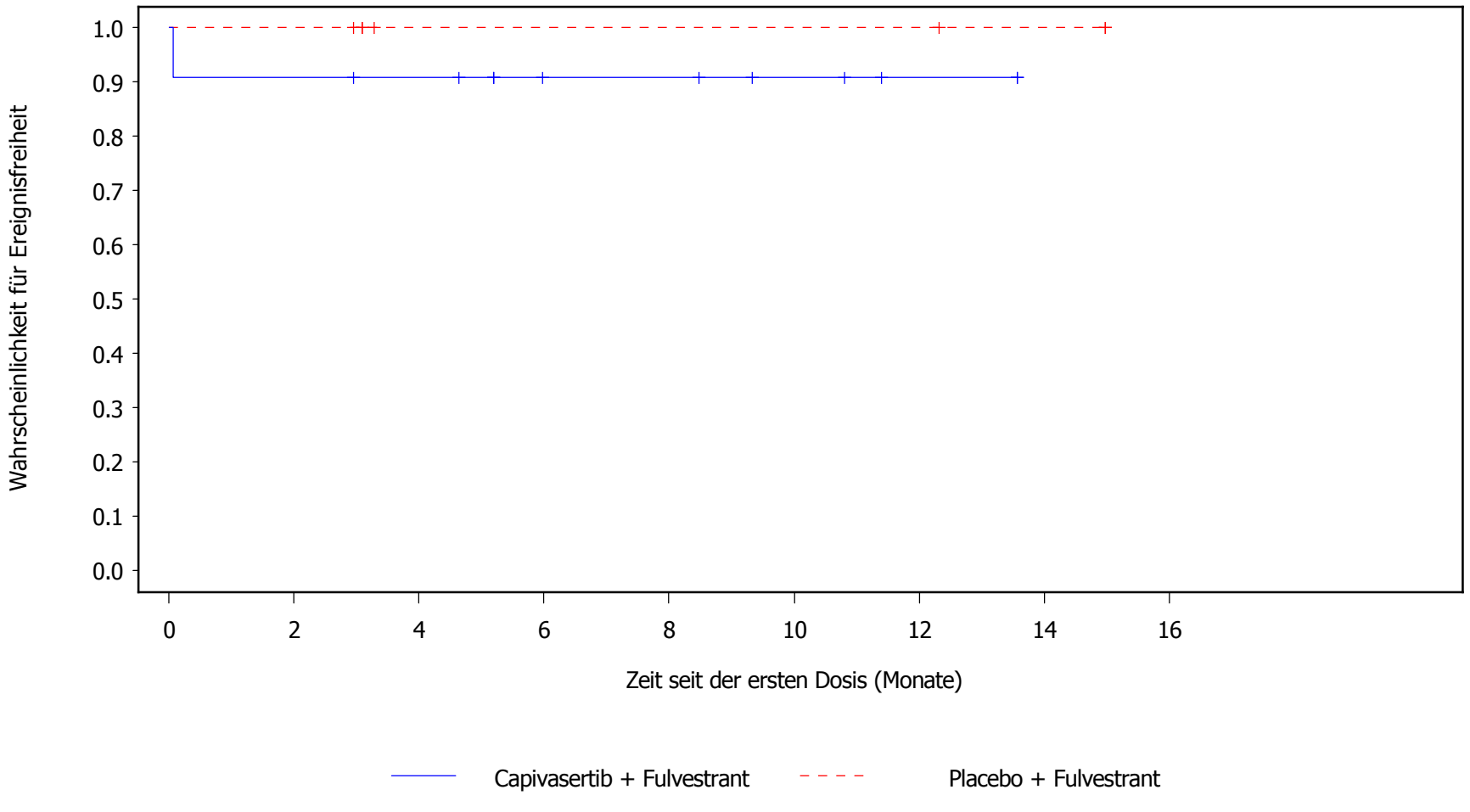
Figure 3.3.2.71 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

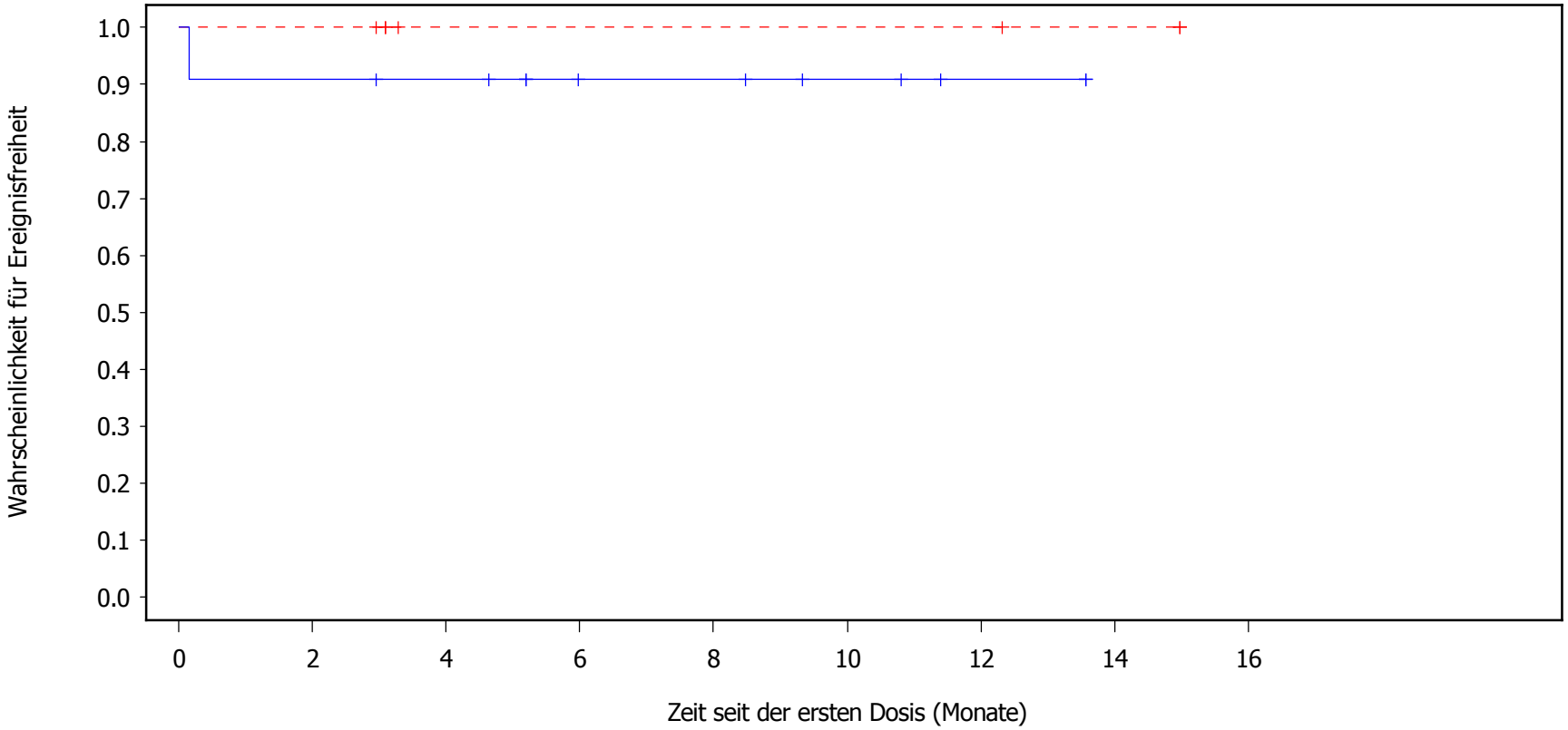
Figure 3.3.2.72 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Diarrhoe
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

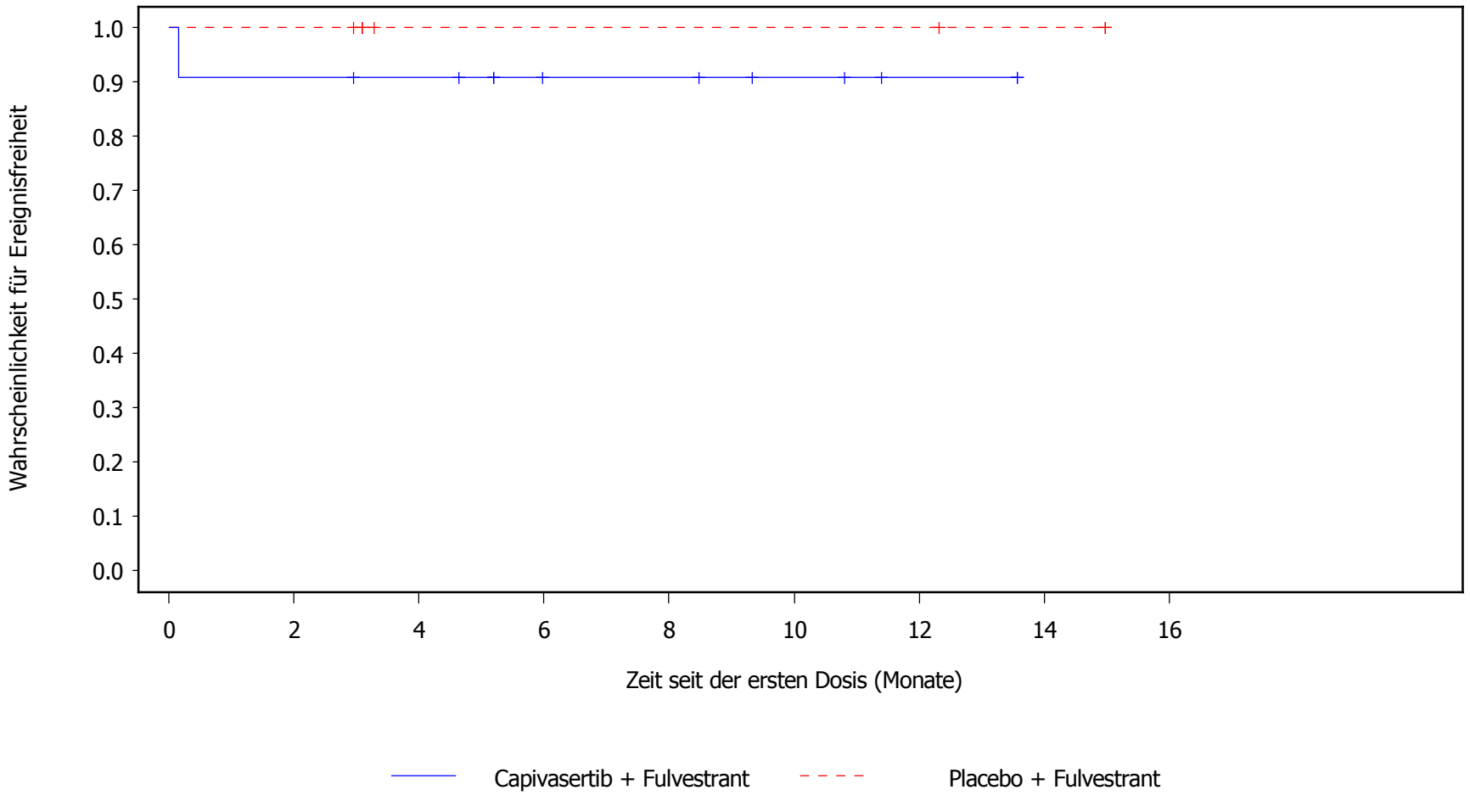
Figure 3.3.2.73 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

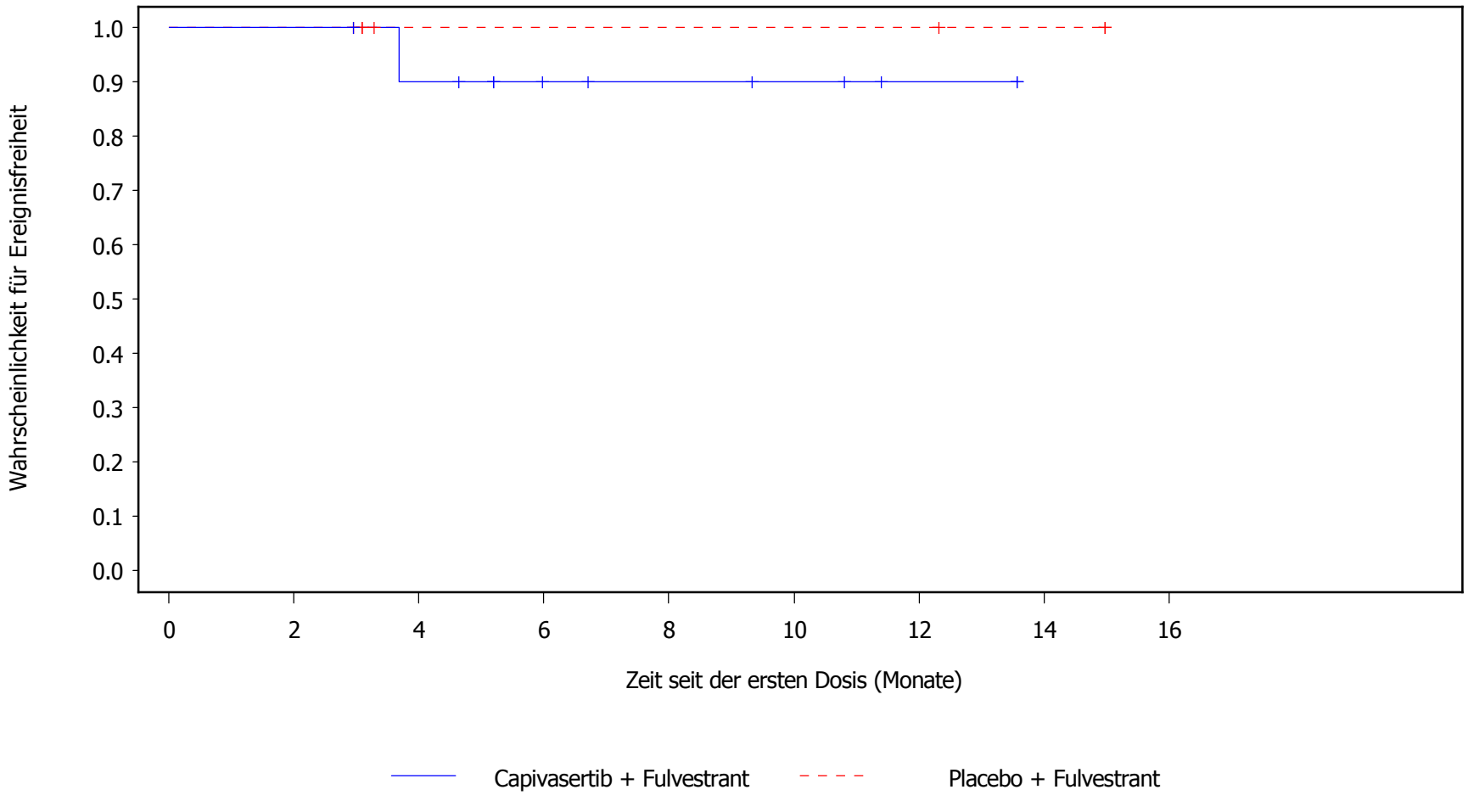
Figure 3.3.2.74 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Infektion der oberen Atemwege
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

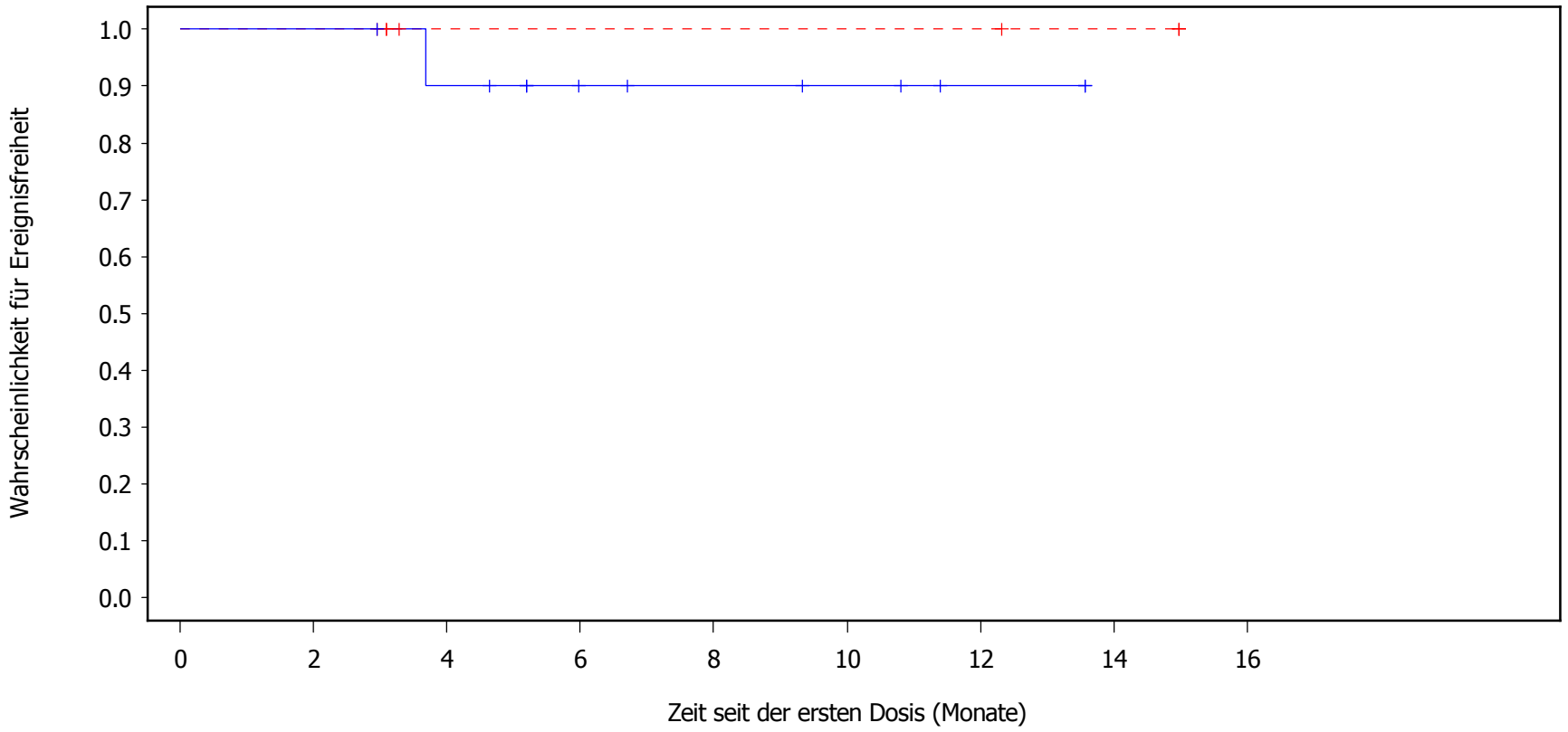
Figure 3.3.2.75 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Untersuchungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

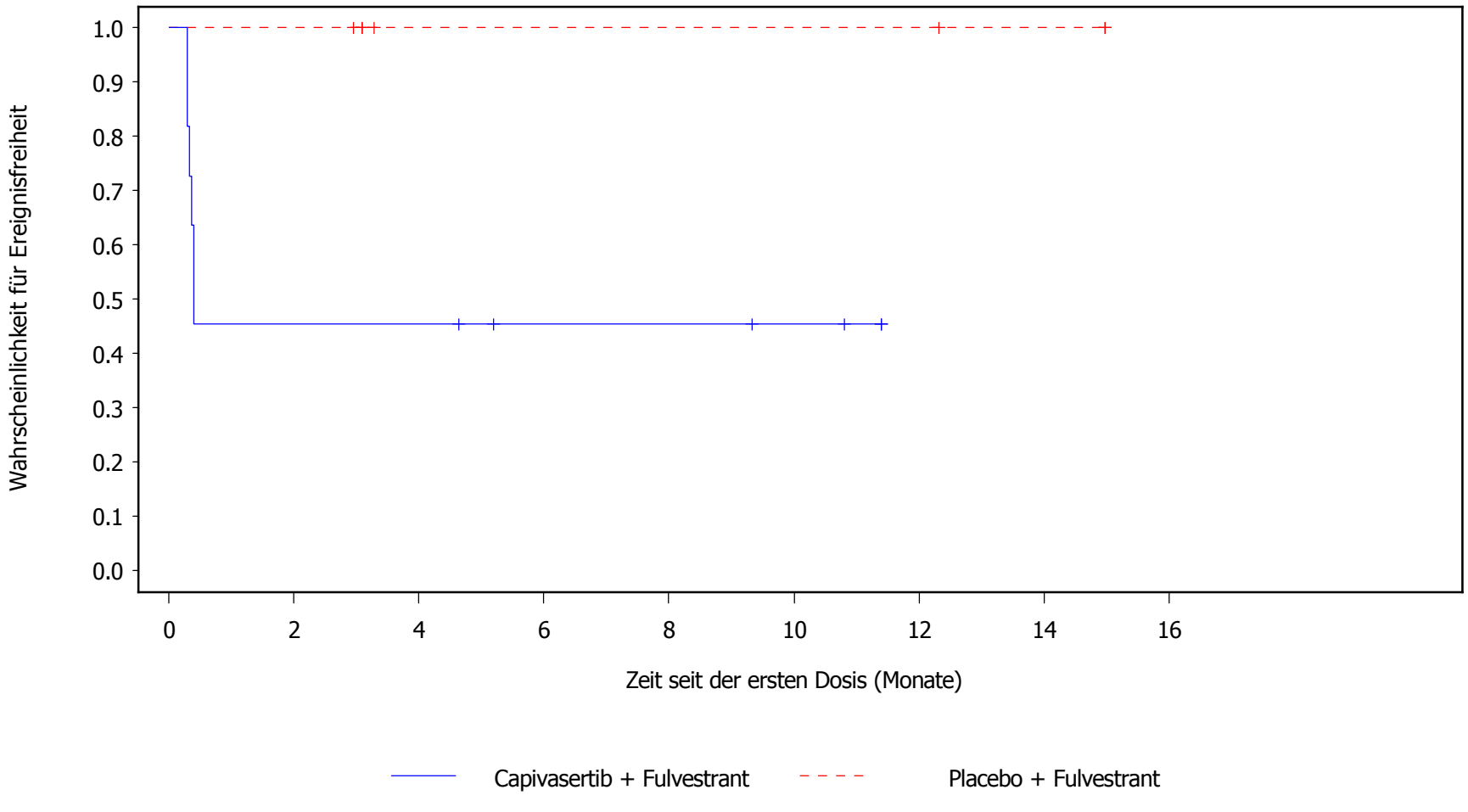
Figure 3.3.2.76 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Elektrokardiogramm QT verlaengert
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

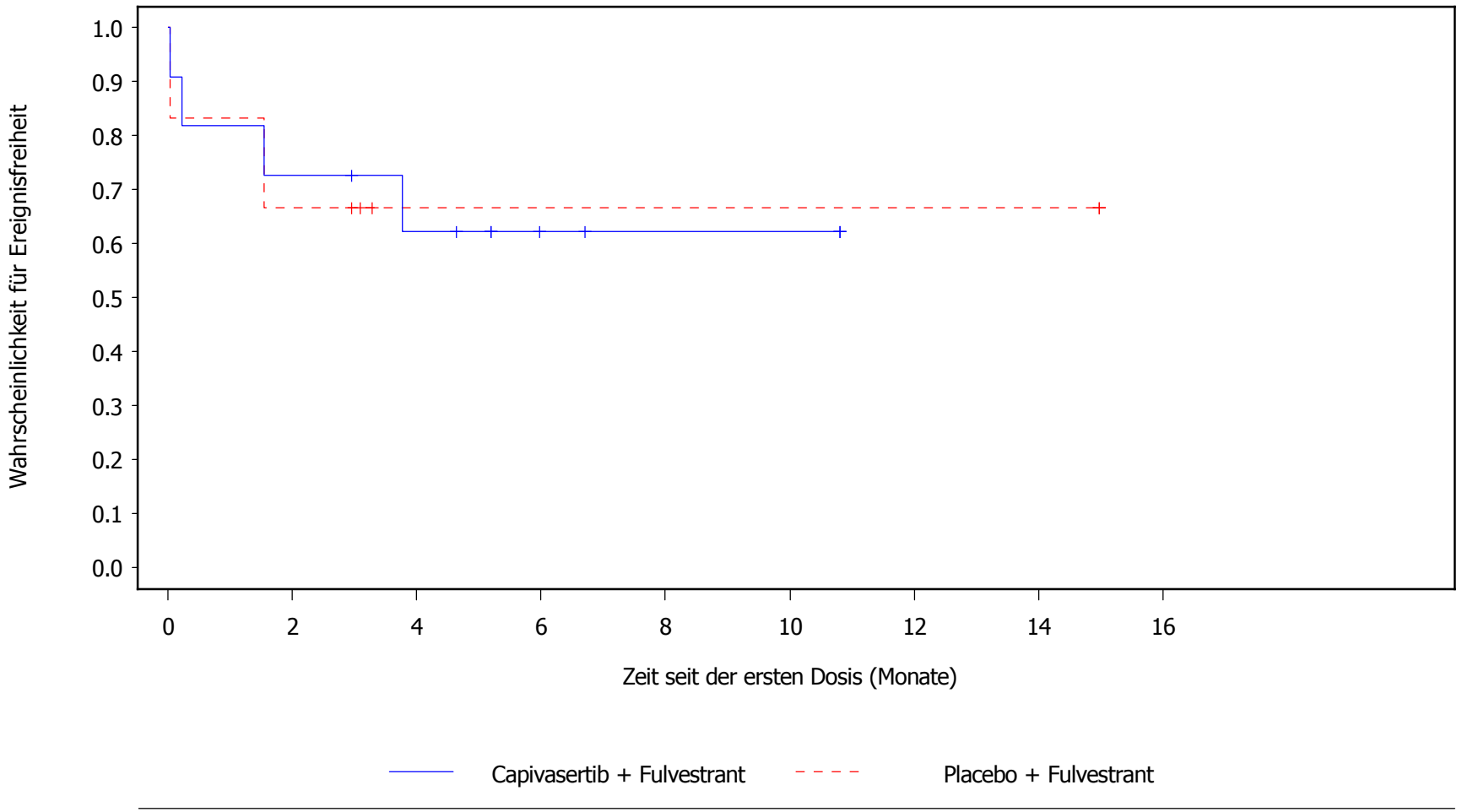
Figure 3.3.2.77 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	5	3	3	2	0	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

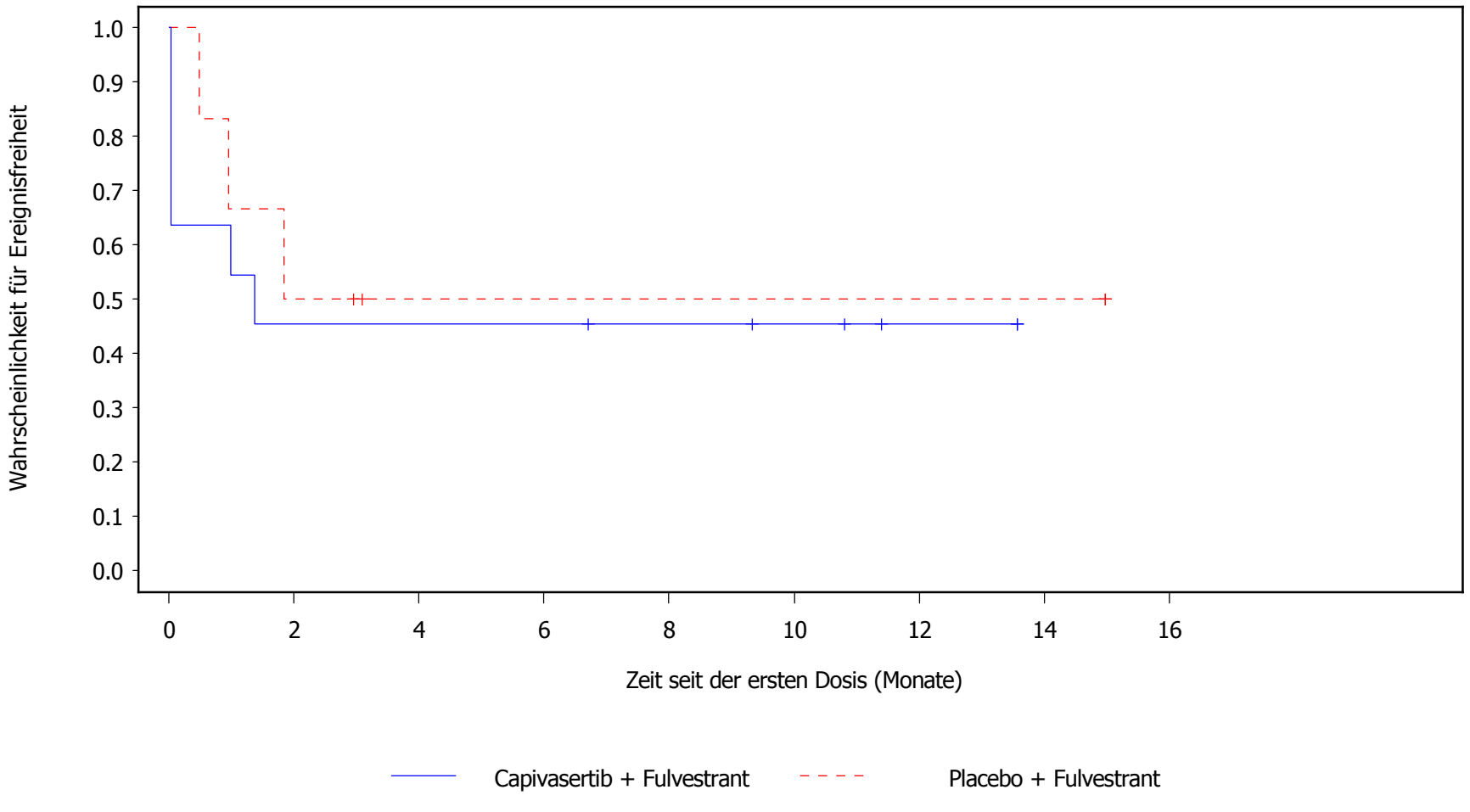
Figure 3.3.2.78 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	8	6	2	1	1	0	0	0	Capivasertib + Fulvestrant
6	4	1	1	1	1	1	1	0	Placebo + Fulvestrant

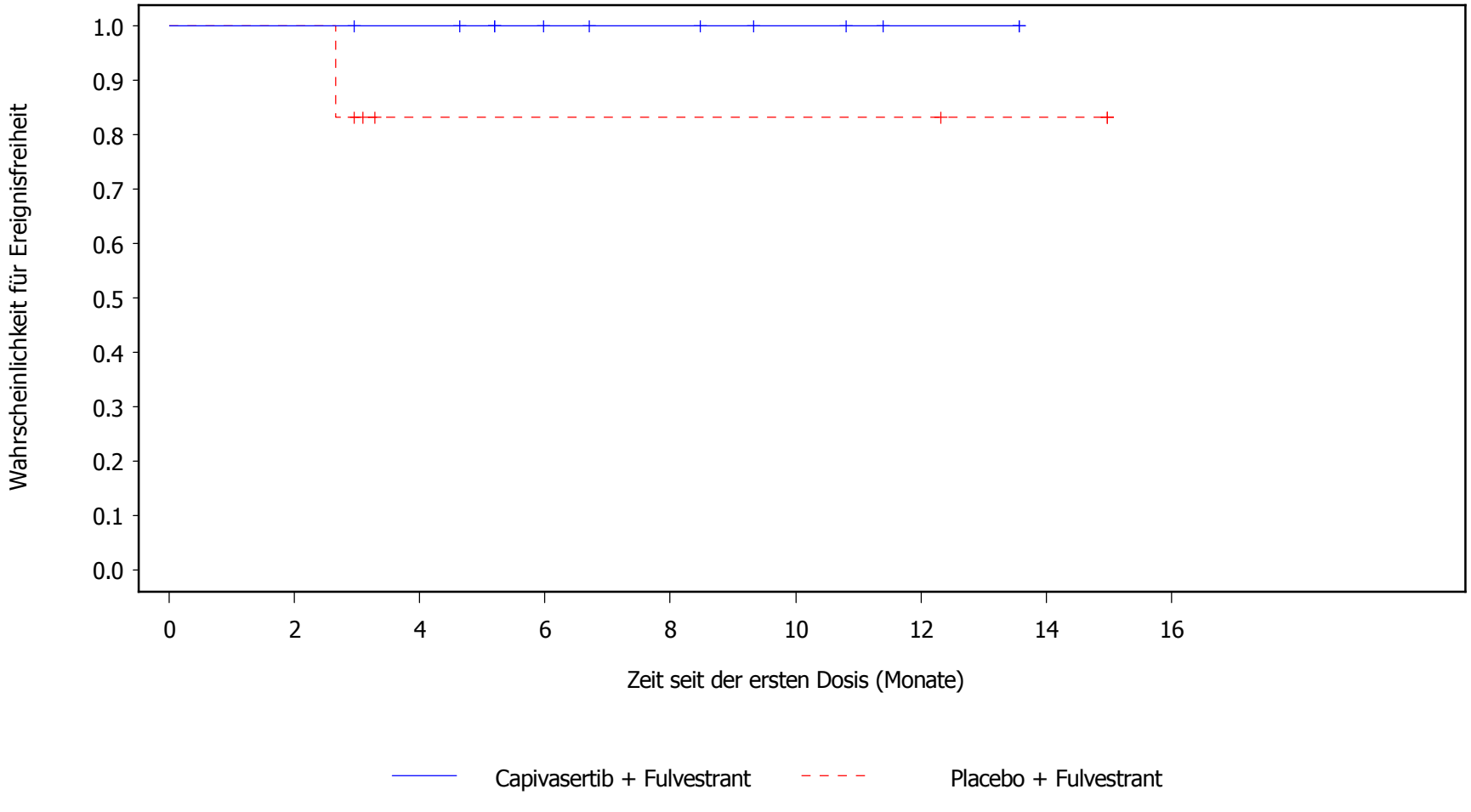
Figure 3.3.2.79 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	5	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	3	1	1	1	1	1	1	0	Placebo + Fulvestrant

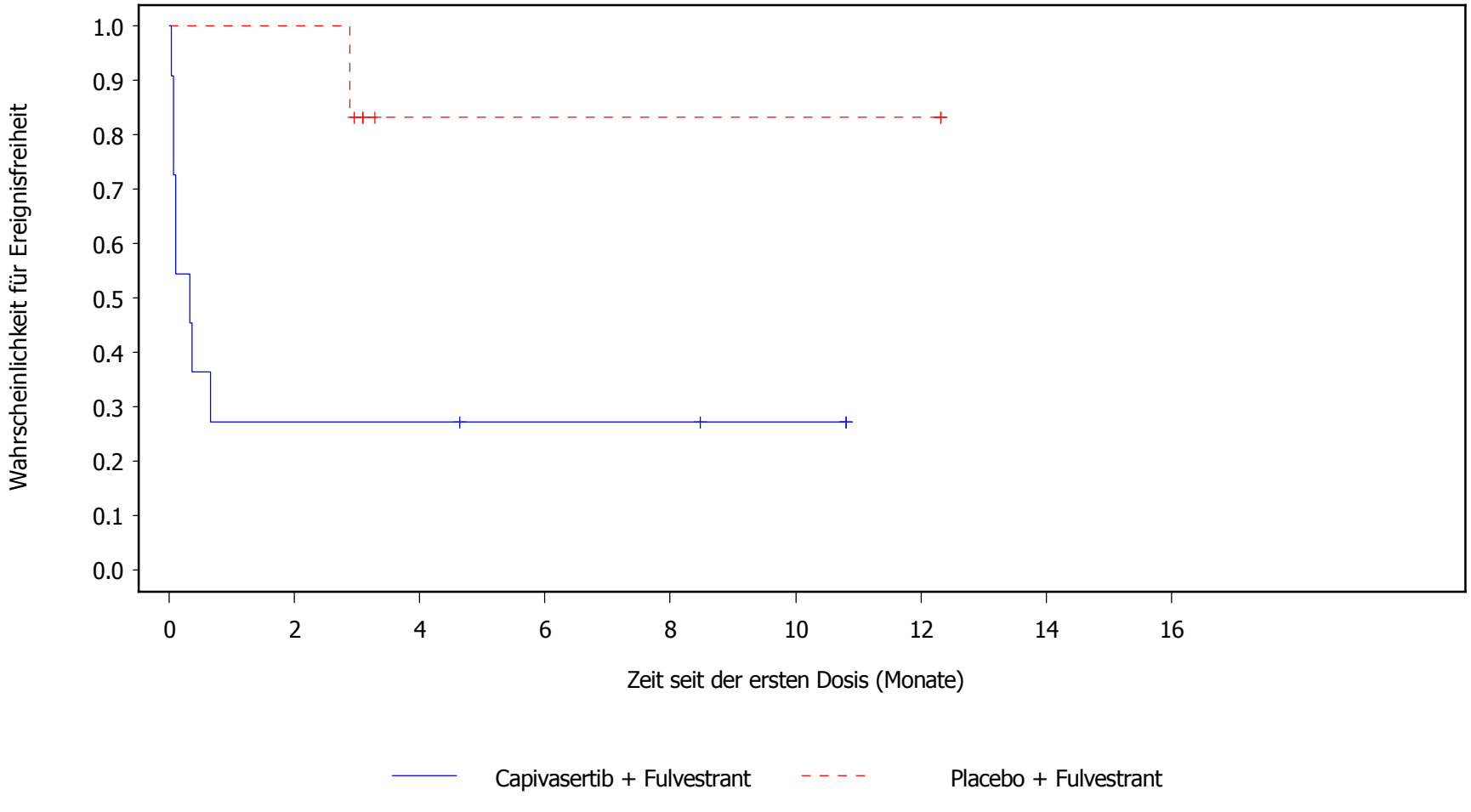
Figure 3.3.2.80 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

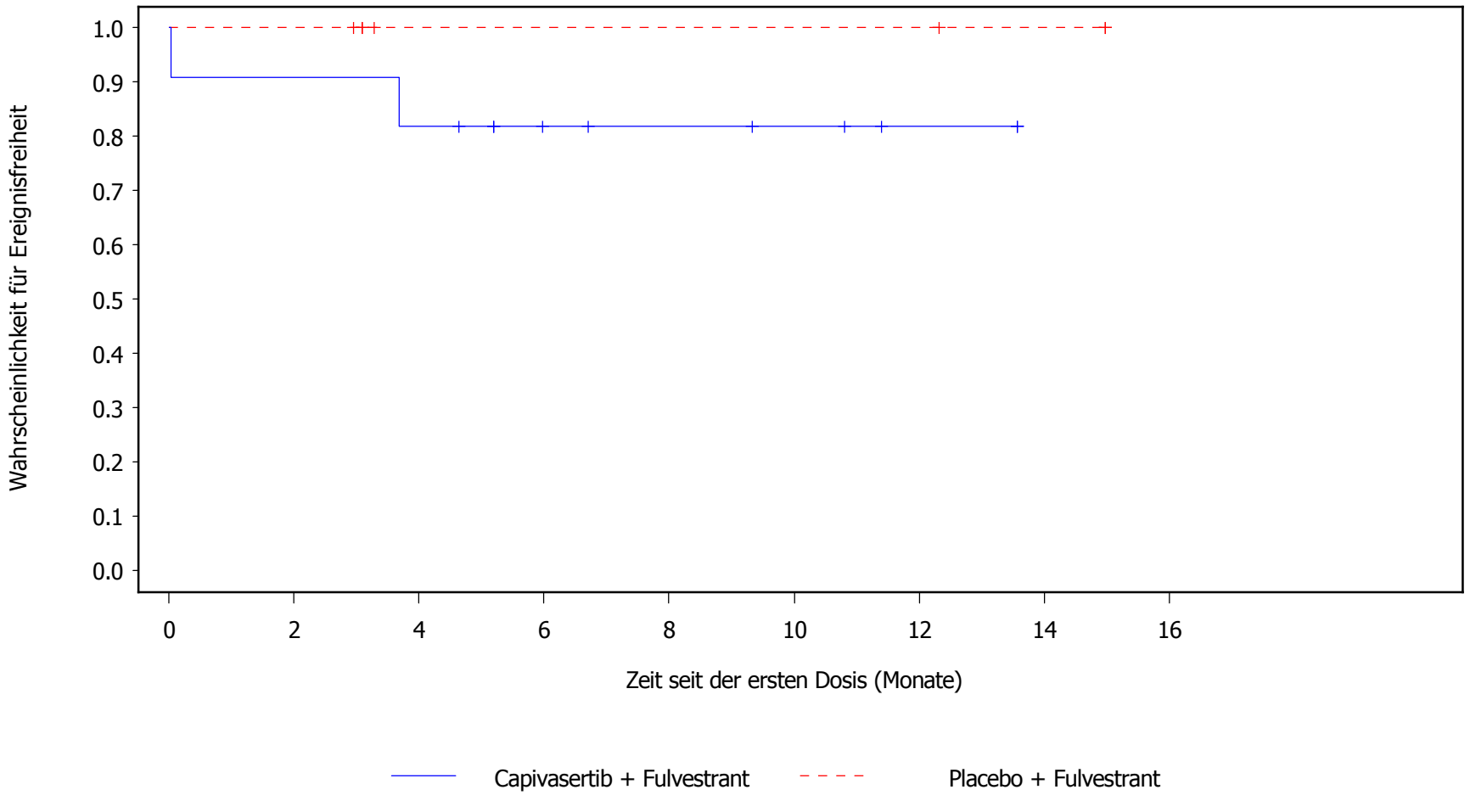
Figure 3.3.2.81 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	3	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
6	6	1	1	1	1	1	0	0	Placebo + Fulvestrant

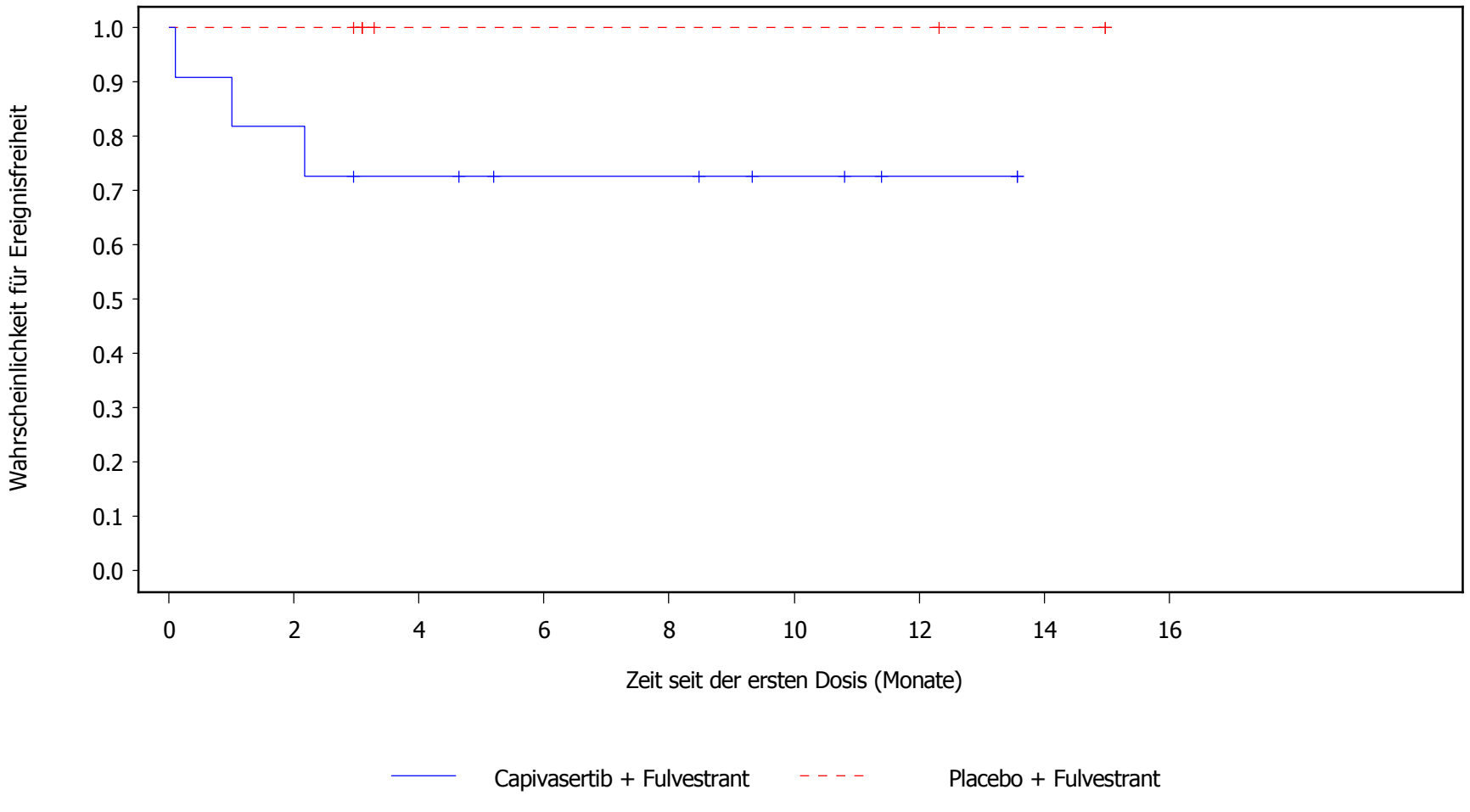
Figure 3.3.2.82 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

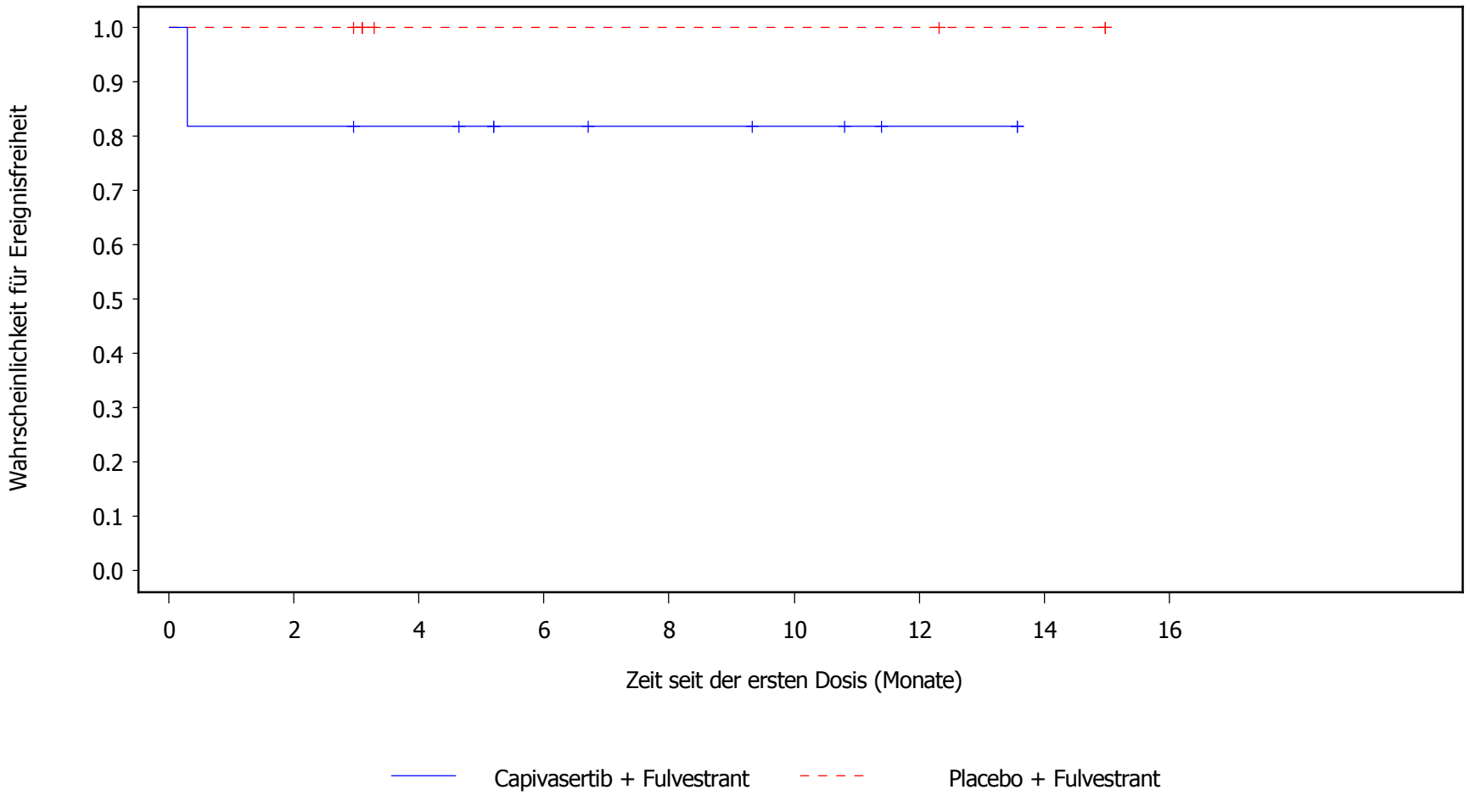
Figure 3.3.2.83 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI GT: Stomatitis
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	7	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

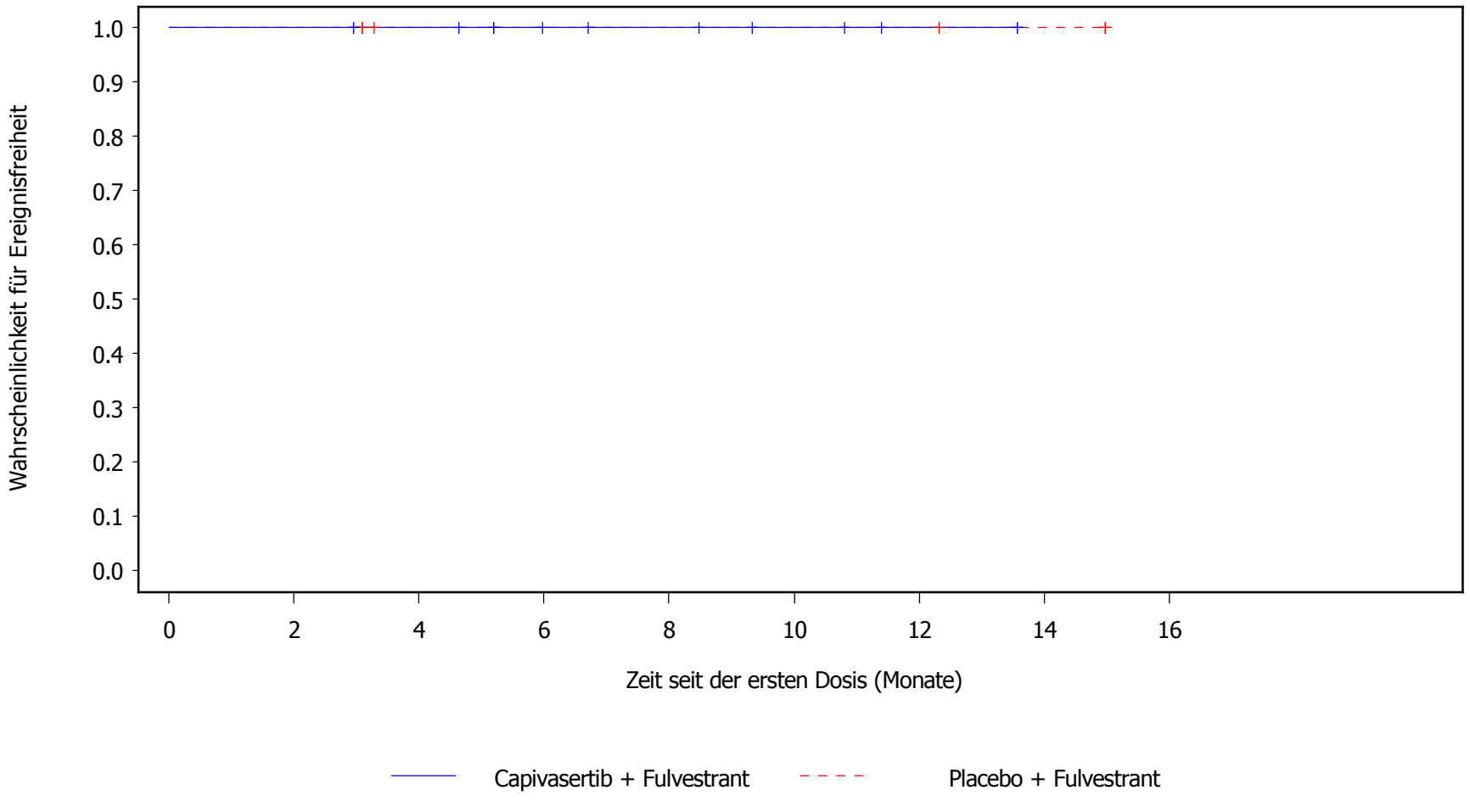
Figure 3.3.2.84 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	9	8	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

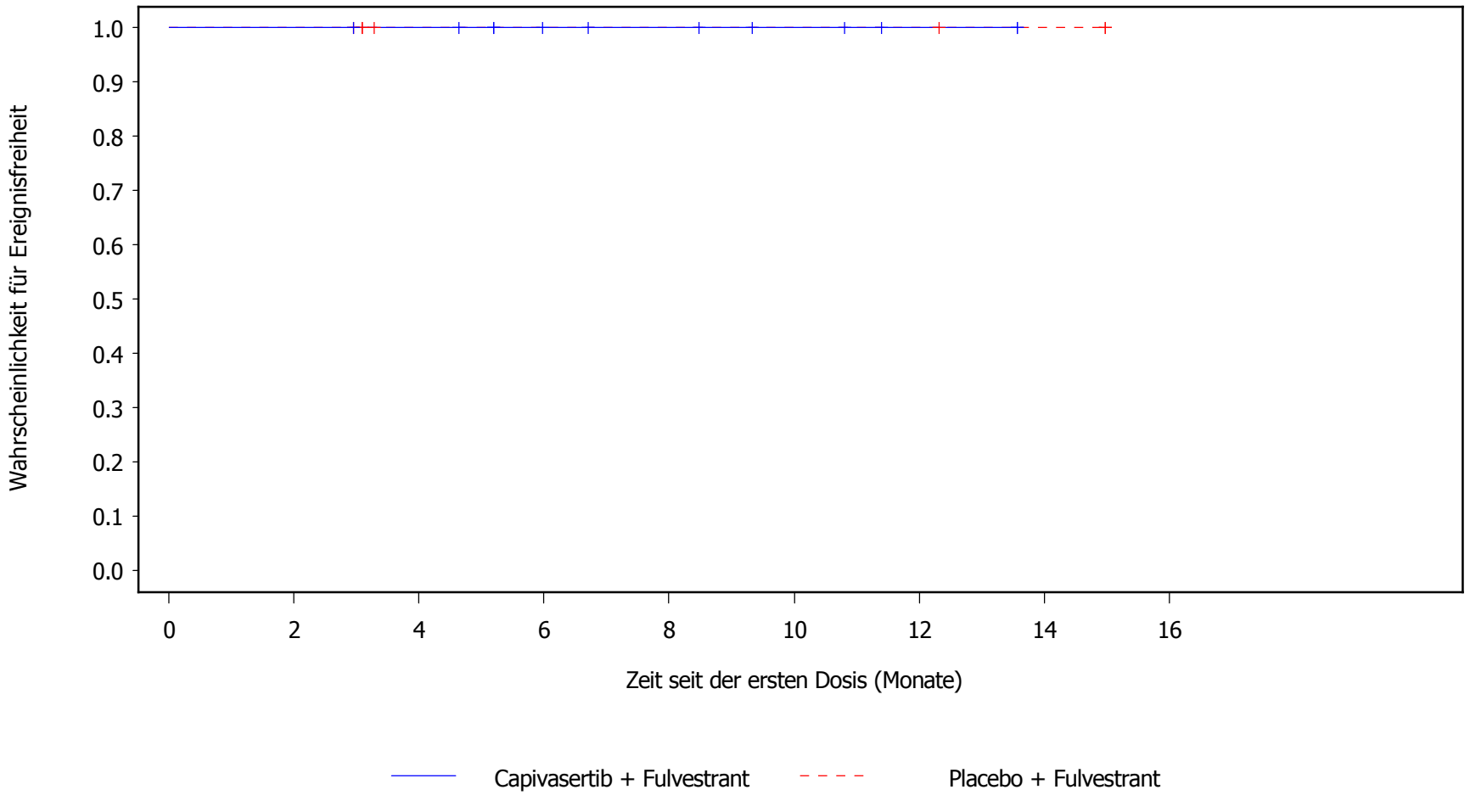
Figure 3.3.2.85 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

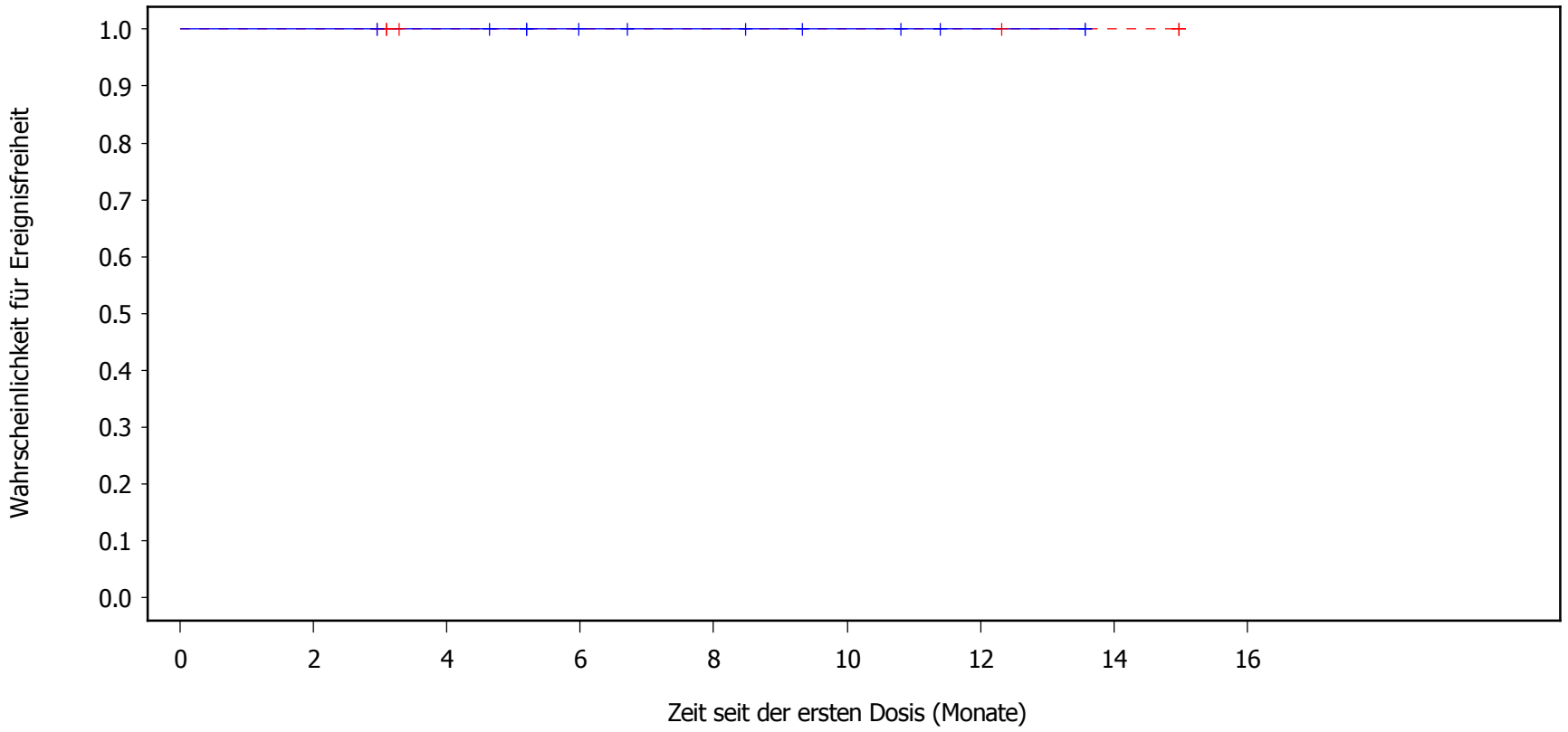
Figure 3.3.2.86 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

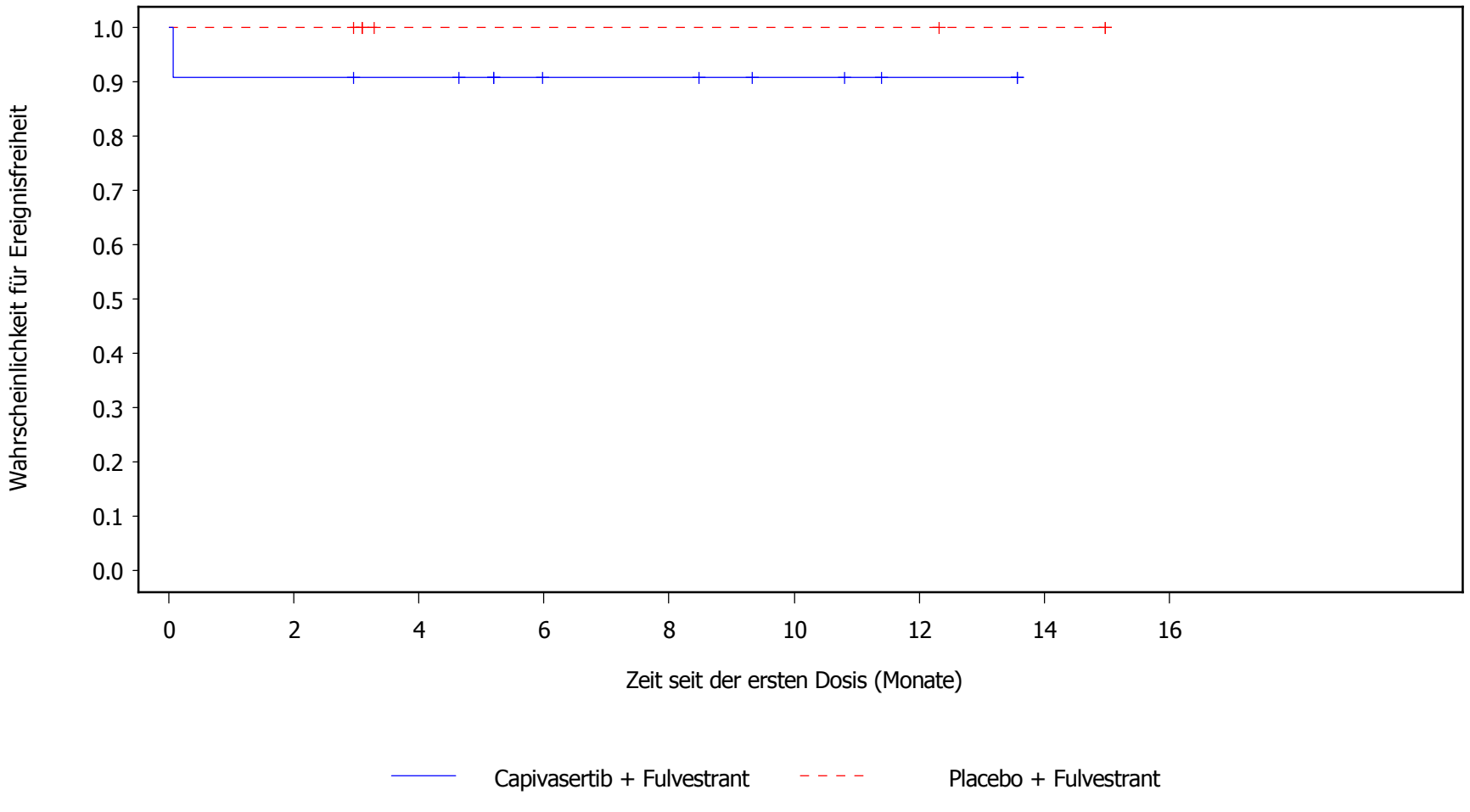
Figure 3.3.2.87 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

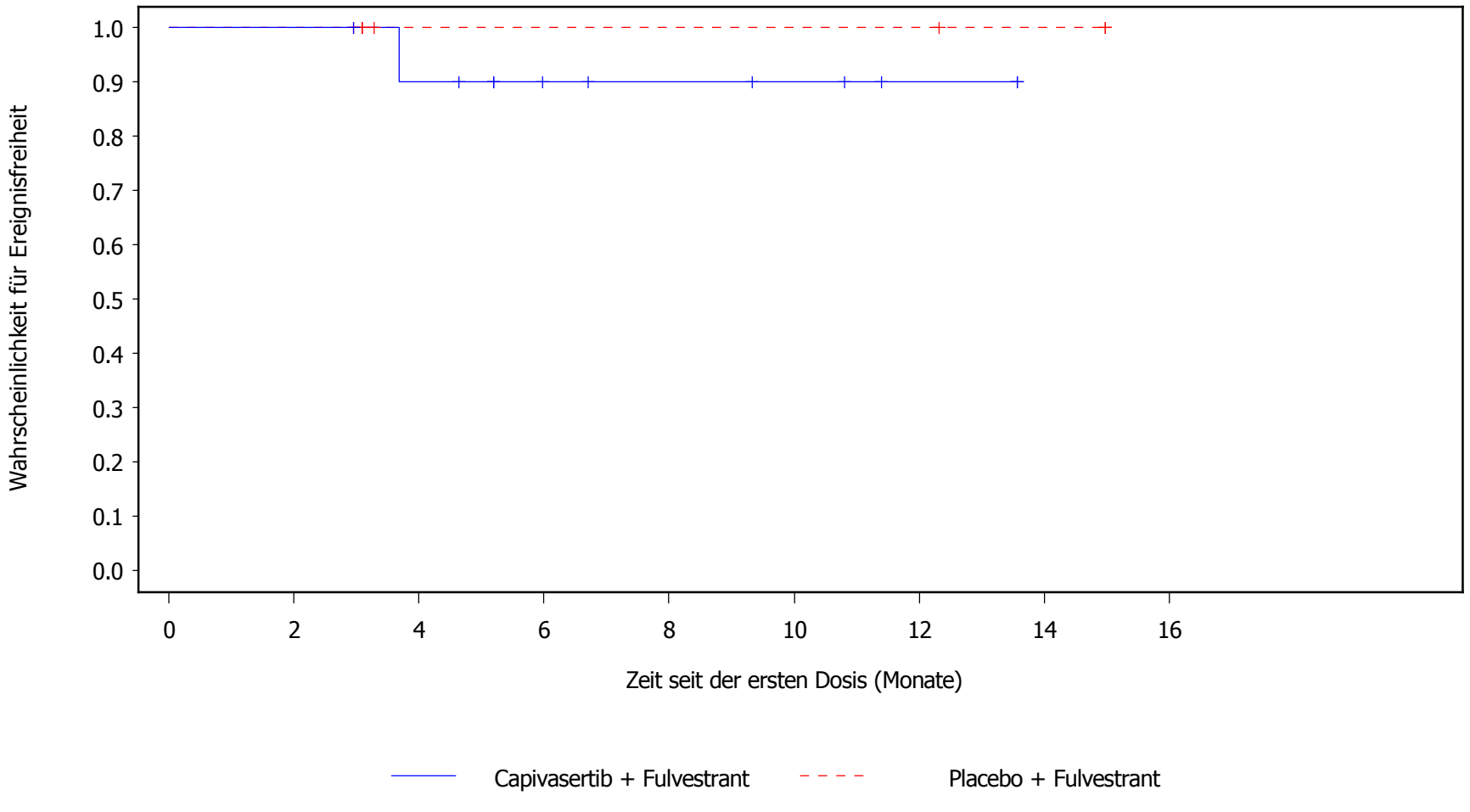
Figure 3.3.2.88 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	5	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

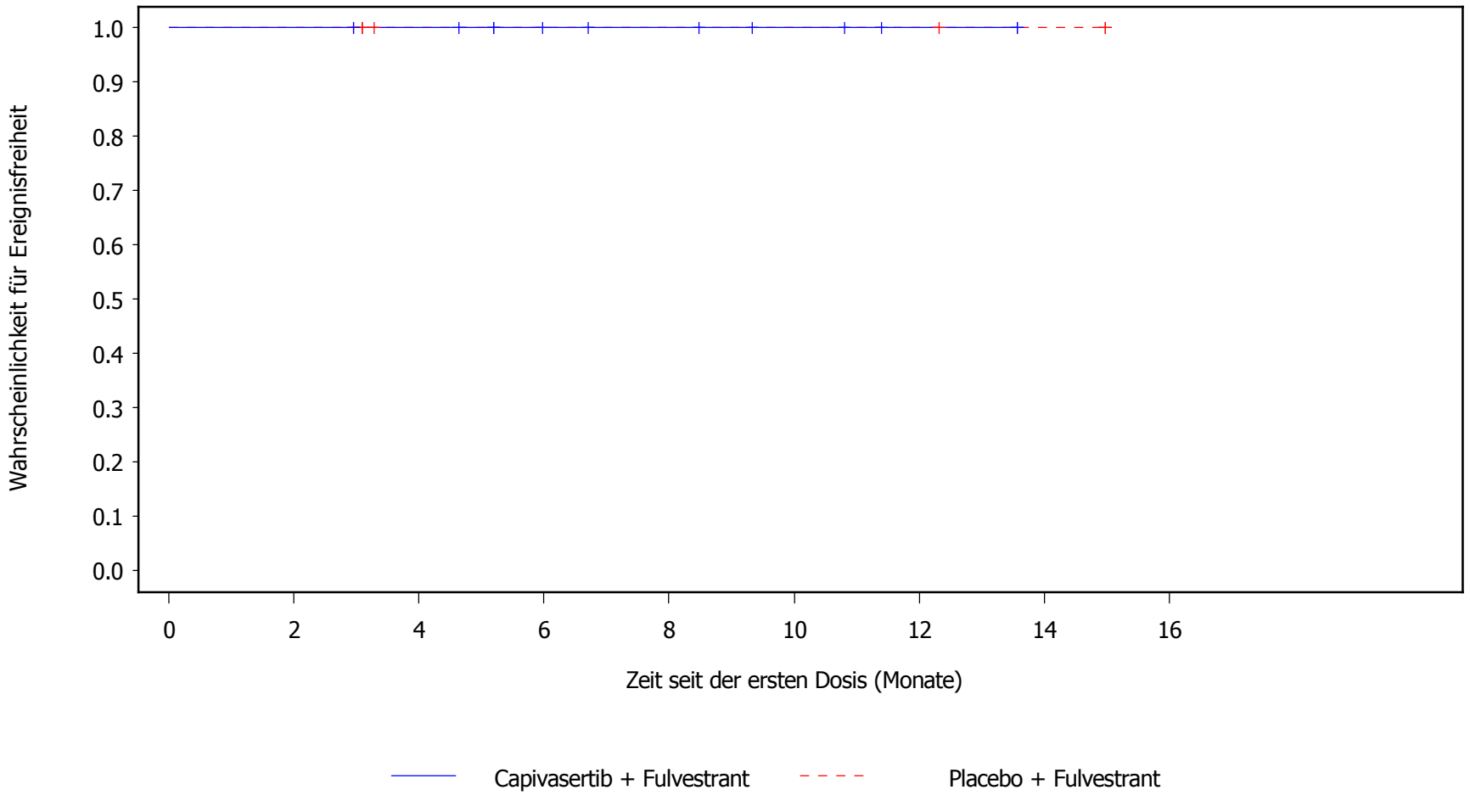
Figure 3.3.2.89 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	9	5	4	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

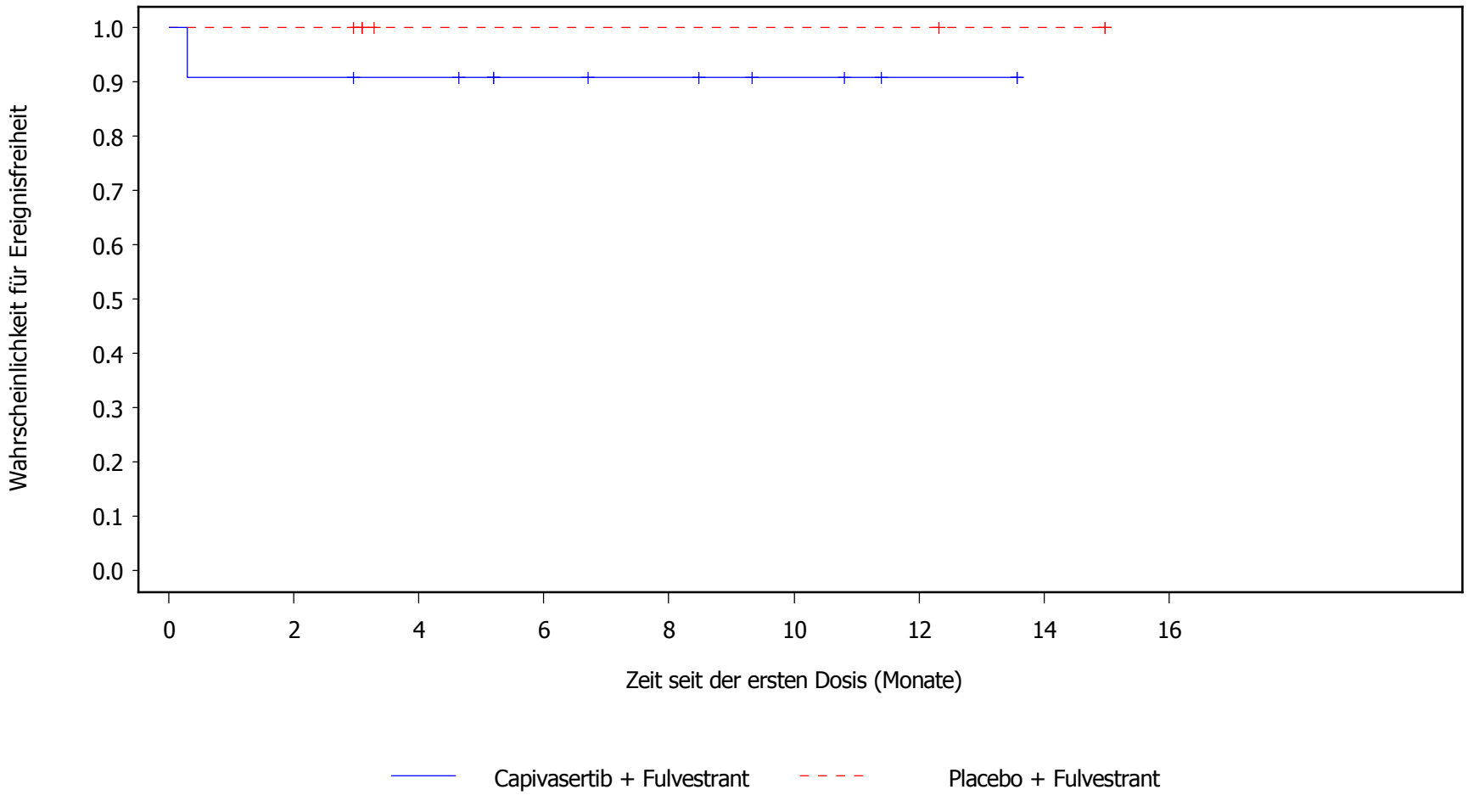
Figure 3.3.2.90 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Stomatitis
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

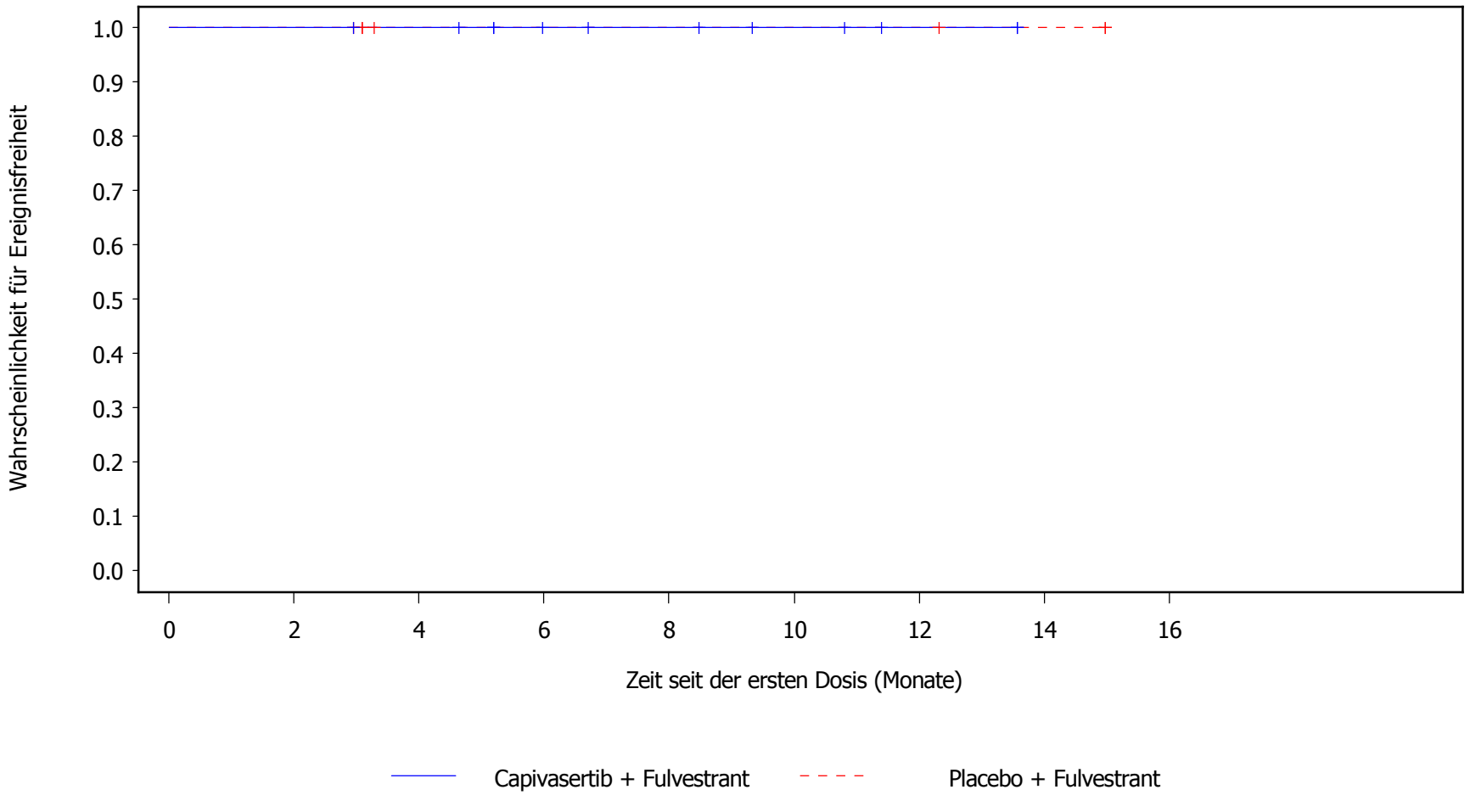
Figure 3.3.2.91 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

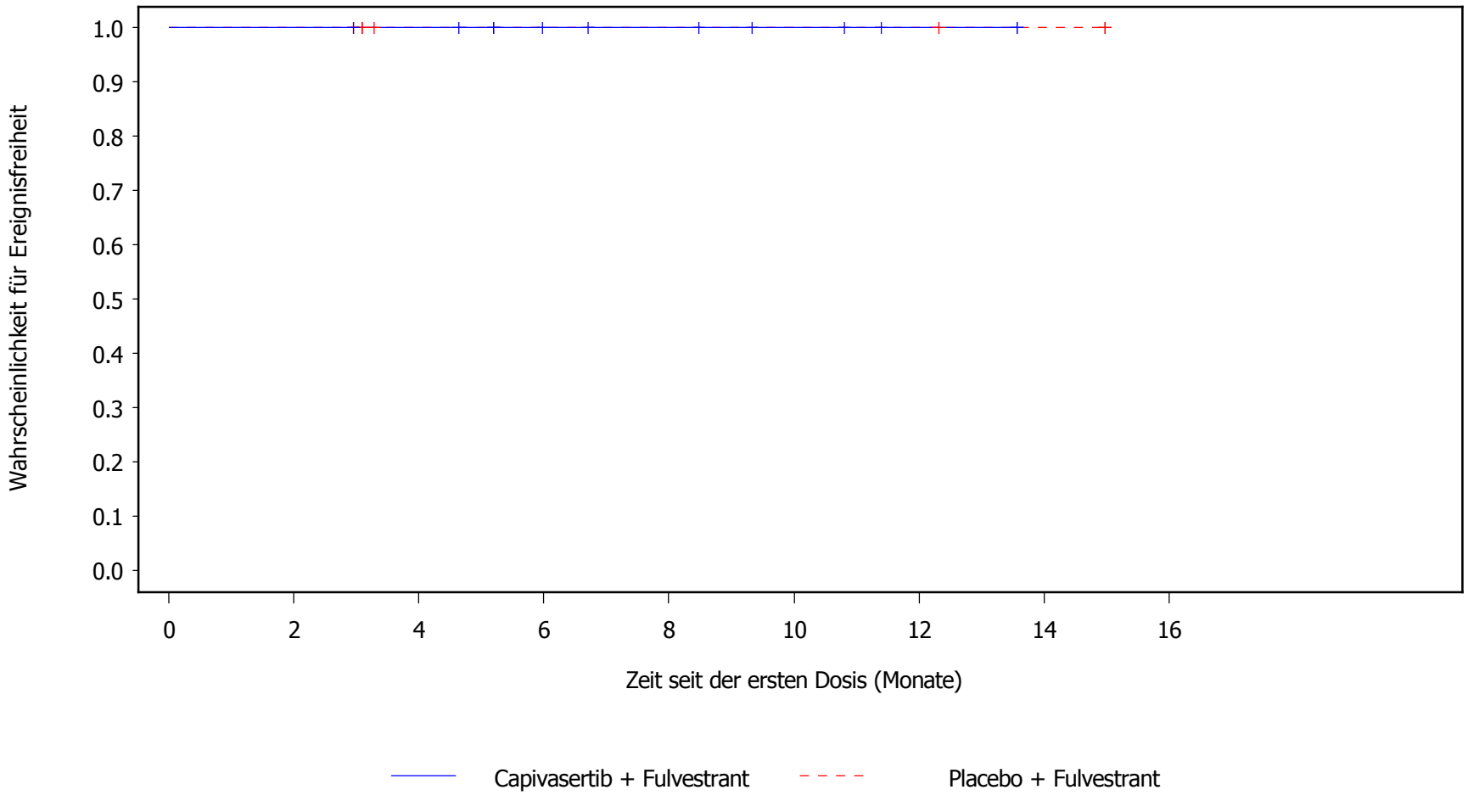
Figure 3.3.2.92 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

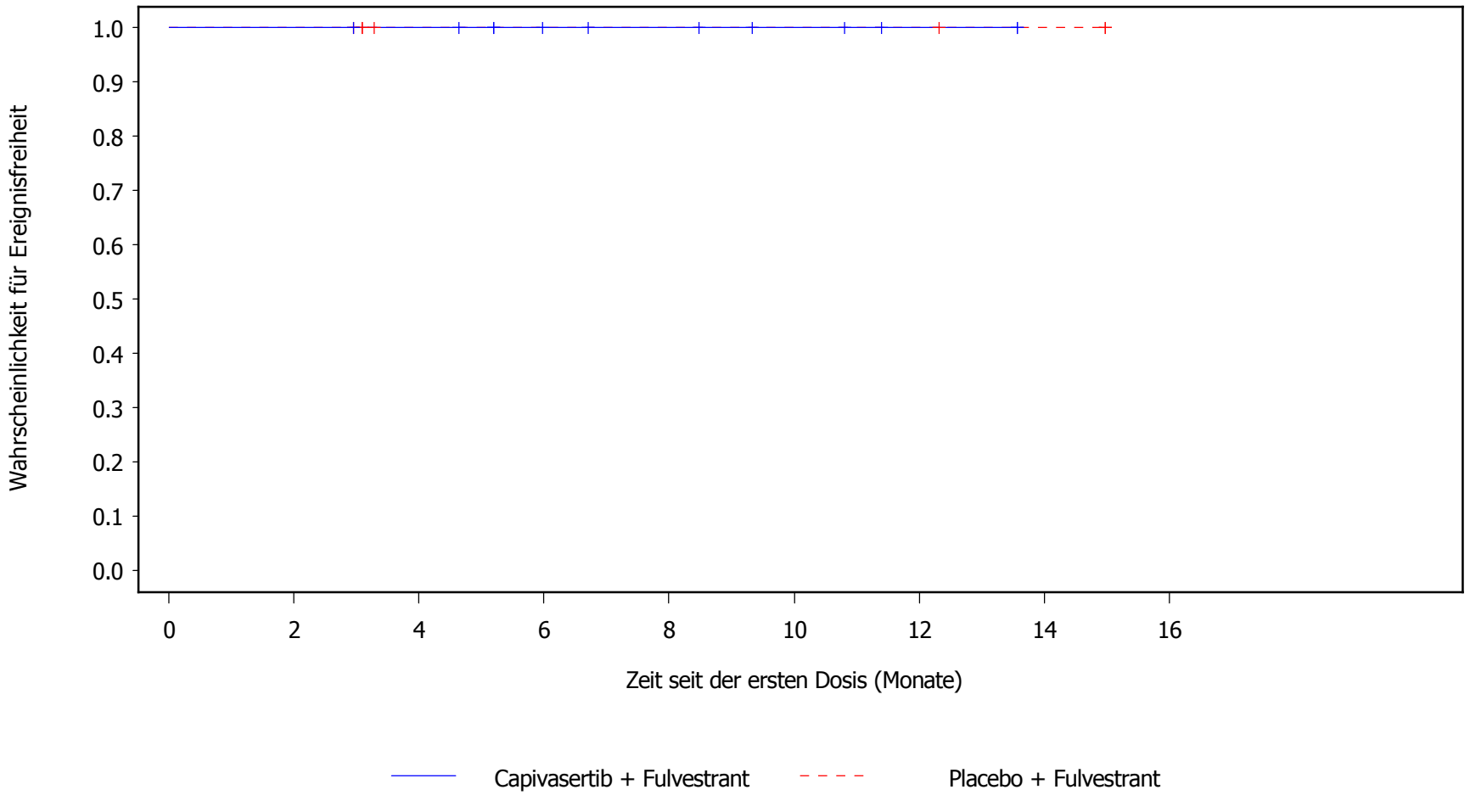
Figure 3.3.2.93 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

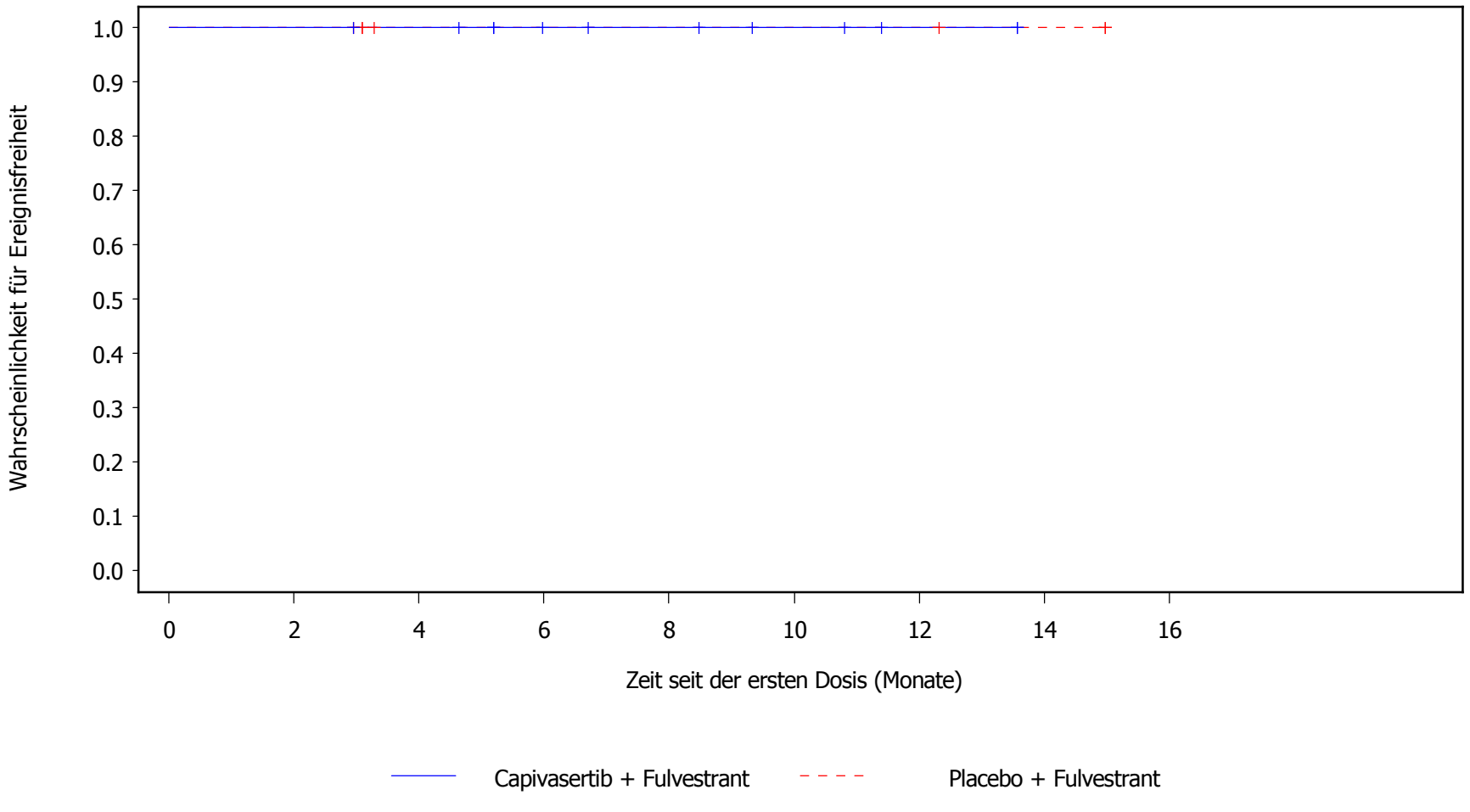
Figure 3.3.2.94 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Infektiöse Lungenentzündung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

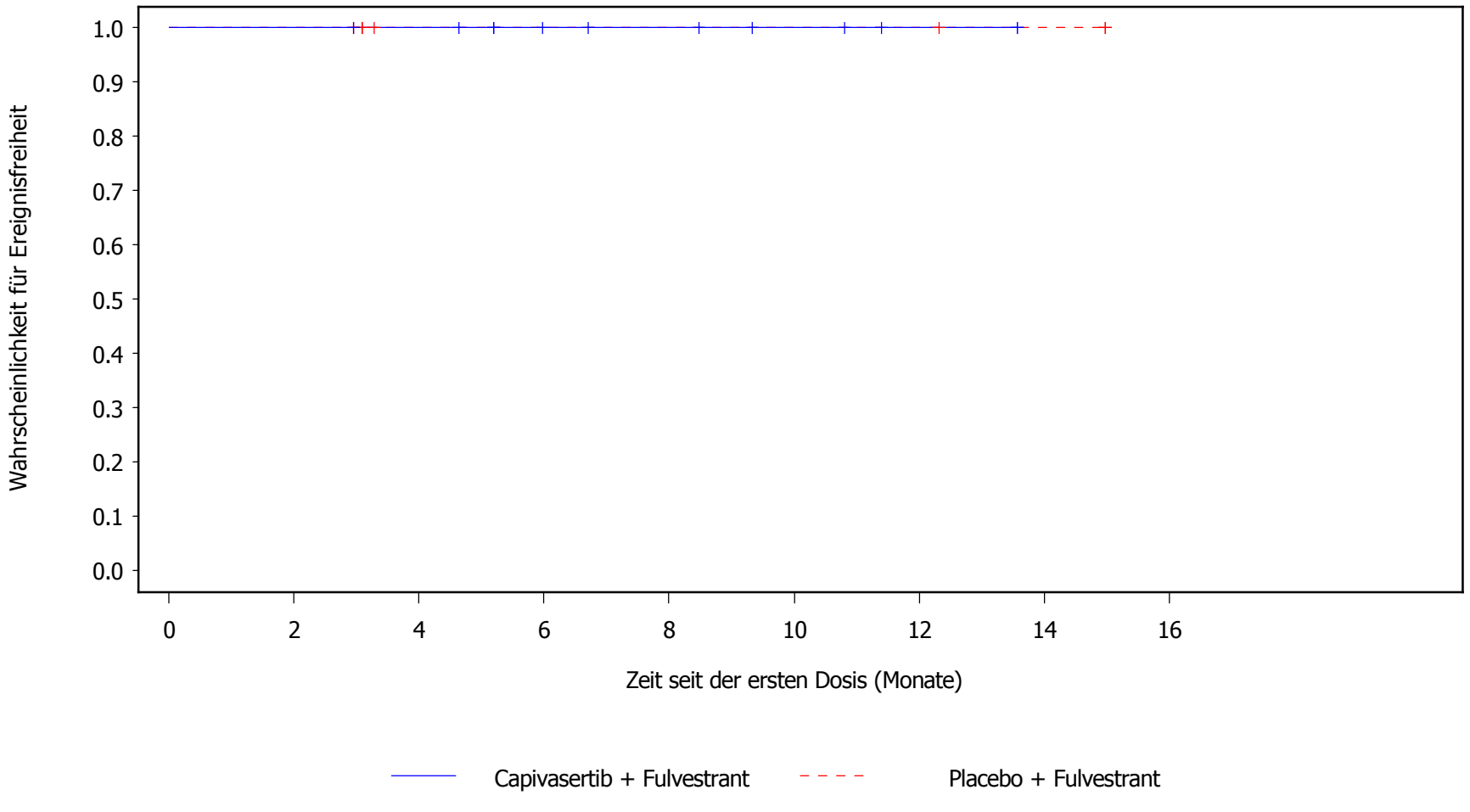
Figure 3.3.2.95 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

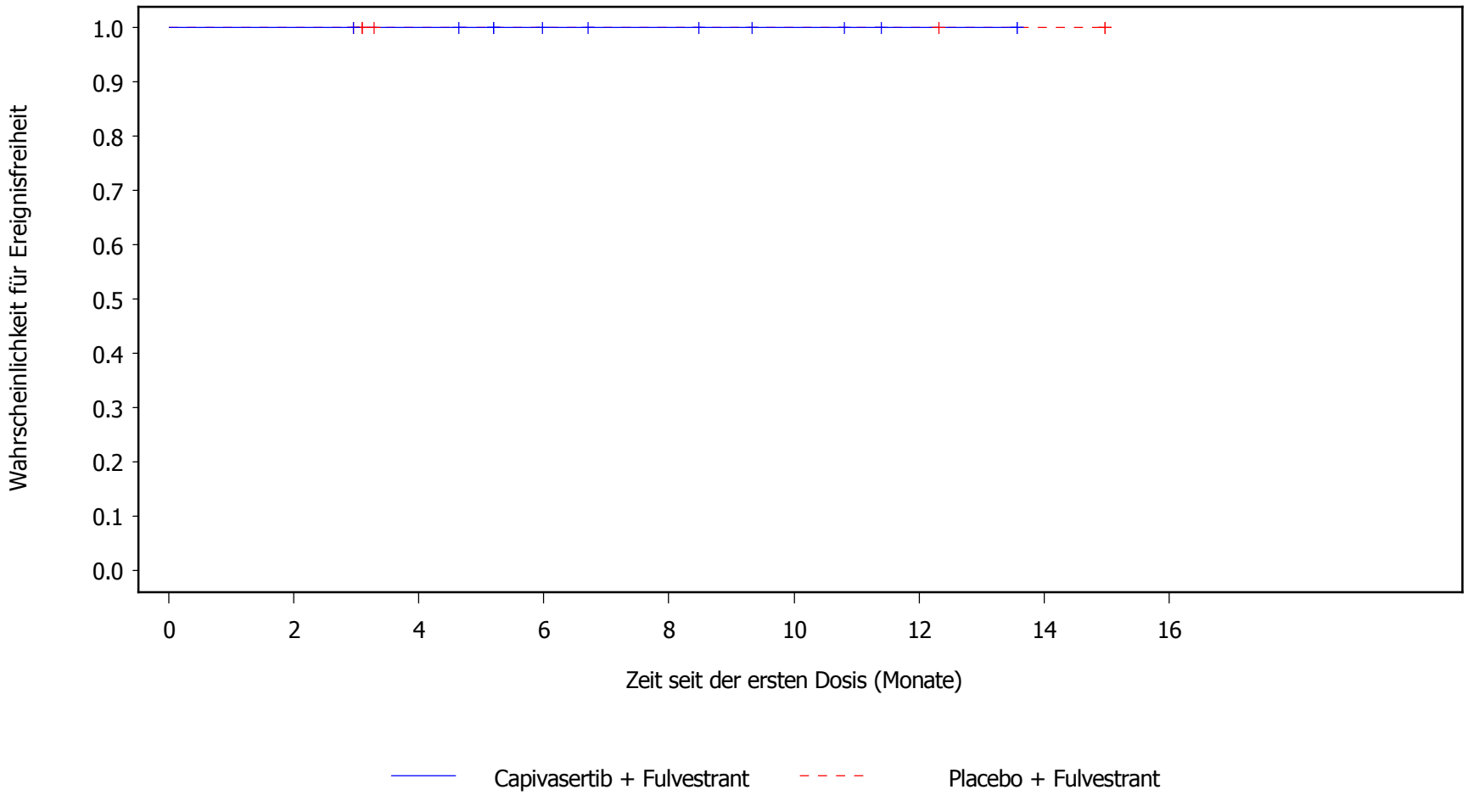
Figure 3.3.2.96 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

Figure 3.3.2.97 CAPItello-291 (China B2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Stomatitis
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	11	10	6	5	3	1	0	0	Capivasertib + Fulvestrant
6	6	2	2	2	2	2	1	0	Placebo + Fulvestrant

Table 3.5.1 CAPItello-291 (Global B2): Summary of adverse events leading to discontinuation of study treatment
Altered safety analysis set, DCO 27MAR2023

System organ class / MedDRA Preferred term	Number (%) of patients Capivasertib + Fulvestrant (N=117)	Number (%) of patients Placebo + Fulvestrant (N=86)
Patienten mit Abbruch wegen UE	8 (6,8)	1 (1,2)
Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	1 (0,9)	0
Fieber	1 (0,9)	0
Erkrankungen der Atemwege, des Brustraums und Mediastinums	1 (0,9)	0
Dyspnoe	1 (0,9)	0
Erkrankungen der Haut und des Unterhautgewebes	5 (4,3)	0
Ausschlag	1 (0,9)	0
Ausschlag makulo-papuloes	2 (1,7)	0
Pruritus	1 (0,9)	0
Urtikaria	1 (0,9)	0
Erkrankungen der Nieren und Harnwege	1 (0,9)	0
Akute Nierenschaedigung	1 (0,9)	0
Erkrankungen des Gastrointestinaltrakts	4 (3,4)	1 (1,2)
Diarrhoe	2 (1,7)	0
Erbrechen	1 (0,9)	1 (1,2)
Uebelkeit	1 (0,9)	1 (1,2)
Erkrankungen des Nervensystems	2 (1,7)	0
Paraesthesie	1 (0,9)	0
Praesynkope	1 (0,9)	0
Untersuchungen	1 (0,9)	0
Koerpertemperatur erhoeht	1 (0,9)	0

Includes adverse events with onset date after first dose of study treatment until 37 days following the date of last dose of study treatment.
All AEs are coded using MedDRA version 25.0.

Table 3.5.2 CAPItello-291 (China B2): Summary of adverse events leading to discontinuation of study treatment
Altered safety analysis set, DCO 08MAY2023

	Number (%) of patients	
System organ class / MedDRA Preferred term	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
Patienten mit Abbruch wegen UE	0	0

Includes adverse events with onset date after first dose of study treatment until 37 days following the date of last dose of study treatment.
All AEs are coded using MedDRA version 25.0.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/aediscsum.sas gaediscsumb 13AUG2024:14:38

Figure 6.1.6.2 Meta−Analysis of Time to First Adverse Event

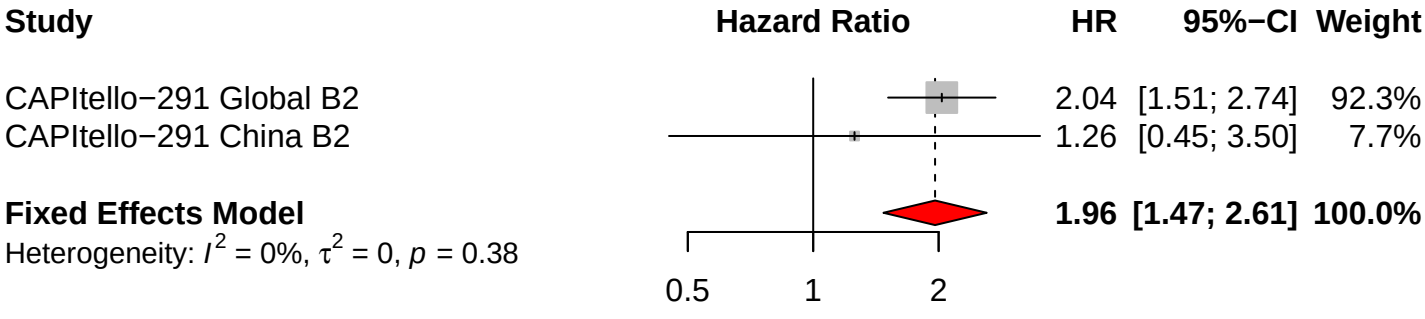


Figure 6.1.7.2 Meta−Analysis of Time to First Serious Adverse Event

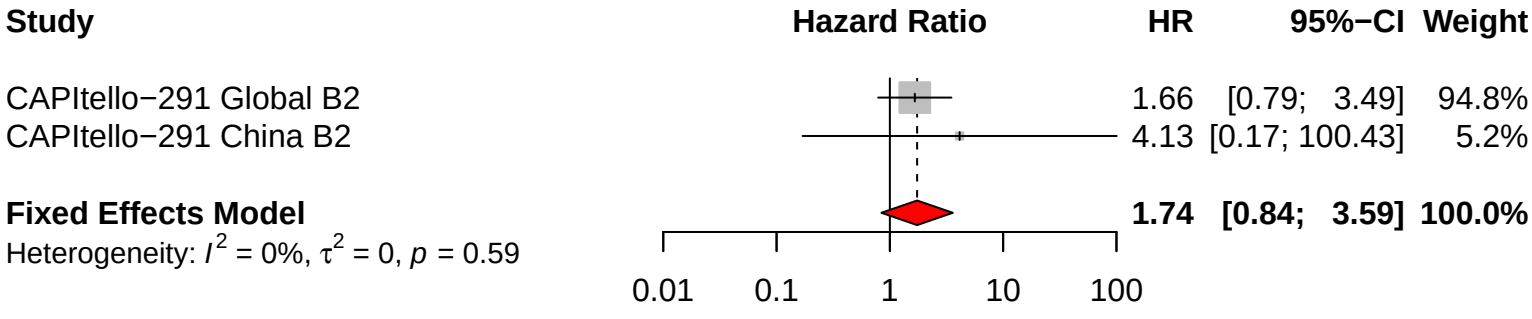


Figure 6.1.8.2 Meta−Analysis of Time to First Adverse Event with Maximum CTCAE Grade 3 or Higher

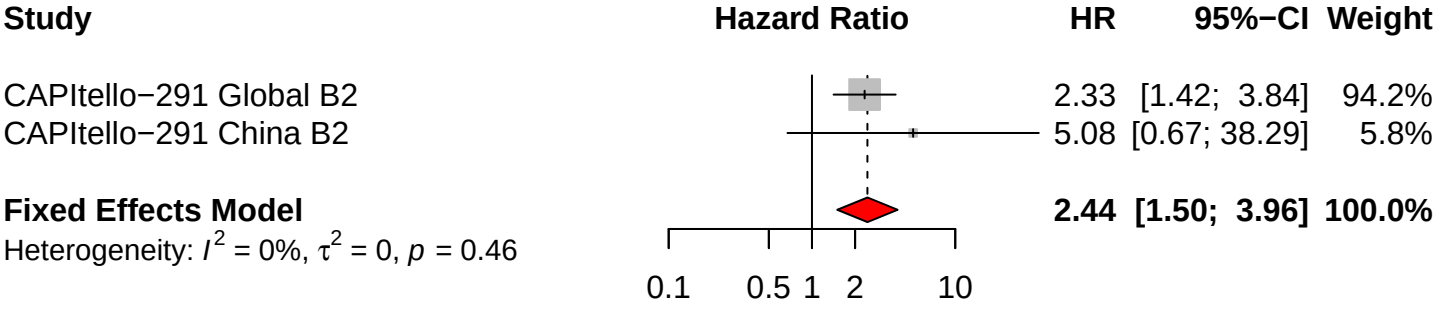


Figure 6.1.9.2 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: Rash

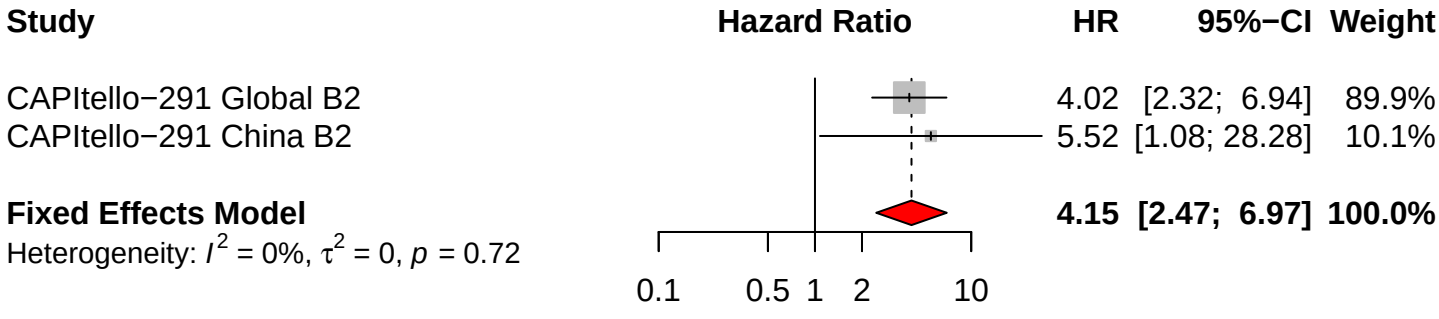


Figure 6.1.9.4 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: UTI

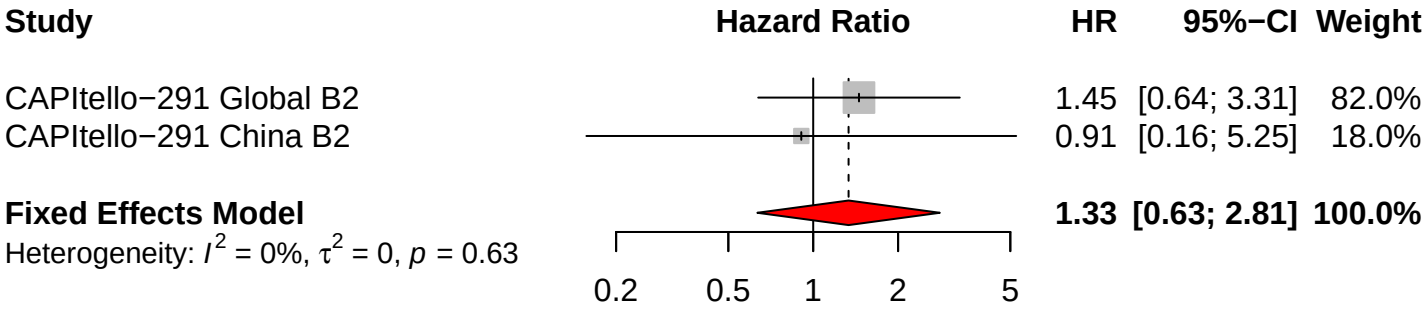


Figure 6.1.9.6 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: Hyperglycaemia

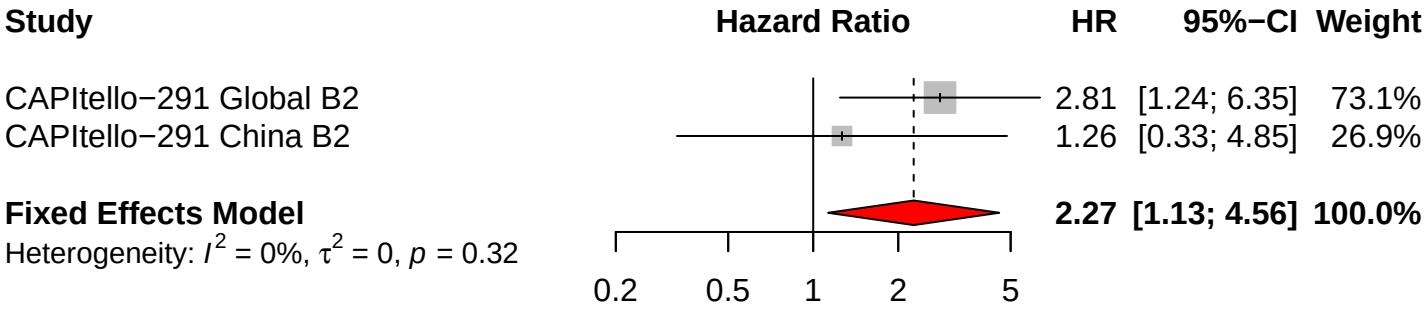


Figure 6.1.9.8 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: Infective Pneumonia

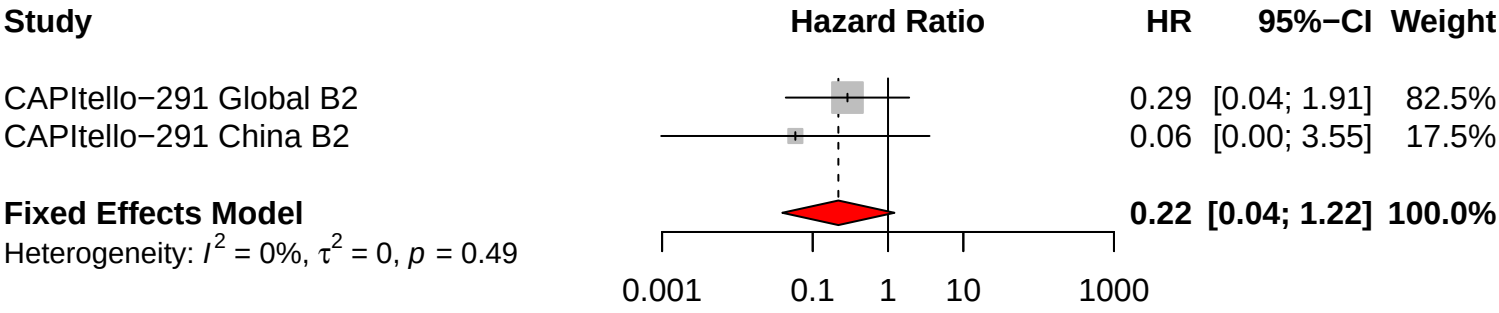


Figure 6.1.9.10 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: Noninfectious Diarrhoea

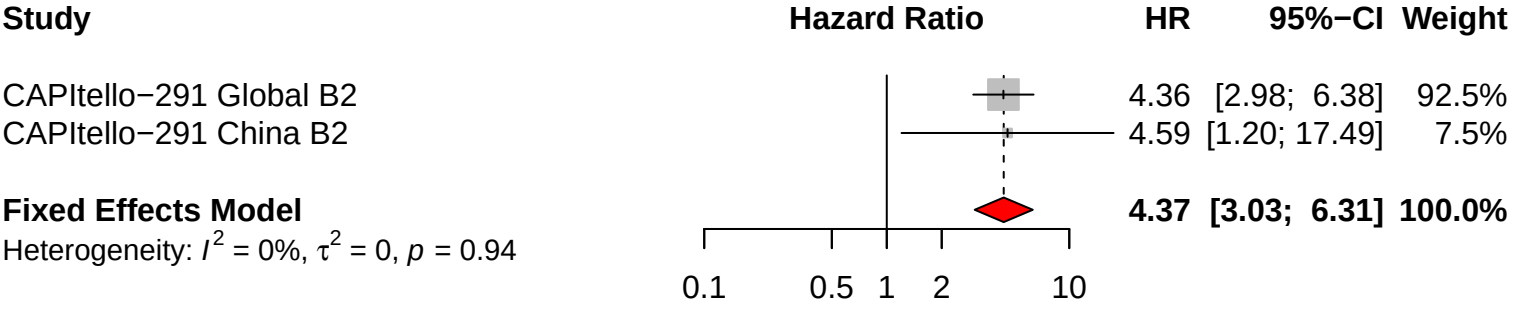


Figure 6.1.9.12 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: QT Prolongation

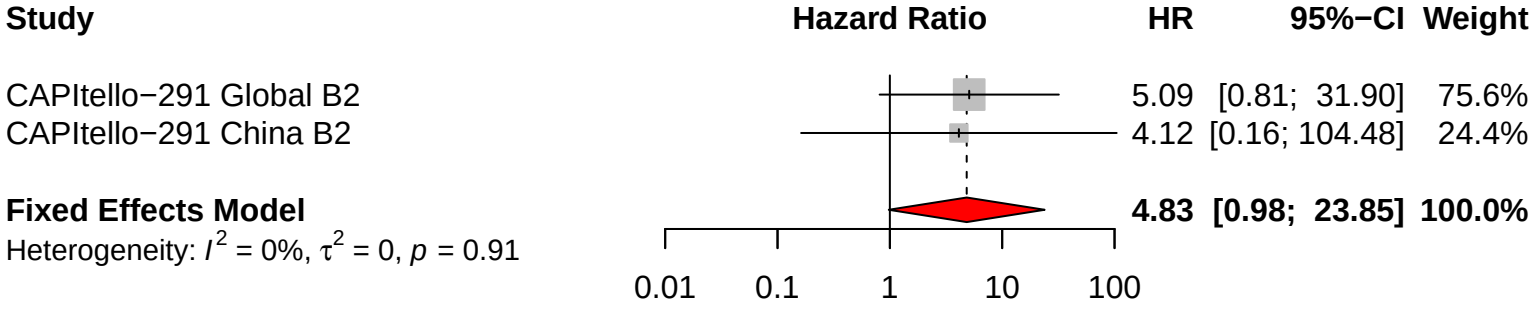


Figure 6.1.9.14 Meta−Analysis of Time to First Adverse Event of Special Interest
AESI GT: Stomatitis

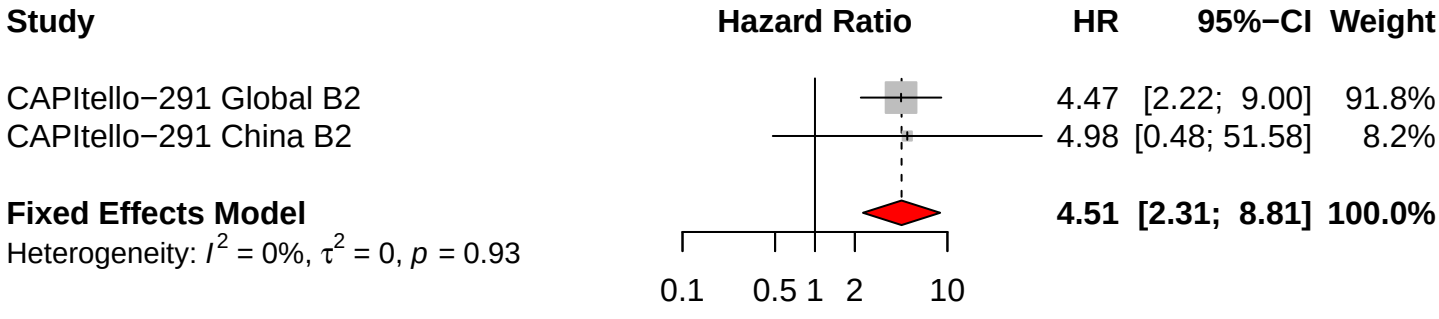


Figure 6.1.11.2 Meta−Analysis of Time to First Serious Adverse Event of Special Interest
AESI GT: Rash

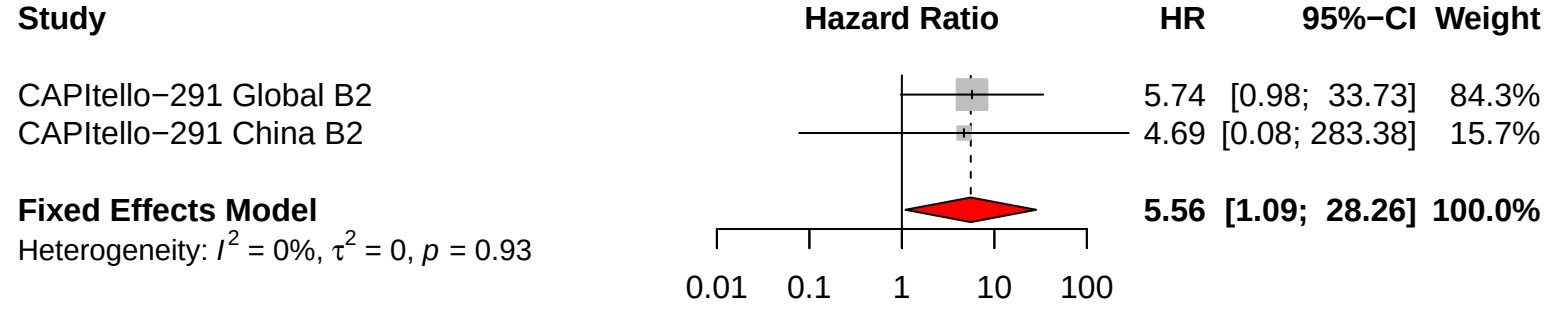


Figure 6.1.10.2 Meta−Analysis of Time to First Adverse Event of Special Interest with Maximum CTCAE Grade 3 or Higher
AESI GT: Rash

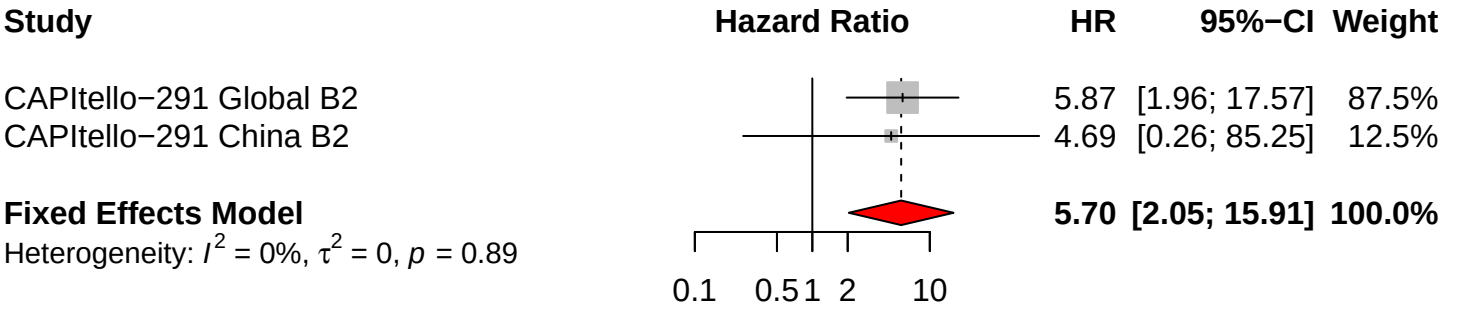


Figure 6.1.10.4 Meta−Analysis of Time to First Adverse Event of Special Interest with Maximum CTCAE Grade 3 or Higher
AESI GT: Noninfectious Diarrhoea

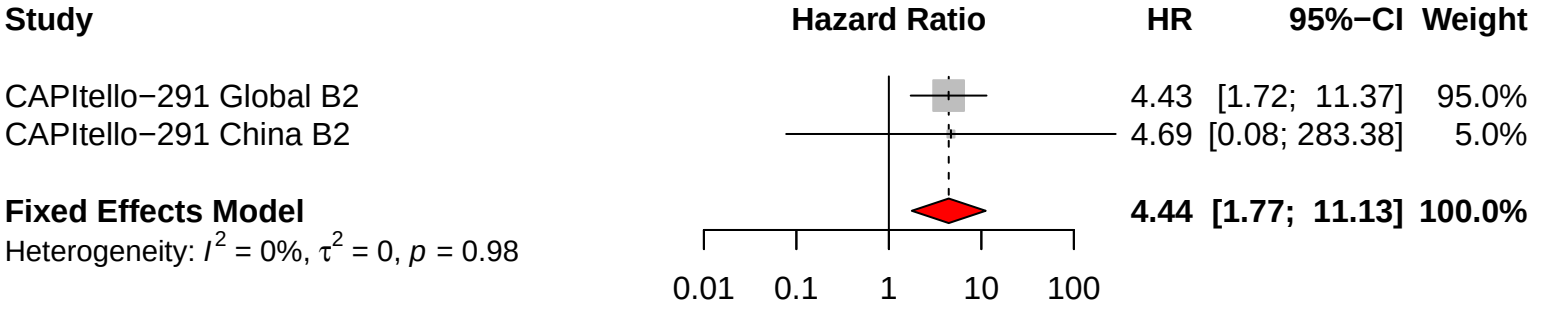
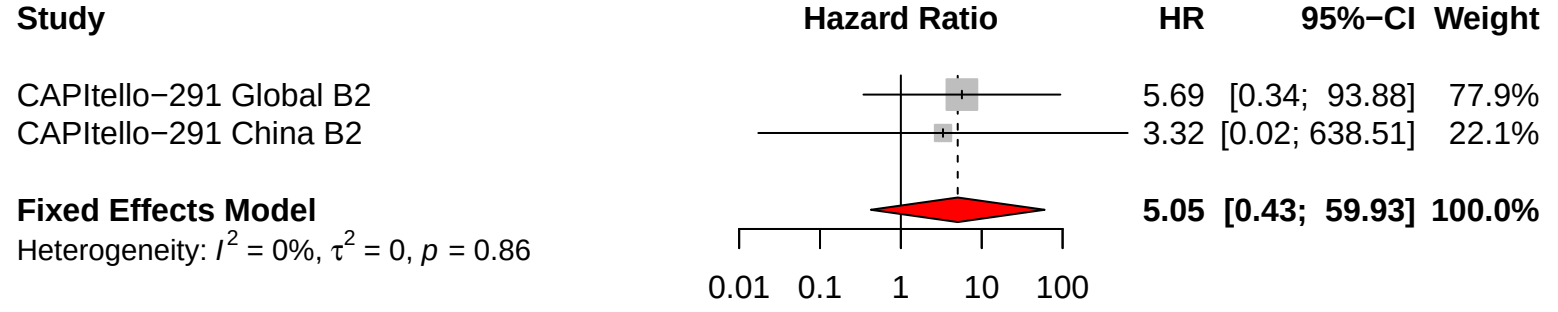


Figure 6.1.10.6 Meta−Analysis of Time to First Adverse Event of Special Interest with Maximum CTCAE Grade 3 or Higher
AESI GT: QT Prolongation



Inhaltsverzeichnis

Table 4.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	26 (28,0)	NE [NE; NE]	72	32 (44,4)	20,3 [12,8; NE]	0,55	[0,33; 0,93]	0,0241*
Nein	24	5 (20,8)	NE [NE; NE]	15	3 (20,0)	NE [NE; NE]	1,05	[0,26; 5,13]	0,9441
Interaktion p-Wert									0,3992
Lebermetastasen									
Ja	53	21 (39,6)	21,3 [13,6; NE]	37	21 (56,8)	13,2 [6,3; NE]	0,60	[0,33; 1,10]	0,0998
Nein	64	10 (15,6)	NE [NE; NE]	50	14 (28,0)	NE [NE; NE]	0,52	[0,22; 1,15]	0,1060
Interaktion p-Wert									0,7682
Region									
Asien	31	4 (12,9)	NE [NE; NE]	19	5 (26,3)	NE [NE; NE]	0,51	[0,13; 1,94]	0,3170
USA, Kanada, Westeuropa, Australien, Israel	63	18 (28,6)	NE [NE; NE]	53	21 (39,6)	NE [NE; NE]	0,63	[0,33; 1,19]	0,1526
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	NE [NE; NE]	15	9 (60,0)	11,0 [5,2; NE]	0,49	[0,19; 1,25]	0,1303
Interaktion p-Wert									0,8851
Alter bei Randomisierung (Jahre)									
<65	78	23 (29,5)	NE [NE; NE]	53	22 (41,5)	NE [NE; NE]	0,67	[0,37; 1,21]	0,1805
>=65	39	8 (20,5)	NE [NE; NE]	34	13 (38,2)	NE [NE; NE]	0,45	[0,18; 1,06]	0,0672
Interaktion p-Wert									0,4488
Ethnie									
Asiatisch	33	4 (12,1)	NE [NE; NE]	20	6 (30,0)	NE [NE; NE]	0,40	[0,10; 1,38]	0,1446
Weiß	61	22 (36,1)	21,3 [19,0; NE]	49	20 (40,8)	NE [NE; NE]	0,80	[0,44; 1,48]	0,4734
Andere	23	5 (21,7)	NE [NE; NE]	18	9 (50,0)	20,3 [7,0; NE]	0,35	[0,11; 1,02]	0,0538
Interaktion p-Wert									0,3229
Metastasenlokalisation									
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	4 (44,4)	NE [NE; NE]	0,19	[0,03; 0,99]	0,0480*
Viszeral	79	26 (32,9)	NE [NE; NE]	67	29 (43,3)	20,3 [13,2; NE]	0,70	[0,41; 1,20]	0,1947
Andere	20	3 (15,0)	NE [NE; NE]	9	2 (22,2)	NE [NE; NE]	0,71	[0,12; 5,38]	0,7100
Interaktion p-Wert									0,3302

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	31 (26,5)	NE [NE; NE]	85	35 (41,2)	NE [NE; NE]	0,59	[0,36; 0,95]	0,0305*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	9 (34,6)	NE [NE; NE]	19	12 (63,2)	12,7 [6,8; NE]	0,49	[0,20; 1,16]	0,1054
Nein	91	22 (24,2)	NE [NE; NE]	68	23 (33,8)	NE [NE; NE]	0,64	[0,36; 1,16]	0,1405
Interaktion p-Wert									0,6126
Menopausenstatus									
Postmenopausal (nur Frauen)	117	31 (26,5)	NE [NE; NE]	87	35 (40,2)	NE [NE; NE]	0,59	[0,36; 0,96]	0,0344*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	11 (26,2)	NE [NE; NE]	36	12 (33,3)	NE [NE; NE]	0,73	[0,32; 1,67]	0,4558
Sekundär	75	20 (26,7)	NE [NE; NE]	51	23 (45,1)	18,3 [11,6; NE]	0,52	[0,28; 0,95]	0,0327*
Interaktion p-Wert									0,5084
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	15 (25,9)	NE [NE; NE]	39	15 (38,5)	NE [NE; NE]	0,70	[0,34; 1,45]	0,3334
Nein	59	16 (27,1)	NE [NE; NE]	48	20 (41,7)	NE [NE; NE]	0,51	[0,26; 0,99]	0,0473*
Interaktion p-Wert									0,5330
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	29 (26,6)	NE [NE; NE]	74	30 (40,5)	20,3 [14,2; NE]	0,60	[0,36; 0,996]	0,0484*
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	5 (38,5)	NE [NE; NE]	0,57	[0,08; 2,63]	0,4808
Interaktion p-Wert									0,9509
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	21 (24,1)	NE [NE; NE]	60	21 (35,0)	NE [NE; NE]	0,62	[0,34; 1,14]	0,1228
2 oder mehr	30	10 (33,3)	NE [NE; NE]	27	14 (51,9)	12,8 [9,9; NE]	0,60	[0,26; 1,34]	0,2096
Interaktion p-Wert									0,9432

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Hormonrezeptorstatus									
ER+/PR+	88	26 (29,5)	NE [NE; NE]	65	26 (40,0)	NE [NE; NE]	0,66	[0,38; 1,15]	0,1423
ER+/PR-	26	4 (15,4)	NE [NE; NE]	22	9 (40,9)	18,3 [7,9; NE]	0,34	[0,09; 1,05]	0,0610
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3032
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	3 (11,5)	NE [NE; NE]	10	4 (40,0)	20,3 [6,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	28 (24,8)	NE [NE; NE]	87	35 (40,2)	NE [NE; NE]	0,55	[0,33; 0,90]	0,0176*
Bilaterale Ovarektomie	4	3 (75,0)	10,7 [2,2; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	74 (79,6)	6,2 [4,2; 9,0]	72	65 (90,3)	2,0 [1,8; 3,5]	0,41	[0,29; 0,58]	<0,0001*
Nein	24	18 (75,0)	7,3 [3,9;11,1]	15	10 (66,7)	7,9 [2,1;14,1]	0,94	[0,44; 2,14]	0,8865
Interaktion p-Wert									0,0499*
Lebermetastasen									
Ja	53	45 (84,9)	5,6 [3,5; 7,3]	37	34 (91,9)	1,8 [1,7; 2,0]	0,43	[0,27; 0,67]	0,0003*
Nein	64	47 (73,4)	9,0 [5,5;11,0]	50	41 (82,0)	3,5 [2,6; 5,3]	0,51	[0,34; 0,79]	0,0024*
Interaktion p-Wert									0,5490
Region									
Asien	31	24 (77,4)	7,2 [3,9;11,0]	19	17 (89,5)	3,0 [1,8; 7,5]	0,52	[0,28; 0,99]	0,0461*
USA, Kanada, Westeuropa, Australien, Israel	63	51 (81,0)	6,2 [3,9; 9,1]	53	46 (86,8)	2,0 [1,8; 3,5]	0,39	[0,26; 0,58]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	17 (73,9)	7,0 [3,8; 9,1]	15	12 (80,0)	5,7 [2,0; 8,9]	0,86	[0,41; 1,85]	0,6916
Interaktion p-Wert									0,1624
Alter bei Randomisierung (Jahre)									
<65	78	64 (82,1)	6,1 [4,0; 9,7]	53	48 (90,6)	3,0 [1,9; 3,7]	0,49	[0,34; 0,72]	0,0003*
>=65	39	28 (71,8)	7,9 [3,9; 9,3]	34	27 (79,4)	2,1 [1,7; 3,5]	0,49	[0,29; 0,84]	0,0092*
Interaktion p-Wert									0,9857
Ethnie									
Asiatisch	33	26 (78,8)	7,2 [3,9;11,0]	20	18 (90,0)	2,6 [1,8; 7,5]	0,51	[0,28; 0,94]	0,0320*
Weiß	61	48 (78,7)	6,4 [4,0; 9,1]	49	42 (85,7)	3,5 [2,0; 5,3]	0,56	[0,37; 0,86]	0,0078*
Andere	23	18 (78,3)	6,5 [2,4;10,9]	18	15 (83,3)	1,8 [1,6; 2,1]	0,23	[0,11; 0,47]	0,0001*
Interaktion p-Wert									0,0984
Metastasenlokalisation									
Nur Knochen	18	12 (66,7)	9,1 [3,7;13,9]	9	9 (100)	3,0 [1,7; 5,3]	0,27	[0,11; 0,67]	0,0057*
Viszeral	79	64 (81,0)	5,6 [3,9; 7,4]	67	58 (86,6)	2,0 [1,8; 3,5]	0,52	[0,36; 0,75]	0,0004*
Andere	20	16 (80,0)	7,4 [3,2;12,6]	9	7 (77,8)	6,7 [1,6; 9,5]	0,72	[0,31; 1,89]	0,4875
Interaktion p-Wert									0,2760

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	3,9 [NE; NE]	NC	[NC]	NC
Metastasiert	117	92 (78,6)	7,0 [5,5; 9,0]	85	74 (87,1)	2,6 [1,9; 3,5]	0,50	[0,36; 0,68]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	22 (84,6)	4,0 [3,3; 7,4]	19	16 (84,2)	1,8 [1,6; 3,5]	0,48	[0,25; 0,93]	0,0292*
Nein	91	70 (76,9)	7,4 [5,5; 9,3]	68	59 (86,8)	3,1 [2,0; 3,7]	0,50	[0,35; 0,70]	0,0001*
Interaktion p-Wert									0,9181
Menopausenstatus									
Postmenopausal (nur Frauen)	117	92 (78,6)	7,0 [5,5; 9,0]	87	75 (86,2)	2,6 [1,9; 3,5]	0,49	[0,36; 0,68]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	34 (81,0)	9,0 [5,4;10,9]	36	29 (80,6)	1,9 [1,8; 3,9]	0,50	[0,30; 0,83]	0,0076*
Sekundär	75	58 (77,3)	5,7 [3,9; 7,4]	51	46 (90,2)	2,8 [2,0; 3,7]	0,49	[0,33; 0,73]	0,0004*
Interaktion p-Wert									0,9416
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	44 (75,9)	7,4 [5,5;10,9]	39	35 (89,7)	2,7 [1,8; 3,7]	0,42	[0,27; 0,66]	0,0002*
Nein	59	48 (81,4)	5,5 [3,7; 8,5]	48	40 (83,3)	2,6 [1,8; 3,7]	0,58	[0,38; 0,89]	0,0121*
Interaktion p-Wert									0,2977
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	87 (79,8)	7,2 [5,4; 9,1]	74	63 (85,1)	2,6 [1,9; 3,5]	0,50	[0,36; 0,69]	<0,0001*
2 oder mehr	8	5 (62,5)	5,8 [1,8; NE]	13	12 (92,3)	3,7 [1,6; 7,6]	0,40	[0,13; 1,07]	0,0697
Interaktion p-Wert									0,6850
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	68 (78,2)	7,4 [5,5; 9,3]	60	51 (85,0)	2,8 [1,9; 3,7]	0,51	[0,35; 0,73]	0,0004*
2 oder mehr	30	24 (80,0)	5,5 [3,7;11,0]	27	24 (88,9)	2,0 [1,7; 4,4]	0,48	[0,27; 0,85]	0,0116*
Interaktion p-Wert									0,8641

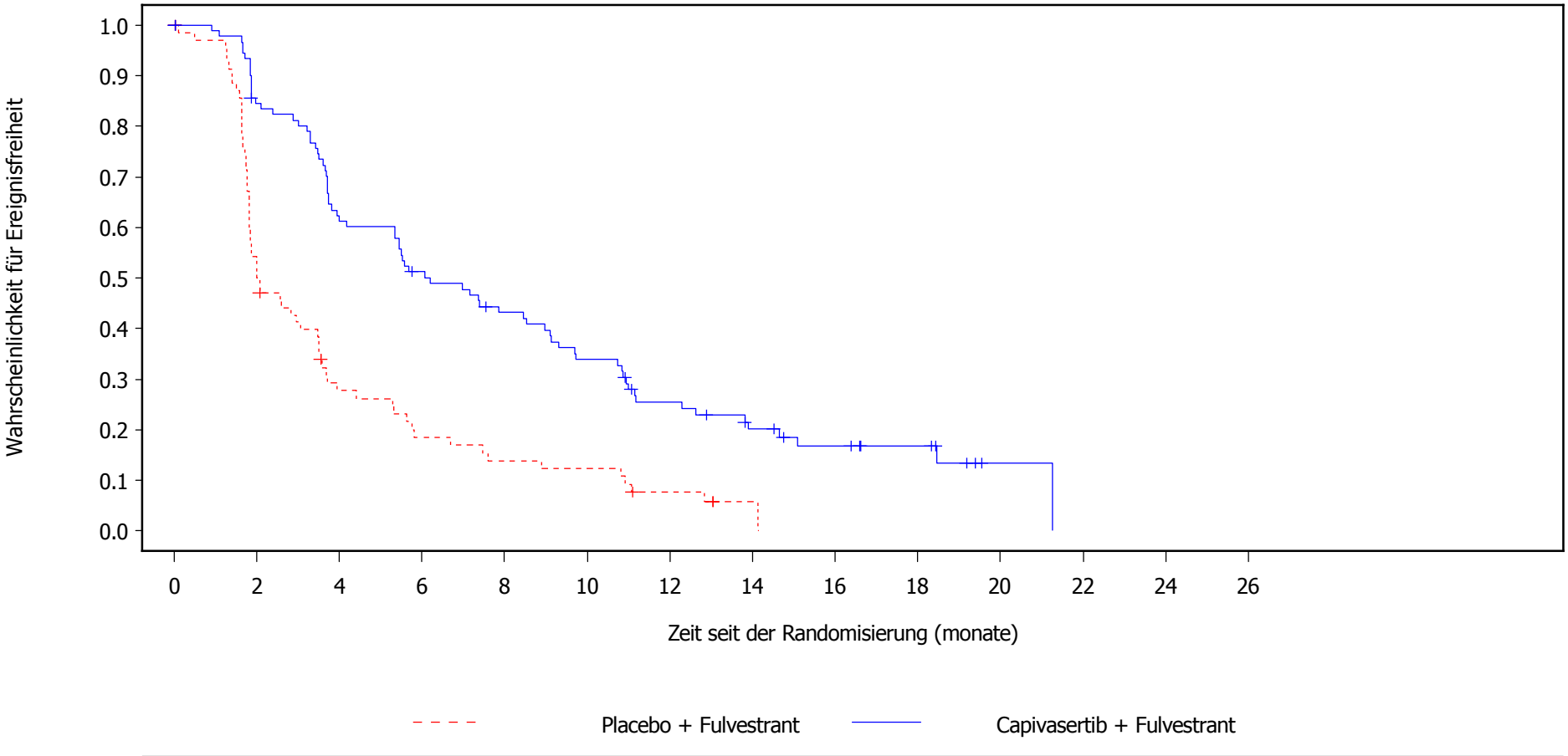
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Hormonrezeptorstatus									
ER+/PR+	88	70 (79,5)	6,4 [3,9; 9,1]	65	56 (86,2)	3,5 [2,1; 5,3]	0,60	[0,42; 0,86]	0,0052*
ER+/PR-	26	21 (80,8)	7,2 [5,4;11,1]	22	19 (86,4)	1,8 [1,7; 2,0]	0,24	[0,13; 0,46]	<0,0001*
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,0137*
Raucherstatus									
Ja	6	5 (83,3)	6,9 [3,6; NE]	10	7 (70,0)	4,5 [1,6; NE]	0,93	[0,27; 2,94]	0,9050
Nein	26	18 (69,2)	11,0 [5,6;21,3]	10	9 (90,0)	2,6 [1,6; 9,5]	0,37	[0,16; 0,87]	0,0237*
Interaktion p-Wert									0,2031
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	89 (78,8)	7,0 [5,4; 9,1]	87	75 (86,2)	2,6 [1,9; 3,5]	0,49	[0,36; 0,67]	<0,0001*
Bilaterale Ovarektomie	4	3 (75,0)	6,1 [1,8; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 4.1.1.2.1 CAPItello-291 (Global B2): Subgroup analysis Kaplan-Meier plot of Progression-free survival for Vorherige Therapie mit CDK4/6-Inhibitor=Ja
Altered full analysis set, DCO 15AUG2022

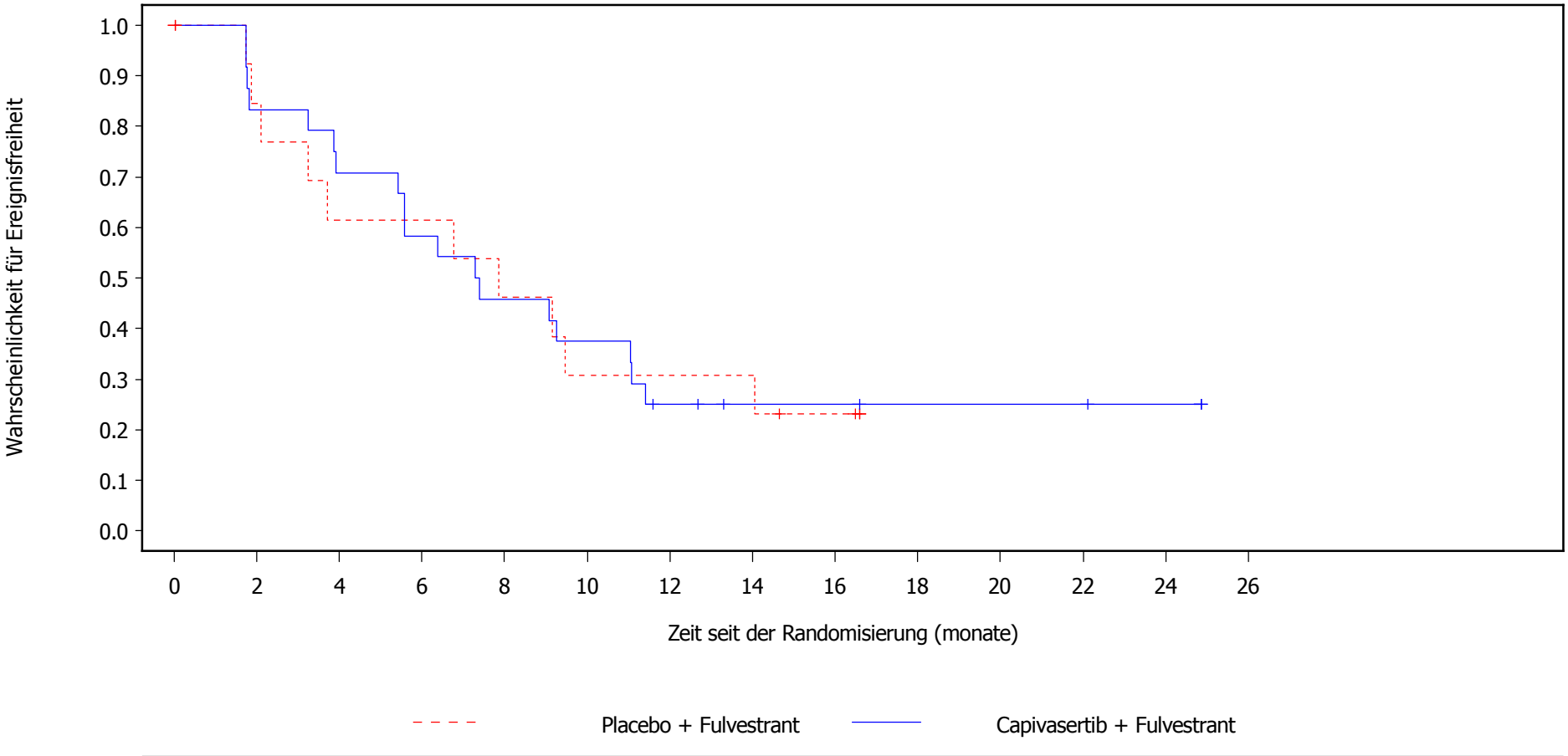


Anzahl an Patienten unter Risiko:

93	76	56	45	37	29	20	14	10	7	1	0	0	0	Capivasertib + Fulvestrant
72	38	18	12	9	8	4	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.1.1.2.2 CAPItello-291 (Global B2): Subgroup analysis Kaplan-Meier plot of Progression-free survival for Vorherige Therapie mit CDK4/6-Inhibitor=Nein
Altered full analysis set, DCO 15AUG2022

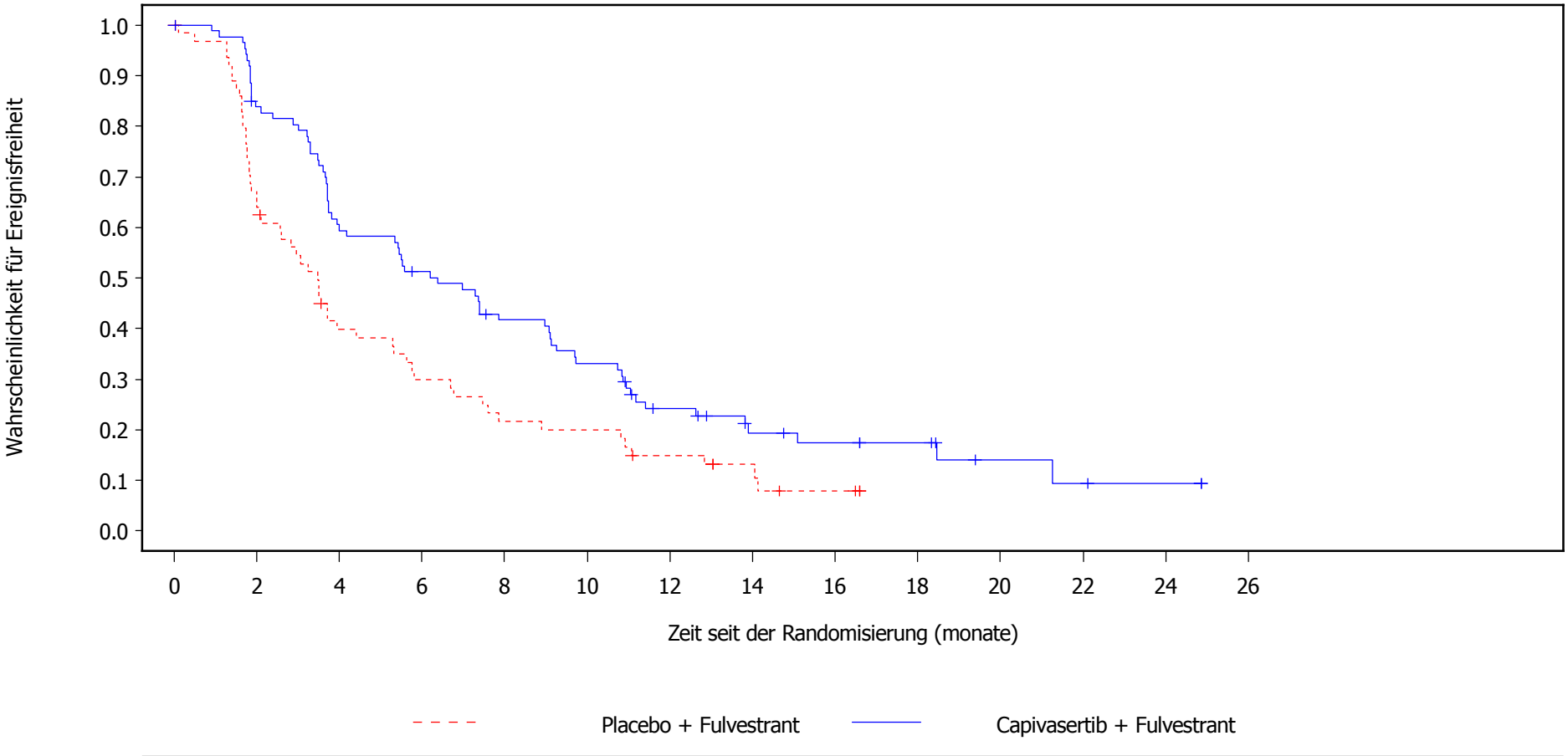


Anzahl an Patienten unter Risiko:

24	20	17	14	11	9	5	3	3	2	2	2	1	0	Capivasertib + Fulvestrant
15	11	8	8	6	4	4	4	2	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.1.1.2.3 CAPItello-291 (Global B2): Subgroup analysis Kaplan-Meier plot of Progression-free survival for Hormonrezeptorstatus=ER+/PR+
Altered full analysis set, DCO 15AUG2022

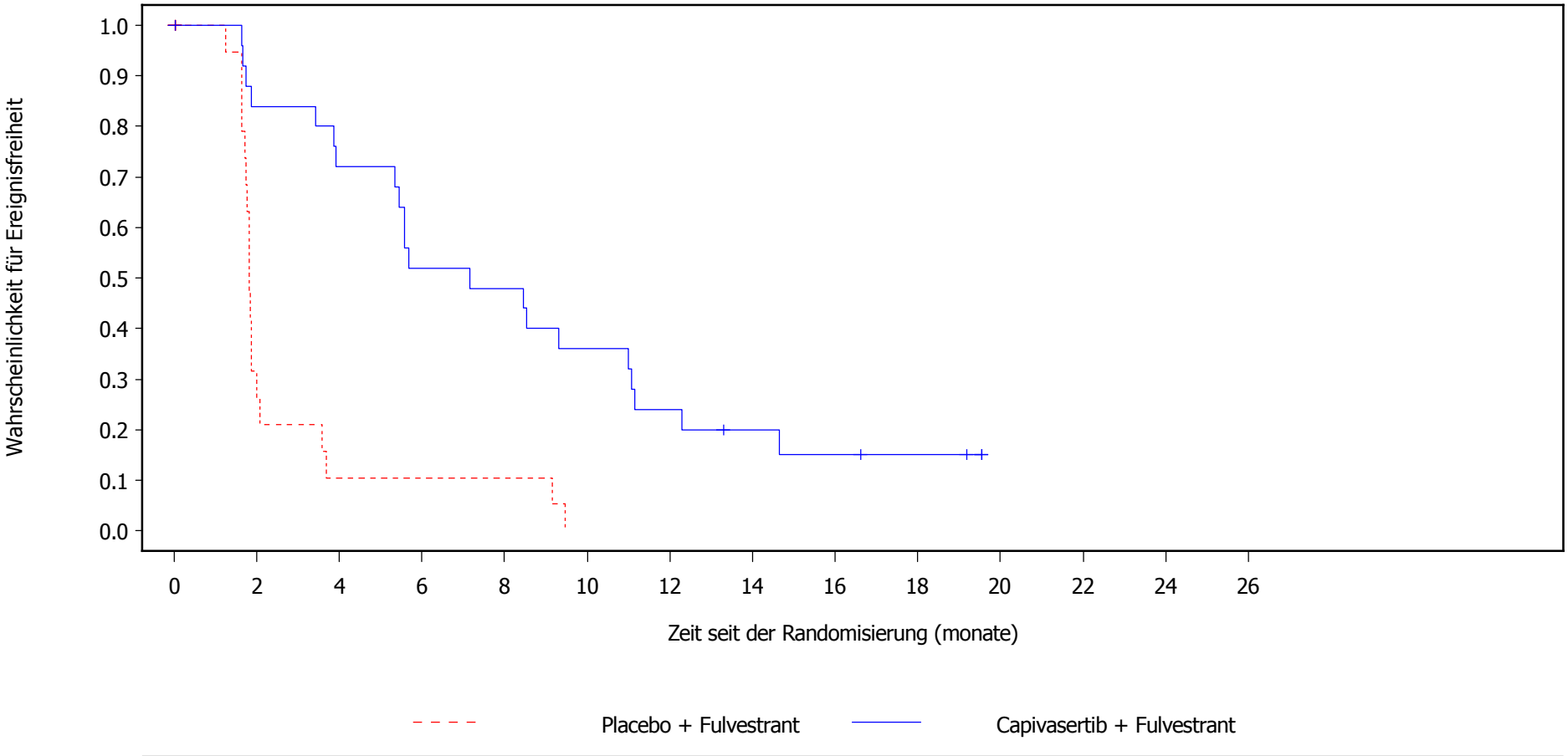


Anzahl an Patienten unter Risiko:

88	72	52	43	34	27	17	11	9	7	3	2	1	0	Capivasertib + Fulvestrant
65	43	24	18	13	12	8	5	2	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.1.1.2.4 CAPItello-291 (Global B2): Subgroup analysis Kaplan-Meier plot of Progression-free survival for Hormonrezeptorstatus=ER+/PR-
Altered full analysis set, DCO 15AUG2022

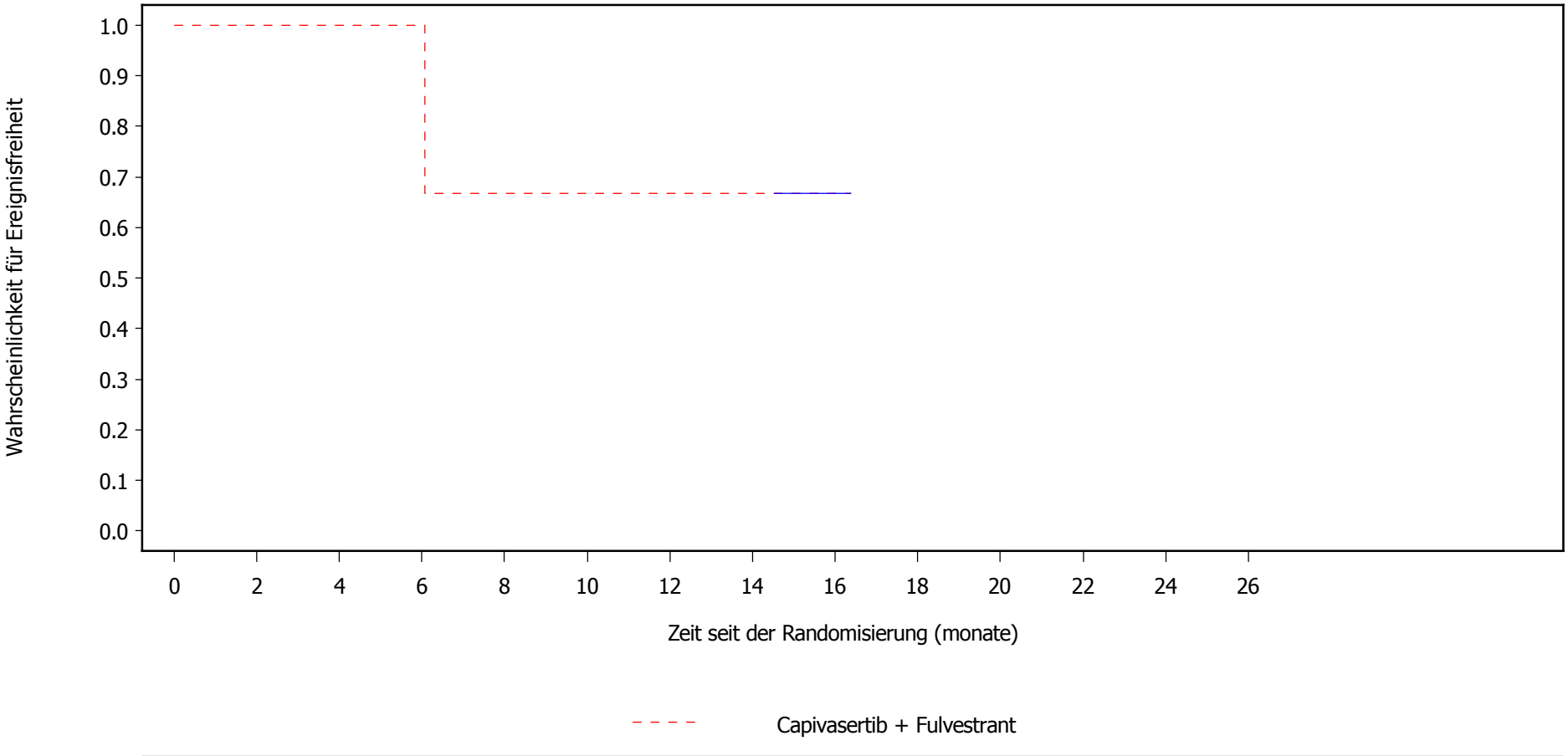


Anzahl an Patienten unter Risiko:

26	21	18	13	12	9	6	4	3	2	0	0	0	0	Capivasertib + Fulvestrant
22	6	2	2	2	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.1.1.2.5 CAPItello-291 (Global B2): Subgroup analysis Kaplan-Meier plot of Progression-free survival for Hormonrezeptorstatus=ER+/PR unbekannt
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

3	3	3	3	2	2	2	2	1	0	0	0	0	0	Capivasertib + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Table 4.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	15,1 [6,9; NE]	3	1 (33,3)	13,5 [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	13,5 [6,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	15,1 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	3 (27,3)	15,1 [6,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	2 (20,0)	15,1 [13,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	6,9 [NE; NE]	3	1 (33,3)	13,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	3 (27,3)	15,1 [6,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	3 (30,0)	15,1 [6,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	1 (100)	13,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	11	3 (27,3)	15,1 [6,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nein	6	2 (33,3)	15,1 [6,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	3 (27,3)	15,1 [6,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	13,5 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	2 (25,0)	15,1 [6,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	2 (28,6)	15,1 [13,5; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	3 (30,0)	15,1 [6,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	2 (33,3)	15,1 [6,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	3 (37,5)	15,1 [6,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	13,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	1 (50,0)	13,5 [NE; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	3 (30,0)	15,1 [6,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	5,4 [1,8; NE]	3	3 (100)	1,9 [1,6; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	9,2 [3,8; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	6 (85,7)	5,4 [1,8; NE]	3	3 (100)	1,8 [1,6; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	8,0 [7,4; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	7,4 [3,8; 9,5]	6	4 (66,7)	1,9 [1,6; NE]	0,88	[0,27; 3,35]	0,8366
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	7,7 [3,8; 9,5]	3	2 (66,7)	1,9 [1,8; NE]	NC	[NC]	NC
>=65	1	1 (100)	1,8 [NE; NE]	3	2 (66,7)	1,9 [1,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	7,4 [3,8; 9,5]	6	4 (66,7)	1,9 [1,6; NE]	0,88	[0,27; 3,35]	0,8366
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	8 (80,0)	7,4 [1,8; 9,2]	5	3 (60,0)	1,9 [1,6; NE]	1,44	[0,40; 6,86]	0,5933
Andere	0	0	NE	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	11	8 (72,7)	7,4 [3,8; 9,5]	6	4 (66,7)	1,9 [1,6; NE]	0,88	[0,27; 3,35]	0,8366
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	7,3 [3,8; NE]	1	1 (100)	1,6 [NE; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nein	6	4 (66,7)	7,4 [1,8; NE]	5	3 (60,0)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	7,4 [3,8; 9,5]	6	4 (66,7)	1,9 [1,6; NE]	0,88	[0,27; 3,35]	0,8366
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	2 (66,7)	1,9 [1,8; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	5,4 [1,8; 8,0]	3	2 (66,7)	1,9 [1,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	8,6 [3,8; NE]	6	4 (66,7)	1,9 [1,6; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	3,8 [1,8; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	7,4 [1,8; 9,5]	5	3 (60,0)	1,9 [1,6; NE]	1,08	[0,30; 5,11]	0,9073
2 oder mehr	1	1 (100)	9,2 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	7,4 [1,8; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	7,3 [3,8; NE]	2	2 (100)	1,7 [1,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	8 (100)	6,4 [1,8; 9,2]	4	2 (50,0)	NE [NE; NE]	2,39	[0,57; 16,44]	0,2502
ER+/PR-	3	0	NE [NE; NE]	2	2 (100)	1,8 [1,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	4,6 [1,8; NE]	2	2 (100)	1,8 [1,6; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	7,4 [1,8; 9,5]	5	3 (60,0)	1,9 [1,6; NE]	1,08	[0,30; 5,11]	0,9073
Bilaterale Ovarektomie	1	1 (100)	9,2 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.2.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	37 (39,8)	5,6 [3,6;12,8]	72	26 (36,1)	2,8 [1,9; NE]	0,80	[0,49; 1,34]	0,3974
Nein	24	14 (58,3)	7,4 [1,0; 8,3]	15	4 (26,7)	NE [NE; NE]	2,92	[1,04; 10,34]	0,0415*
Interaktion p-Wert									0,0285*
Lebermetastasen									
Ja	53	19 (35,8)	5,6 [2,7; NE]	37	15 (40,5)	2,8 [1,1; NE]	0,64	[0,32; 1,28]	0,1992
Nein	64	32 (50,0)	5,6 [2,7;12,0]	50	15 (30,0)	13,8 [1,9; NE]	1,48	[0,81; 2,81]	0,2026
Interaktion p-Wert									0,0710
Region									
Asien	31	19 (61,3)	4,5 [1,0;12,0]	19	9 (47,4)	13,8 [1,9; NE]	1,38	[0,64; 3,20]	0,4241
USA, Kanada, Westeuropa, Australien, Israel	63	23 (36,5)	5,6 [2,7; NE]	53	18 (34,0)	2,8 [1,8; NE]	0,74	[0,40; 1,40]	0,3523
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	7,4 [0,9; NE]	15	3 (20,0)	NE [NE; NE]	2,02	[0,60; 9,11]	0,2683
Interaktion p-Wert									0,2620
Alter bei Randomisierung (Jahre)									
<65	78	31 (39,7)	7,4 [3,7;12,8]	53	20 (37,7)	3,7 [1,9; NE]	0,89	[0,51; 1,58]	0,6732
>=65	39	20 (51,3)	2,7 [1,0; 7,4]	34	10 (29,4)	NE [NE; NE]	1,50	[0,72; 3,35]	0,2853
Interaktion p-Wert									0,2694
Ethnie									
Asiatisch	33	19 (57,6)	6,4 [1,0;12,0]	20	9 (45,0)	13,8 [1,9; NE]	1,35	[0,63; 3,15]	0,4466
Weiß	61	23 (37,7)	5,6 [3,3; NE]	49	18 (36,7)	2,8 [1,8; NE]	0,80	[0,43; 1,50]	0,4827
Andere	23	9 (39,1)	3,6 [0,9; NE]	18	3 (16,7)	2,8 [1,0; NE]	1,68	[0,50; 7,58]	0,4228
Interaktion p-Wert									0,4357
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	9 (50,0)	3,7 [1,0;12,8]	9	4 (44,4)	1,9 [0,9; NE]	0,68	[0,22; 2,53]	0,5380
Viszeral	79	35 (44,3)	5,5 [1,8;12,0]	67	22 (32,8)	3,7 [2,6; NE]	1,29	[0,76; 2,24]	0,3468
Andere	20	7 (35,0)	8,3 [4,5; NE]	9	3 (33,3)	NE [NE; NE]	0,63	[0,18; 2,94]	0,5210
Interaktion p-Wert									0,4694
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	51 (43,6)	5,6 [3,3;12,0]	85	29 (34,1)	3,7 [1,9; NE]	1,06	[0,67; 1,69]	0,8169
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	10 (38,5)	NE [NE; NE]	19	6 (31,6)	3,7 [1,8; NE]	1,03	[0,38; 3,04]	0,9487
Nein	91	41 (45,1)	5,6 [2,8; 8,3]	68	24 (35,3)	2,8 [1,9; NE]	1,06	[0,64; 1,78]	0,8236
Interaktion p-Wert									0,9666
Menopausenstatus									
Postmenopausal (nur Frauen)	117	51 (43,6)	5,6 [3,3;12,0]	87	30 (34,5)	3,7 [1,9; NE]	1,05	[0,67; 1,68]	0,8202
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	15 (35,7)	8,3 [4,5; NE]	36	8 (22,2)	NE [NE; NE]	1,03	[0,44; 2,55]	0,9539
Sekundär	75	36 (48,0)	3,7 [1,8; 7,4]	51	22 (43,1)	2,8 [1,8; NE]	1,10	[0,65; 1,90]	0,7299
Interaktion p-Wert									0,8952
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	26 (44,8)	6,4 [3,3;12,8]	39	15 (38,5)	2,8 [1,9; NE]	0,92	[0,49; 1,79]	0,8098
Nein	59	25 (42,4)	4,5 [2,7; NE]	48	15 (31,3)	13,8 [1,8; NE]	1,20	[0,64; 2,33]	0,5749
Interaktion p-Wert									0,5718
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	47 (43,1)	5,6 [3,3;12,0]	74	26 (35,1)	2,8 [1,9; NE]	1,01	[0,63; 1,65]	0,9794
2 oder mehr	8	4 (50,0)	5,5 [0,9; NE]	13	4 (30,8)	3,7 [1,8; NE]	1,50	[0,35; 6,33]	0,5705
Interaktion p-Wert									0,5977
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	39 (44,8)	5,6 [2,8; 8,3]	60	23 (38,3)	2,8 [1,8; NE]	0,92	[0,55; 1,56]	0,7449
2 oder mehr	30	12 (40,0)	NE [NE; NE]	27	7 (25,9)	NE [NE; NE]	1,42	[0,57; 3,83]	0,4533
Interaktion p-Wert									0,4164
Hormonrezeptorstatus									
ER+/PR+	88	37 (42,0)	4,5 [2,7; NE]	65	22 (33,8)	13,8 [1,9; NE]	1,13	[0,67; 1,94]	0,6595
ER+/PR-	26	11 (42,3)	7,4 [1,8; NE]	22	8 (36,4)	2,6 [1,8; NE]	0,78	[0,31; 2,03]	0,5987
ER+/PR unbekannt	3	3 (100)	5,5 [1,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4998
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	5 (50,0)	1,8 [0,9; NE]	0,20	[0,01; 1,28]	0,0942
Nein	26	19 (73,1)	1,9 [1,0; 6,4]	10	5 (50,0)	2,6 [0,9; NE]	1,09	[0,44; 3,30]	0,8604
Interaktion p-Wert									0,1214
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	48 (42,5)	6,4 [3,3;12,0]	87	30 (34,5)	3,7 [1,9; NE]	1,05	[0,67; 1,67]	0,8410
Bilaterale Ovarektomie	4	3 (75,0)	3,6 [2,7; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	41 (44,1)	5,5 [3,8; 8,2]	72	30 (41,7)	2,8 [1,9; 5,6]	0,74	[0,46; 1,19]	0,2123
Nein	24	8 (33,3)	NE [NE; NE]	15	7 (46,7)	7,9 [0,9; NE]	0,58	[0,21; 1,65]	0,2932
Interaktion p-Wert									0,6686
Lebermetastasen									
Ja	53	18 (34,0)	11,9 [3,6; NE]	37	14 (37,8)	2,8 [1,1; NE]	0,60	[0,30; 1,23]	0,1593
Nein	64	31 (48,4)	5,5 [3,8;13,9]	50	23 (46,0)	3,6 [1,9;12,0]	0,78	[0,46; 1,36]	0,3733
Interaktion p-Wert									0,5597
Region									
Asien	31	14 (45,2)	NE [NE; NE]	19	9 (47,4)	7,4 [3,7; NE]	0,80	[0,35; 1,91]	0,5967
USA, Kanada, Westeuropa, Australien, Israel	63	27 (42,9)	5,5 [2,8;11,9]	53	21 (39,6)	2,8 [1,8; NE]	0,82	[0,46; 1,46]	0,4888
Lateinamerika, Osteuropa und Russland	23	8 (34,8)	NE [NE; NE]	15	7 (46,7)	1,8 [0,9; NE]	0,38	[0,13; 1,08]	0,0675
Interaktion p-Wert									0,4172
Alter bei Randomisierung (Jahre)									
<65	78	33 (42,3)	5,5 [4,6; NE]	53	23 (43,4)	3,7 [2,8; NE]	0,77	[0,45; 1,33]	0,3470
>=65	39	16 (41,0)	6,4 [2,7; NE]	34	14 (41,2)	2,8 [1,0;12,0]	0,59	[0,29; 1,23]	0,1589
Interaktion p-Wert									0,5618
Ethnie									
Asiatisch	33	15 (45,5)	6,4 [4,6; NE]	20	9 (45,0)	7,4 [3,7; NE]	0,84	[0,37; 2,01]	0,6866
Weiß	61	28 (45,9)	4,6 [2,7; 8,2]	49	24 (49,0)	2,8 [1,8; 3,6]	0,75	[0,43; 1,30]	0,2995
Andere	23	6 (26,1)	13,9 [3,8; NE]	18	4 (22,2)	NE [NE; NE]	0,51	[0,14; 2,00]	0,3101
Interaktion p-Wert									0,8076
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	9 (50,0)	5,5 [1,0; NE]	9	4 (44,4)	2,8 [0,9; NE]	0,60	[0,20; 2,25]	0,4223
Viszeral	79	30 (38,0)	6,4 [3,7; NE]	67	26 (38,8)	3,7 [2,7; NE]	0,71	[0,42; 1,22]	0,2139
Andere	20	10 (50,0)	5,5 [1,0; NE]	9	5 (55,6)	2,8 [0,9; NE]	0,76	[0,27; 2,44]	0,6201
Interaktion p-Wert									0,9590
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	2 (100)	1,8 [NE; NE]	NC	[NC]	NC
Metastasiert	117	49 (41,9)	5,6 [4,6;13,9]	85	35 (41,2)	3,6 [2,8; 7,4]	0,73	[0,47; 1,14]	0,1631
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	14 (53,8)	5,6 [1,8; NE]	19	8 (42,1)	3,7 [1,8; NE]	0,83	[0,35; 2,08]	0,6749
Nein	91	35 (38,5)	6,4 [4,6; NE]	68	29 (42,6)	2,8 [1,9;12,0]	0,67	[0,41; 1,10]	0,1098
Interaktion p-Wert									0,6664
Menopausenstatus									
Postmenopausal (nur Frauen)	117	49 (41,9)	5,6 [4,6;13,9]	87	37 (42,5)	3,6 [2,7; 7,4]	0,70	[0,46; 1,09]	0,1141
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	18 (42,9)	5,6 [3,6; NE]	36	14 (38,9)	2,8 [1,0; 3,6]	0,53	[0,26; 1,09]	0,0817
Sekundär	75	31 (41,3)	6,4 [3,7;13,9]	51	23 (45,1)	4,6 [1,9;12,0]	0,82	[0,48; 1,43]	0,4816
Interaktion p-Wert									0,3286
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	25 (43,1)	5,6 [3,6; NE]	39	18 (46,2)	3,6 [1,9; 7,4]	0,69	[0,38; 1,29]	0,2392
Nein	59	24 (40,7)	5,5 [3,7; NE]	48	19 (39,6)	2,8 [1,8; NE]	0,72	[0,39; 1,33]	0,2900
Interaktion p-Wert									0,9247
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	46 (42,2)	5,5 [4,6;13,9]	74	33 (44,6)	2,8 [1,9; 5,6]	0,66	[0,42; 1,05]	0,0766
2 oder mehr	8	3 (37,5)	NE [NE; NE]	13	4 (30,8)	NE [NE; NE]	0,91	[0,18; 4,12]	0,8992
Interaktion p-Wert									0,6946
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	35 (40,2)	5,5 [3,8; NE]	60	27 (45,0)	2,8 [1,9; 7,4]	0,63	[0,38; 1,06]	0,0805
2 oder mehr	30	14 (46,7)	6,4 [3,6; NE]	27	10 (37,0)	3,7 [2,8; NE]	0,89	[0,40; 2,06]	0,7713
Interaktion p-Wert									0,4908
Hormonrezeptorstatus									
ER+/PR+	88	35 (39,8)	5,6 [3,7; NE]	65	25 (38,5)	4,6 [2,7; NE]	0,81	[0,49; 1,37]	0,4272
ER+/PR-	26	13 (50,0)	5,5 [1,9; NE]	22	12 (54,5)	2,8 [1,8; 3,7]	0,53	[0,24; 1,19]	0,1233
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3832
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	4 (40,0)	NE [NE; NE]	0,32	[0,02; 2,20]	0,2678
Nein	26	12 (46,2)	8,2 [4,6; NE]	10	4 (40,0)	12,0 [0,9; NE]	0,66	[0,23; 2,39]	0,4965
Interaktion p-Wert									0,5522
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	48 (42,5)	5,5 [4,6;13,9]	87	37 (42,5)	3,6 [2,7; 7,4]	0,72	[0,47; 1,11]	0,1387
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	47 (50,5)	3,6 [1,9; 7,4]	72	35 (48,6)	2,7 [1,1; 4,6]	0,75	[0,48; 1,17]	0,2016
Nein	24	15 (62,5)	2,7 [1,8; 8,3]	15	8 (53,3)	2,2 [0,9; NE]	1,10	[0,48; 2,75]	0,8255
Interaktion p-Wert									0,4316
Lebermetastasen									
Ja	53	25 (47,2)	2,7 [1,8; 7,4]	37	18 (48,6)	2,6 [1,0; 2,8]	0,64	[0,35; 1,19]	0,1571
Nein	64	37 (57,8)	3,6 [1,9; 7,4]	50	25 (50,0)	1,9 [1,8; 9,3]	0,94	[0,57; 1,59]	0,8213
Interaktion p-Wert									0,3379
Region									
Asien	31	25 (80,6)	1,9 [1,0; 2,8]	19	10 (52,6)	4,7 [1,9; NE]	1,71	[0,85; 3,73]	0,1384
USA, Kanada, Westeuropa, Australien, Israel	63	26 (41,3)	4,7 [1,9;13,9]	53	25 (47,2)	1,8 [1,0; 2,8]	0,63	[0,36; 1,10]	0,1032
Lateinamerika, Osteuropa und Russland	23	11 (47,8)	5,6 [1,8; NE]	15	8 (53,3)	0,9 [0,9; NE]	0,43	[0,18; 1,12]	0,0827
Interaktion p-Wert									0,0327*
Alter bei Randomisierung (Jahre)									
<65	78	41 (52,6)	2,8 [1,9; 4,7]	53	27 (50,9)	2,7 [1,8; 4,7]	0,86	[0,53; 1,42]	0,5611
>=65	39	21 (53,8)	3,6 [1,8;16,5]	34	16 (47,1)	1,8 [0,9; 9,3]	0,73	[0,38; 1,42]	0,3467
Interaktion p-Wert									0,6810
Ethnie									
Asiatisch	33	25 (75,8)	1,9 [1,0; 2,8]	20	10 (50,0)	4,7 [1,9; NE]	1,68	[0,83; 3,67]	0,1513
Weiß	61	29 (47,5)	3,6 [1,8; 7,4]	49	25 (51,0)	1,8 [1,0; 4,6]	0,73	[0,43; 1,26]	0,2573
Andere	23	8 (34,8)	13,9 [2,8; NE]	18	8 (44,4)	1,0 [0,9; NE]	0,26	[0,10; 0,73]	0,0112*
Interaktion p-Wert									0,0119*
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	8 (44,4)	4,7 [1,0;13,9]	9	5 (55,6)	1,9 [1,0; NE]	0,48	[0,16; 1,61]	0,2210
Viszeral	79	41 (51,9)	2,8 [1,9; 6,4]	67	33 (49,3)	2,6 [1,0; 4,6]	0,76	[0,48; 1,21]	0,2501
Andere	20	13 (65,0)	1,9 [0,9; NE]	9	3 (33,3)	9,3 [0,9; NE]	2,30	[0,74; 10,05]	0,1593
Interaktion p-Wert									0,1347
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	2 (100)	1,8 [NE; NE]	NC	[NC]	NC
Metastasiert	117	62 (53,0)	2,8 [1,9; 5,6]	85	41 (48,2)	2,7 [1,7; 4,6]	0,84	[0,56; 1,25]	0,3786
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	17 (65,4)	1,9 [1,0;13,9]	19	11 (57,9)	1,9 [0,9; 5,6]	0,76	[0,36; 1,68]	0,4865
Nein	91	45 (49,5)	3,6 [2,0; 7,4]	68	32 (47,1)	2,8 [1,7; 4,7]	0,83	[0,53; 1,31]	0,4103
Interaktion p-Wert									0,8582
Menopausenstatus									
Postmenopausal (nur Frauen)	117	62 (53,0)	2,8 [1,9; 5,6]	87	43 (49,4)	2,6 [1,8; 4,6]	0,81	[0,55; 1,21]	0,3057
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	22 (52,4)	3,6 [1,9; NE]	36	13 (36,1)	2,8 [1,0; NE]	0,93	[0,47; 1,89]	0,8312
Sekundär	75	40 (53,3)	2,7 [1,9; 6,4]	51	30 (58,8)	1,9 [1,0; 4,7]	0,77	[0,48; 1,24]	0,2758
Interaktion p-Wert									0,6522
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	38 (65,5)	2,0 [1,8; 3,6]	39	20 (51,3)	2,8 [1,0; 5,6]	1,07	[0,63; 1,87]	0,8080
Nein	59	24 (40,7)	5,6 [2,7;16,5]	48	23 (47,9)	1,9 [1,0; 4,6]	0,59	[0,33; 1,05]	0,0722
Interaktion p-Wert									0,1357
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	56 (51,4)	3,6 [1,9; 5,6]	74	39 (52,7)	1,9 [1,0; 3,6]	0,71	[0,47; 1,07]	0,1007
2 oder mehr	8	6 (75,0)	1,9 [0,9; NE]	13	4 (30,8)	NE [NE; NE]	2,30	[0,66; 8,99]	0,1915
Interaktion p-Wert									0,0788
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	42 (48,3)	3,6 [2,0; 7,4]	60	30 (50,0)	1,9 [1,0; 3,6]	0,70	[0,44; 1,13]	0,1411
2 oder mehr	30	20 (66,7)	1,9 [1,0; 8,3]	27	13 (48,1)	2,8 [1,0; NE]	1,14	[0,57; 2,34]	0,7191
Interaktion p-Wert									0,2563
Hormonrezeptorstatus									
ER+/PR+	88	44 (50,0)	3,7 [2,7; 7,4]	65	30 (46,2)	2,8 [1,0; 4,7]	0,82	[0,52; 1,32]	0,4181
ER+/PR-	26	16 (61,5)	1,9 [1,0; 3,6]	22	13 (59,1)	1,8 [1,0; 2,8]	0,76	[0,37; 1,62]	0,4737
ER+/PR unbekannt	3	2 (66,7)	0,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,8629
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	7 (70,0)	1,8 [0,9; NE]	0,47	[0,10; 1,73]	0,2663
Nein	26	15 (57,7)	3,7 [1,9; NE]	10	3 (30,0)	9,3 [0,9; NE]	1,31	[0,43; 5,68]	0,6571
Interaktion p-Wert									0,2598
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	60 (53,1)	2,8 [1,9; 5,6]	87	43 (49,4)	2,6 [1,8; 4,6]	0,82	[0,55; 1,22]	0,3140
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	35 (37,6)	5,6 [2,0; NE]	72	29 (40,3)	2,8 [1,9; 5,6]	0,70	[0,43; 1,16]	0,1624
Nein	24	12 (50,0)	2,8 [1,8; NE]	15	8 (53,3)	2,8 [1,8; NE]	0,81	[0,34; 2,08]	0,6533
Interaktion p-Wert									0,7761
Lebermetastasen									
Ja	53	16 (30,2)	NE [NE; NE]	37	14 (37,8)	2,8 [1,0; NE]	0,49	[0,24; 1,03]	0,0587
Nein	64	31 (48,4)	3,6 [1,9; NE]	50	23 (46,0)	3,6 [1,9; 5,6]	0,91	[0,54; 1,59]	0,7475
Interaktion p-Wert									0,1796
Region									
Asien	31	15 (48,4)	4,6 [1,9; NE]	19	10 (52,6)	3,7 [1,9; NE]	0,81	[0,37; 1,86]	0,6018
USA, Kanada, Westeuropa, Australien, Israel	63	23 (36,5)	5,6 [1,9; NE]	53	19 (35,8)	3,8 [1,8; NE]	0,80	[0,44; 1,50]	0,4866
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	4,5 [1,8; NE]	15	8 (53,3)	2,7 [0,9; NE]	0,47	[0,18; 1,25]	0,1248
Interaktion p-Wert									0,6108
Alter bei Randomisierung (Jahre)									
<65	78	28 (35,9)	12,8 [2,7; NE]	53	27 (50,9)	2,8 [1,9; 3,8]	0,54	[0,31; 0,91]	0,0225*
>=65	39	19 (48,7)	4,5 [1,8; NE]	34	10 (29,4)	4,6 [1,8; NE]	1,31	[0,62; 2,93]	0,4888
Interaktion p-Wert									0,0569
Ethnie									
Asiatisch	33	16 (48,5)	4,6 [1,9; NE]	20	10 (50,0)	3,7 [1,9; NE]	0,85	[0,39; 1,94]	0,6908
Weiß	61	21 (34,4)	12,8 [3,6; NE]	49	21 (42,9)	2,8 [1,8; NE]	0,60	[0,33; 1,11]	0,1042
Andere	23	10 (43,5)	1,9 [1,0; NE]	18	6 (33,3)	2,7 [1,0; NE]	0,91	[0,33; 2,68]	0,8526
Interaktion p-Wert									0,7058
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	8 (44,4)	2,0 [1,0; NE]	9	4 (44,4)	1,9 [1,0; NE]	0,71	[0,22; 2,66]	0,5799
Viszeral	79	29 (36,7)	5,6 [2,8; NE]	67	29 (43,3)	2,8 [1,9; 4,6]	0,61	[0,36; 1,02]	0,0615
Andere	20	10 (50,0)	2,7 [1,0; NE]	9	3 (33,3)	NE [NE; NE]	1,56	[0,48; 6,96]	0,4835
Interaktion p-Wert									0,3778
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	47 (40,2)	4,7 [2,8; NE]	85	36 (42,4)	2,8 [2,0; 4,6]	0,72	[0,47; 1,12]	0,1444
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	10 (38,5)	NE [NE; NE]	19	9 (47,4)	2,8 [1,8; NE]	0,58	[0,23; 1,46]	0,2396
Nein	91	37 (40,7)	4,7 [1,9; NE]	68	28 (41,2)	2,8 [1,9; 6,4]	0,78	[0,48; 1,28]	0,3203
Interaktion p-Wert									0,5733
Menopausenstatus									
Postmenopausal (nur Frauen)	117	47 (40,2)	4,7 [2,8; NE]	87	37 (42,5)	2,8 [2,0; 4,6]	0,73	[0,47; 1,12]	0,1496
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	15 (35,7)	12,8 [2,8; NE]	36	12 (33,3)	2,8 [1,8; NE]	0,57	[0,27; 1,25]	0,1560
Sekundär	75	32 (42,7)	4,5 [1,9; NE]	51	25 (49,0)	2,8 [1,9; 5,6]	0,83	[0,50; 1,42]	0,4969
Interaktion p-Wert									0,4234
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	26 (44,8)	4,6 [1,9; NE]	39	17 (43,6)	2,8 [1,9; 6,4]	0,78	[0,43; 1,46]	0,4308
Nein	59	21 (35,6)	NE [NE; NE]	48	20 (41,7)	2,8 [1,8; 4,6]	0,67	[0,36; 1,24]	0,1991
Interaktion p-Wert									0,7244
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	43 (39,4)	4,7 [2,8; NE]	74	33 (44,6)	2,8 [1,9; 3,8]	0,65	[0,41; 1,03]	0,0689
2 oder mehr	8	4 (50,0)	NE [NE; NE]	13	4 (30,8)	NE [NE; NE]	1,41	[0,33; 5,95]	0,6312
Interaktion p-Wert									0,3066
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	36 (41,4)	4,6 [1,9; NE]	60	26 (43,3)	2,8 [1,8; 5,6]	0,72	[0,43; 1,20]	0,1996
2 oder mehr	30	11 (36,7)	NE [NE; NE]	27	11 (40,7)	3,6 [2,0; NE]	0,70	[0,30; 1,63]	0,3976
Interaktion p-Wert									0,9566
Hormonrezeptorstatus									
ER+/PR+	88	33 (37,5)	NE [NE; NE]	65	26 (40,0)	3,7 [2,7; 6,4]	0,83	[0,50; 1,41]	0,4893
ER+/PR-	26	12 (46,2)	4,6 [1,8; NE]	22	11 (50,0)	1,9 [1,0; 4,6]	0,48	[0,21; 1,11]	0,0849
ER+/PR unbekannt	3	2 (66,7)	12,8 [4,7; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,2652
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	6 (60,0)	3,6 [1,0; NE]	0,43	[0,06; 1,87]	0,2724
Nein	26	12 (46,2)	4,6 [1,8; NE]	10	3 (30,0)	2,6 [1,0; NE]	0,93	[0,29; 4,12]	0,9173
Interaktion p-Wert									0,4399
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	46 (40,7)	4,7 [2,7; NE]	87	37 (42,5)	2,8 [2,0; 4,6]	0,74	[0,48; 1,15]	0,1773
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	34 (36,6)	7,3 [4,6; NE]	72	26 (36,1)	4,6 [3,6; 9,7]	0,66	[0,39; 1,12]	0,1190
Nein	24	11 (45,8)	7,3 [1,9; NE]	15	6 (40,0)	9,3 [1,9; NE]	1,11	[0,42; 3,22]	0,8407
Interaktion p-Wert									0,3603
Lebermetastasen									
Ja	53	15 (28,3)	NE [NE; NE]	37	11 (29,7)	4,6 [2,8; NE]	0,57	[0,26; 1,29]	0,1742
Nein	64	30 (46,9)	6,4 [4,6;10,2]	50	21 (42,0)	6,4 [2,8;10,1]	0,87	[0,50; 1,53]	0,6131
Interaktion p-Wert									0,4054
Region									
Asien	31	13 (41,9)	10,2 [4,6; NE]	19	9 (47,4)	4,7 [1,9; NE]	0,58	[0,25; 1,41]	0,2181
USA, Kanada, Westeuropa, Australien, Israel	63	23 (36,5)	5,5 [3,6; NE]	53	17 (32,1)	6,5 [2,8; NE]	0,86	[0,46; 1,63]	0,6336
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	7,3 [3,6; NE]	15	6 (40,0)	4,6 [1,8; NE]	0,77	[0,28; 2,31]	0,6252
Interaktion p-Wert									0,7655
Alter bei Randomisierung (Jahre)									
<65	78	30 (38,5)	9,1 [4,6; NE]	53	21 (39,6)	4,6 [2,8;10,1]	0,72	[0,41; 1,28]	0,2626
>=65	39	15 (38,5)	7,3 [3,7; NE]	34	11 (32,4)	6,5 [2,8; NE]	0,79	[0,36; 1,77]	0,5551
Interaktion p-Wert									0,8575
Ethnie									
Asiatisch	33	14 (42,4)	10,2 [4,5; NE]	20	9 (45,0)	4,7 [1,9; NE]	0,62	[0,27; 1,49]	0,2747
Weiß	61	21 (34,4)	7,3 [4,5; NE]	49	19 (38,8)	6,5 [2,8;12,0]	0,76	[0,41; 1,42]	0,3814
Andere	23	10 (43,5)	5,5 [1,8; NE]	18	4 (22,2)	3,6 [1,8; NE]	0,91	[0,30; 3,34]	0,8711
Interaktion p-Wert									0,8616
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	8 (44,4)	5,5 [2,0; NE]	9	4 (44,4)	3,3 [1,9; NE]	0,64	[0,20; 2,40]	0,4796
Viszeral	79	30 (38,0)	9,1 [4,6; NE]	67	25 (37,3)	4,7 [2,8;10,1]	0,73	[0,43; 1,25]	0,2503
Andere	20	7 (35,0)	9,2 [2,8; NE]	9	3 (33,3)	9,3 [0,9; NE]	0,81	[0,22; 3,76]	0,7624
Interaktion p-Wert									0,9673
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	45 (38,5)	7,3 [4,6; NE]	85	32 (37,6)	4,7 [2,8; 9,7]	0,73	[0,46; 1,16]	0,1745
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	12 (46,2)	5,5 [3,6; NE]	19	9 (47,4)	2,8 [1,9; NE]	0,56	[0,24; 1,38]	0,1989
Nein	91	33 (36,3)	9,1 [4,6; NE]	68	23 (33,8)	6,5 [3,6;10,1]	0,82	[0,48; 1,41]	0,4578
Interaktion p-Wert									0,4704
Menopausenstatus									
Postmenopausal (nur Frauen)	117	45 (38,5)	7,3 [4,6; NE]	87	32 (36,8)	4,7 [3,6; 9,7]	0,74	[0,47; 1,18]	0,2089
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	15 (35,7)	9,2 [4,5; NE]	36	9 (25,0)	9,7 [2,8; NE]	0,83	[0,37; 1,98]	0,6595
Sekundär	75	30 (40,0)	7,3 [4,5;14,8]	51	23 (45,1)	4,6 [2,0; 9,3]	0,72	[0,42; 1,25]	0,2366
Interaktion p-Wert									0,7721
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	21 (36,2)	10,2 [4,6; NE]	39	17 (43,6)	4,7 [1,9;10,1]	0,58	[0,30; 1,11]	0,0988
Nein	59	24 (40,7)	7,3 [3,7; NE]	48	15 (31,3)	6,4 [2,8; NE]	0,97	[0,51; 1,88]	0,9155
Interaktion p-Wert									0,2669
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	40 (36,7)	9,2 [4,6; NE]	74	28 (37,8)	4,7 [2,8; 9,7]	0,70	[0,43; 1,14]	0,1477
2 oder mehr	8	5 (62,5)	5,9 [2,7; NE]	13	4 (30,8)	NE [NE; NE]	1,22	[0,32; 4,94]	0,7652
Interaktion p-Wert									0,4292
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	31 (35,6)	9,1 [4,5; NE]	60	21 (35,0)	6,4 [3,6; 9,7]	0,76	[0,44; 1,34]	0,3335
2 oder mehr	30	14 (46,7)	6,4 [3,7; NE]	27	11 (40,7)	3,7 [2,0; NE]	0,72	[0,33; 1,62]	0,4148
Interaktion p-Wert									0,9102
Hormonrezeptorstatus									
ER+/PR+	88	32 (36,4)	7,3 [4,5; NE]	65	25 (38,5)	6,4 [2,8;10,1]	0,75	[0,45; 1,29]	0,2953
ER+/PR-	26	11 (42,3)	10,2 [4,6; NE]	22	7 (31,8)	3,7 [1,9; NE]	0,72	[0,28; 1,98]	0,5145
ER+/PR unbekannt	3	2 (66,7)	5,5 [5,5; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9424
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	5 (50,0)	9,7 [1,8; NE]	0,29	[0,01; 1,77]	0,1960
Nein	26	15 (57,7)	7,3 [2,8;10,2]	10	4 (40,0)	9,3 [0,9; NE]	0,80	[0,29; 2,83]	0,7059
Interaktion p-Wert									0,3678
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	43 (38,1)	7,3 [4,6; NE]	87	32 (36,8)	4,7 [3,6; 9,7]	0,74	[0,47; 1,19]	0,2120
Bilaterale Ovarektomie	4	2 (50,0)	5,5 [3,6; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	54 (58,1)	2,7 [1,8; 4,6]	72	28 (38,9)	2,8 [1,8; NE]	1,24	[0,79; 1,99]	0,3441
Nein	24	16 (66,7)	1,9 [1,0; 4,6]	15	4 (26,7)	NE [NE; NE]	3,25	[1,19; 11,35]	0,0201*
Interaktion p-Wert									0,0941
Lebermetastasen									
Ja	53	24 (45,3)	2,8 [1,8;11,9]	37	16 (43,2)	1,9 [1,0; NE]	0,78	[0,41; 1,49]	0,4393
Nein	64	46 (71,9)	1,9 [1,0; 3,7]	50	16 (32,0)	8,3 [2,8; NE]	2,33	[1,35; 4,25]	0,0020*
Interaktion p-Wert									0,0117*
Region									
Asien	31	22 (71,0)	2,0 [1,0; 4,6]	19	8 (42,1)	8,3 [1,9; NE]	1,76	[0,81; 4,21]	0,1555
USA, Kanada, Westeuropa, Australien, Israel	63	32 (50,8)	3,6 [1,8; 5,6]	53	18 (34,0)	2,8 [1,8; NE]	1,35	[0,77; 2,45]	0,3040
Lateinamerika, Osteuropa und Russland	23	16 (69,6)	2,3 [0,9; 2,7]	15	6 (40,0)	3,6 [0,9; NE]	1,55	[0,64; 4,32]	0,3473
Interaktion p-Wert									0,8683
Alter bei Randomisierung (Jahre)									
<65	78	51 (65,4)	2,0 [1,8; 3,7]	53	20 (37,7)	4,7 [1,9; NE]	1,72	[1,04; 2,94]	0,0342*
>=65	39	19 (48,7)	2,7 [1,0; NE]	34	12 (35,3)	6,6 [1,7; NE]	1,13	[0,55; 2,39]	0,7485
Interaktion p-Wert									0,3548
Ethnie									
Asiatisch	33	23 (69,7)	1,9 [1,0; 3,7]	20	8 (40,0)	8,3 [1,9; NE]	1,81	[0,84; 4,31]	0,1323
Weiß	61	33 (54,1)	2,7 [1,8; 6,4]	49	20 (40,8)	2,8 [1,8; NE]	1,18	[0,69; 2,10]	0,5488
Andere	23	14 (60,9)	2,7 [1,0; 5,6]	18	4 (22,2)	2,8 [1,0; NE]	2,49	[0,89; 8,80]	0,0844
Interaktion p-Wert									0,4153
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	11 (61,1)	1,9 [1,0; 7,3]	9	3 (33,3)	2,8 [0,9; NE]	1,43	[0,45; 6,36]	0,5686
Viszeral	79	43 (54,4)	2,7 [1,9; 5,6]	67	23 (34,3)	4,7 [1,9; NE]	1,45	[0,88; 2,44]	0,1469
Andere	20	16 (80,0)	1,8 [1,0; 3,7]	9	5 (55,6)	6,6 [0,9; NE]	1,48	[0,58; 4,55]	0,4295
Interaktion p-Wert									0,9989
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	70 (59,8)	2,7 [1,8; 3,7]	85	31 (36,5)	4,7 [1,9; NE]	1,50	[0,99; 2,32]	0,0541
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	14 (53,8)	3,7 [1,0; NE]	19	5 (26,3)	4,7 [2,8; NE]	1,74	[0,67; 5,40]	0,2679
Nein	91	56 (61,5)	1,9 [1,8; 3,7]	68	27 (39,7)	3,6 [1,8; NE]	1,47	[0,94; 2,36]	0,0925
Interaktion p-Wert									0,7656
Menopausenstatus									
Postmenopausal (nur Frauen)	117	70 (59,8)	2,7 [1,8; 3,7]	87	32 (36,8)	4,7 [1,9; NE]	1,50	[0,997; 2,31]	0,0516
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	25 (59,5)	3,6 [1,8; 5,6]	36	11 (30,6)	NE [NE; NE]	1,31	[0,66; 2,78]	0,4459
Sekundär	75	45 (60,0)	1,9 [1,0; 3,7]	51	21 (41,2)	4,7 [1,9; NE]	1,63	[0,98; 2,79]	0,0580
Interaktion p-Wert									0,6298
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	35 (60,3)	2,8 [1,9; 4,6]	39	17 (43,6)	2,8 [1,1; NE]	1,14	[0,65; 2,08]	0,6594
Nein	59	35 (59,3)	1,9 [1,0; 5,5]	48	15 (31,3)	NE [NE; NE]	1,97	[1,10; 3,72]	0,0227*
Interaktion p-Wert									0,1997
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	64 (58,7)	2,7 [1,9; 4,6]	74	26 (35,1)	8,3 [1,9; NE]	1,49	[0,96; 2,40]	0,0766
2 oder mehr	8	6 (75,0)	1,0 [0,9; NE]	13	6 (46,2)	3,6 [0,9; NE]	2,26	[0,70; 7,22]	0,1656
Interaktion p-Wert									0,5109
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	52 (59,8)	2,0 [1,8; 3,7]	60	23 (38,3)	2,8 [1,7; NE]	1,38	[0,85; 2,29]	0,1925
2 oder mehr	30	18 (60,0)	2,7 [1,0; 9,1]	27	9 (33,3)	4,7 [2,8; NE]	1,77	[0,81; 4,12]	0,1538
Interaktion p-Wert									0,6033
Hormonrezeptorstatus									
ER+/PR+	88	53 (60,2)	2,7 [1,8; 3,7]	65	22 (33,8)	6,6 [1,9; NE]	1,80	[1,11; 3,01]	0,0170*
ER+/PR-	26	15 (57,7)	1,9 [1,0; NE]	22	10 (45,5)	2,8 [1,0; NE]	0,90	[0,41; 2,07]	0,7969
ER+/PR unbekannt	3	2 (66,7)	1,8 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,1568
Raucherstatus									
Ja	6	4 (66,7)	3,7 [0,9; NE]	10	5 (50,0)	4,7 [0,9; NE]	1,21	[0,30; 4,59]	0,7794
Nein	26	17 (65,4)	4,6 [1,0; 9,1]	10	3 (30,0)	8,3 [1,0; NE]	1,61	[0,54; 6,89]	0,4238
Interaktion p-Wert									0,7543
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	66 (58,4)	2,7 [1,9; 4,6]	87	32 (36,8)	4,7 [1,9; NE]	1,42	[0,94; 2,20]	0,0950
Bilaterale Ovarektomie	4	4 (100)	0,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	56 (60,2)	1,9 [1,0; 2,7]	72	37 (51,4)	1,9 [1,0; 2,0]	0,92	[0,61; 1,41]	0,6986
Nein	24	16 (66,7)	1,9 [1,0;12,9]	15	9 (60,0)	1,8 [0,9; 8,3]	0,86	[0,39; 2,03]	0,7126
Interaktion p-Wert									0,8783
Lebermetastasen									
Ja	53	27 (50,9)	2,0 [1,8; 9,1]	37	18 (48,6)	1,8 [1,0; 1,9]	0,66	[0,36; 1,23]	0,1857
Nein	64	45 (70,3)	1,8 [1,0; 2,7]	50	28 (56,0)	1,9 [1,0; 4,5]	1,09	[0,68; 1,77]	0,7212
Interaktion p-Wert									0,2028
Region									
Asien	31	24 (77,4)	1,8 [1,0; 2,8]	19	13 (68,4)	2,0 [1,9; 3,7]	1,18	[0,61; 2,39]	0,6319
USA, Kanada, Westeuropa, Australien, Israel	63	35 (55,6)	1,9 [1,0; 3,6]	53	25 (47,2)	1,8 [1,0; 4,6]	0,87	[0,52; 1,48]	0,6095
Lateinamerika, Osteuropa und Russland	23	13 (56,5)	2,7 [1,0; NE]	15	8 (53,3)	1,0 [0,9; 4,5]	0,58	[0,25; 1,48]	0,2444
Interaktion p-Wert									0,4679
Alter bei Randomisierung (Jahre)									
<65	78	47 (60,3)	2,7 [1,8; 3,6]	53	29 (54,7)	1,9 [1,8; 2,8]	0,85	[0,54; 1,36]	0,4899
>=65	39	25 (64,1)	1,0 [1,0; 1,8]	34	17 (50,0)	1,1 [0,9; 4,6]	1,07	[0,58; 2,02]	0,8239
Interaktion p-Wert									0,5507
Ethnie									
Asiatisch	33	25 (75,8)	1,8 [1,0; 2,8]	20	13 (65,0)	2,0 [1,9; 3,7]	1,20	[0,63; 2,43]	0,5834
Weiß	61	36 (59,0)	1,8 [1,0; 2,7]	49	27 (55,1)	1,1 [1,0; 1,8]	0,83	[0,50; 1,37]	0,4561
Andere	23	11 (47,8)	2,7 [1,8;11,9]	18	6 (33,3)	1,9 [0,9; NE]	0,73	[0,27; 2,13]	0,5395
Interaktion p-Wert									0,6003
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	9 (50,0)	2,0 [1,0; NE]	9	4 (44,4)	1,9 [0,9; NE]	0,68	[0,22; 2,52]	0,5342
Viszeral	79	48 (60,8)	1,9 [1,8; 2,7]	67	35 (52,2)	1,9 [1,1; 2,0]	0,93	[0,61; 1,45]	0,7584
Andere	20	15 (75,0)	1,8 [1,0; 6,4]	9	6 (66,7)	1,0 [0,9; NE]	0,72	[0,29; 2,04]	0,5162
Interaktion p-Wert									0,8186
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	72 (61,5)	1,9 [1,8; 2,7]	85	45 (52,9)	1,8 [1,0; 2,0]	0,88	[0,61; 1,29]	0,5121
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	14 (53,8)	3,6 [1,8; NE]	19	11 (57,9)	1,8 [1,0; 3,7]	0,49	[0,22; 1,11]	0,0855
Nein	91	58 (63,7)	1,8 [1,0; 2,0]	68	35 (51,5)	1,9 [1,0; 2,8]	1,09	[0,72; 1,67]	0,6905
Interaktion p-Wert									0,0856
Menopausenstatus									
Postmenopausal (nur Frauen)	117	72 (61,5)	1,9 [1,8; 2,7]	87	46 (52,9)	1,8 [1,0; 2,0]	0,90	[0,62; 1,31]	0,5849
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	26 (61,9)	1,8 [1,0; 3,9]	36	15 (41,7)	1,8 [1,0; NE]	0,98	[0,52; 1,89]	0,9426
Sekundär	75	46 (61,3)	1,9 [1,0; 2,7]	51	31 (60,8)	1,8 [1,0; 2,0]	0,86	[0,55; 1,38]	0,5363
Interaktion p-Wert									0,7601
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	44 (75,9)	1,8 [1,0; 1,9]	39	23 (59,0)	1,9 [1,0; 2,0]	1,01	[0,61; 1,70]	0,9737
Nein	59	28 (47,5)	2,7 [1,0; 6,4]	48	23 (47,9)	1,8 [1,0; 4,5]	0,75	[0,43; 1,32]	0,3138
Interaktion p-Wert									0,4405
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	66 (60,6)	1,9 [1,8; 2,7]	74	38 (51,4)	1,8 [1,0; 2,0]	0,90	[0,61; 1,35]	0,6053
2 oder mehr	8	6 (75,0)	2,3 [0,9; NE]	13	8 (61,5)	2,0 [0,9; 4,5]	0,91	[0,30; 2,63]	0,8647
Interaktion p-Wert									0,9803
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	55 (63,2)	1,8 [1,0; 2,0]	60	30 (50,0)	1,9 [1,0; 2,8]	1,08	[0,70; 1,70]	0,7379
2 oder mehr	30	17 (56,7)	3,6 [1,8; NE]	27	16 (59,3)	1,8 [1,0; 3,7]	0,58	[0,29; 1,16]	0,1232
Interaktion p-Wert									0,1376
Hormonrezeptorstatus									
ER+/PR+	88	50 (56,8)	2,7 [1,8; 3,6]	65	33 (50,8)	1,9 [1,0; 4,5]	0,89	[0,58; 1,40]	0,6134
ER+/PR-	26	19 (73,1)	1,8 [1,0; 2,0]	22	13 (59,1)	1,8 [1,0; 1,9]	0,80	[0,39; 1,67]	0,5396
ER+/PR unbekannt	3	3 (100)	1,0 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,7949
Raucherstatus									
Ja	6	6 (100)	1,8 [1,0; NE]	10	7 (70,0)	1,8 [0,9; NE]	1,19	[0,38; 3,61]	0,7609
Nein	26	17 (65,4)	1,8 [1,0; 4,6]	10	6 (60,0)	1,8 [0,9; NE]	0,67	[0,28; 1,86]	0,4138
Interaktion p-Wert									0,4432
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	69 (61,1)	1,9 [1,8; 2,7]	87	46 (52,9)	1,8 [1,0; 2,0]	0,90	[0,62; 1,31]	0,5724
Bilaterale Ovarektomie	4	3 (75,0)	2,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	55 (59,1)	1,9 [1,0; 3,6]	72	27 (37,5)	2,8 [1,9; NE]	1,46	[0,93; 2,35]	0,1020
Nein	24	15 (62,5)	3,6 [1,0; 6,4]	15	8 (53,3)	6,7 [1,8; NE]	1,48	[0,64; 3,67]	0,3658
Interaktion p-Wert									0,9824
Lebermetastasen									
Ja	53	33 (62,3)	1,8 [1,0; 3,6]	37	16 (43,2)	2,7 [1,0; 3,7]	1,37	[0,77; 2,56]	0,2899
Nein	64	37 (57,8)	2,7 [1,8; 6,4]	50	19 (38,0)	5,6 [2,7;11,0]	1,50	[0,87; 2,66]	0,1437
Interaktion p-Wert									0,8330
Region									
Asien	31	20 (64,5)	3,6 [1,8; 6,5]	19	9 (47,4)	3,7 [1,9; NE]	1,37	[0,64; 3,15]	0,4301
USA, Kanada, Westeuropa, Australien, Israel	63	35 (55,6)	1,0 [1,0; 3,6]	53	20 (37,7)	2,8 [1,8; 6,5]	1,58	[0,92; 2,80]	0,0960
Lateinamerika, Osteuropa und Russland	23	15 (65,2)	1,8 [1,0; 6,4]	15	6 (40,0)	2,8 [1,8; NE]	1,50	[0,61; 4,21]	0,3909
Interaktion p-Wert									0,9551
Alter bei Randomisierung (Jahre)									
<65	78	53 (67,9)	1,8 [1,0; 1,9]	53	24 (45,3)	2,8 [1,9; 6,5]	1,79	[1,12; 2,96]	0,0144*
>=65	39	17 (43,6)	6,5 [1,8; NE]	34	11 (32,4)	9,6 [1,8; NE]	0,97	[0,46; 2,13]	0,9284
Interaktion p-Wert									0,1820
Ethnie									
Asiatisch	33	21 (63,6)	2,7 [1,8; 6,4]	20	9 (45,0)	3,7 [1,9; NE]	1,41	[0,66; 3,24]	0,3805
Weiß	61	39 (63,9)	1,0 [1,0; 1,8]	49	19 (38,8)	4,5 [1,8; NE]	2,06	[1,21; 3,65]	0,0077*
Andere	23	10 (43,5)	6,4 [1,8;15,6]	18	7 (38,9)	2,7 [1,0; NE]	0,66	[0,25; 1,83]	0,4102
Interaktion p-Wert									0,1452
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	11 (61,1)	2,3 [0,9; NE]	9	4 (44,4)	2,8 [1,0; NE]	1,34	[0,46; 4,84]	0,6111
Viszeral	79	47 (59,5)	1,9 [1,8; 3,6]	67	28 (41,8)	2,7 [1,9;11,0]	1,34	[0,85; 2,17]	0,2135
Andere	20	12 (60,0)	1,0 [0,9; NE]	9	2 (22,2)	9,6 [5,6; NE]	3,26	[0,89; 20,95]	0,0786
Interaktion p-Wert									0,4804
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	70 (59,8)	1,9 [1,8; 3,6]	85	34 (40,0)	2,8 [2,0; 9,6]	1,46	[0,98; 2,23]	0,0632
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	20 (76,9)	1,8 [0,9; 2,8]	19	11 (57,9)	2,8 [1,0; 5,6]	1,46	[0,71; 3,15]	0,3081
Nein	91	50 (54,9)	2,0 [1,8; 5,6]	68	24 (35,3)	4,5 [2,0; NE]	1,50	[0,93; 2,48]	0,0984
Interaktion p-Wert									0,9547
Menopausenstatus									
Postmenopausal (nur Frauen)	117	70 (59,8)	1,9 [1,8; 3,6]	87	35 (40,2)	2,8 [2,0; 9,6]	1,47	[0,99; 2,23]	0,0584
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	24 (57,1)	3,6 [1,8; 6,4]	36	10 (27,8)	11,0 [1,8; NE]	1,70	[0,84; 3,72]	0,1466
Sekundär	75	46 (61,3)	1,8 [1,0; 2,7]	51	25 (49,0)	2,7 [1,9; 5,6]	1,39	[0,86; 2,29]	0,1845
Interaktion p-Wert									0,6509
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	37 (63,8)	1,9 [1,0; 4,7]	39	19 (48,7)	2,8 [1,8; 6,5]	1,35	[0,79; 2,40]	0,2811
Nein	59	33 (55,9)	2,7 [1,8; 4,6]	48	16 (33,3)	2,8 [2,0; NE]	1,60	[0,89; 2,98]	0,1173
Interaktion p-Wert									0,6875
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	65 (59,6)	1,9 [1,8; 3,6]	74	30 (40,5)	3,7 [2,7; 9,6]	1,48	[0,97; 2,31]	0,0706
2 oder mehr	8	5 (62,5)	3,7 [0,9; NE]	13	5 (38,5)	2,0 [1,0; NE]	1,31	[0,36; 4,73]	0,6693
Interaktion p-Wert									0,8580
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	47 (54,0)	2,0 [1,8; 5,6]	60	22 (36,7)	4,5 [1,9; NE]	1,36	[0,83; 2,30]	0,2239
2 oder mehr	30	23 (76,7)	1,8 [0,9; 2,8]	27	13 (48,1)	2,8 [1,8;11,0]	1,85	[0,95; 3,75]	0,0719
Interaktion p-Wert									0,4824
Hormonrezeptorstatus									
ER+/PR+	88	50 (56,8)	1,9 [1,8; 3,7]	65	27 (41,5)	2,8 [2,0;11,0]	1,41	[0,89; 2,29]	0,1419
ER+/PR-	26	17 (65,4)	1,8 [1,0; 4,6]	22	8 (36,4)	3,7 [1,8; NE]	1,54	[0,69; 3,79]	0,3002
ER+/PR unbekannt	3	3 (100)	0,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,8560
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	5 (50,0)	6,5 [0,9; NE]	0,55	[0,08; 2,56]	0,4592
Nein	26	13 (50,0)	6,5 [1,9; NE]	10	4 (40,0)	3,7 [0,9; NE]	0,75	[0,27; 2,68]	0,6314
Interaktion p-Wert									0,7525
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	67 (59,3)	1,9 [1,8; 3,6]	87	35 (40,2)	2,8 [2,0; 9,6]	1,44	[0,96; 2,19]	0,0756
Bilaterale Ovarektomie	4	3 (75,0)	1,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	42 (45,2)	5,5 [2,8;13,0]	72	30 (41,7)	2,8 [1,9; 5,6]	0,63	[0,39; 1,03]	0,0653
Nein	24	16 (66,7)	2,8 [1,8;11,0]	15	8 (53,3)	4,2 [1,8; NE]	1,30	[0,57; 3,20]	0,5433
Interaktion p-Wert									0,1438
Lebermetastasen									
Ja	53	20 (37,7)	9,3 [2,7; NE]	37	14 (37,8)	2,8 [1,9; NE]	0,60	[0,30; 1,21]	0,1484
Nein	64	38 (59,4)	4,5 [1,9; 6,4]	50	24 (48,0)	3,6 [1,9; 5,6]	0,87	[0,53; 1,48]	0,6107
Interaktion p-Wert									0,3804
Region									
Asien	31	18 (58,1)	5,6 [2,8; NE]	19	9 (47,4)	5,6 [1,9; NE]	0,85	[0,39; 1,99]	0,6998
USA, Kanada, Westeuropa, Australien, Israel	63	28 (44,4)	4,6 [1,9;11,0]	53	23 (43,4)	2,8 [1,9; 5,6]	0,71	[0,41; 1,24]	0,2237
Lateinamerika, Osteuropa und Russland	23	12 (52,2)	5,6 [1,8;15,6]	15	6 (40,0)	2,7 [0,9; NE]	0,86	[0,33; 2,46]	0,7585
Interaktion p-Wert									0,9035
Alter bei Randomisierung (Jahre)									
<65	78	39 (50,0)	5,5 [2,7;11,0]	53	23 (43,4)	2,8 [1,9; 7,4]	0,81	[0,49; 1,38]	0,4325
>=65	39	19 (48,7)	4,5 [1,9; NE]	34	15 (44,1)	2,7 [1,8; 5,6]	0,68	[0,34; 1,37]	0,2718
Interaktion p-Wert									0,6841
Ethnie									
Asiatisch	33	18 (54,5)	5,6 [2,8; NE]	20	9 (45,0)	5,6 [1,9; NE]	0,84	[0,39; 1,97]	0,6804
Weiß	61	31 (50,8)	3,7 [1,9; 6,4]	49	22 (44,9)	2,8 [1,8; 7,4]	0,86	[0,50; 1,50]	0,5821
Andere	23	9 (39,1)	6,4 [1,9; NE]	18	7 (38,9)	2,7 [1,0; NE]	0,45	[0,17; 1,28]	0,1313
Interaktion p-Wert									0,5336
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	9 (50,0)	2,8 [1,8; NE]	9	4 (44,4)	2,8 [1,0; NE]	0,87	[0,28; 3,23]	0,8249
Viszeral	79	36 (45,6)	5,5 [2,8;15,6]	67	28 (41,8)	2,7 [1,9; 5,6]	0,70	[0,43; 1,17]	0,1692
Andere	20	13 (65,0)	2,8 [1,8;11,0]	9	5 (55,6)	3,6 [0,9; NE]	0,80	[0,30; 2,50]	0,6778
Interaktion p-Wert									0,9316
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	58 (49,6)	4,6 [2,8; 9,3]	85	37 (43,5)	2,8 [1,9; 5,6]	0,75	[0,50; 1,15]	0,1879
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	16 (61,5)	3,7 [1,9; 9,3]	19	8 (42,1)	2,0 [1,0; NE]	0,94	[0,41; 2,33]	0,8914
Nein	91	42 (46,2)	5,5 [2,0;15,6]	68	30 (44,1)	2,8 [1,9; 5,6]	0,71	[0,44; 1,14]	0,1538
Interaktion p-Wert									0,5558
Menopausenstatus									
Postmenopausal (nur Frauen)	117	58 (49,6)	4,6 [2,8; 9,3]	87	38 (43,7)	2,8 [1,9; 5,6]	0,76	[0,50; 1,16]	0,1953
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	19 (45,2)	4,5 [2,7; NE]	36	11 (30,6)	9,7 [1,8; NE]	0,90	[0,43; 1,95]	0,7749
Sekundär	75	39 (52,0)	4,6 [1,9;11,0]	51	27 (52,9)	2,8 [1,9; 5,6]	0,70	[0,42; 1,16]	0,1622
Interaktion p-Wert									0,5790
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	32 (55,2)	4,6 [1,9;11,0]	39	18 (46,2)	3,6 [1,9; 5,6]	0,78	[0,44; 1,43]	0,4139
Nein	59	26 (44,1)	4,6 [2,7;15,6]	48	20 (41,7)	2,7 [1,8; 5,6]	0,73	[0,41; 1,33]	0,3032
Interaktion p-Wert									0,8761
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	53 (48,6)	4,5 [2,7;11,0]	74	33 (44,6)	2,8 [1,9; 5,6]	0,74	[0,48; 1,15]	0,1778
2 oder mehr	8	5 (62,5)	5,5 [0,9; NE]	13	5 (38,5)	3,6 [0,9; NE]	0,89	[0,25; 3,21]	0,8541
Interaktion p-Wert									0,7777
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	39 (44,8)	4,6 [2,0;15,6]	60	27 (45,0)	2,8 [1,9; 5,6]	0,65	[0,40; 1,08]	0,0973
2 oder mehr	30	19 (63,3)	4,6 [2,7; 9,3]	27	11 (40,7)	2,8 [1,8; NE]	1,05	[0,51; 2,28]	0,9018
Interaktion p-Wert									0,2947
Hormonrezeptorstatus									
ER+/PR+	88	42 (47,7)	4,6 [2,7; 9,3]	65	31 (47,7)	2,8 [1,9; 5,6]	0,75	[0,47; 1,20]	0,2270
ER+/PR-	26	14 (53,8)	4,6 [1,8;16,6]	22	7 (31,8)	5,6 [1,8; NE]	0,83	[0,34; 2,22]	0,6966
ER+/PR unbekannt	3	2 (66,7)	5,5 [1,8; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,8403
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	7 (70,0)	2,8 [1,0; 9,7]	0,32	[0,05; 1,33]	0,1220
Nein	26	15 (57,7)	4,5 [1,9; NE]	10	3 (30,0)	5,6 [0,9; NE]	1,14	[0,38; 4,94]	0,8299
Interaktion p-Wert									0,1864
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	57 (50,4)	4,5 [2,7; 6,4]	87	38 (43,7)	2,8 [1,9; 5,6]	0,79	[0,52; 1,20]	0,2609
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	31 (33,3)	10,1 [4,7; NE]	72	25 (34,7)	6,5 [2,8; 7,3]	0,58	[0,34; 0,99]	0,0463*
Nein	24	14 (58,3)	5,5 [2,8; NE]	15	4 (26,7)	NE [NE; NE]	2,33	[0,83; 8,25]	0,1125
Interaktion p-Wert									0,0185*
Lebermetastasen									
Ja	53	15 (28,3)	NE [NE; NE]	37	8 (21,6)	NE [NE; NE]	0,90	[0,39; 2,24]	0,8126
Nein	64	30 (46,9)	8,3 [4,6;10,2]	50	21 (42,0)	6,5 [1,8; NE]	0,76	[0,43; 1,35]	0,3361
Interaktion p-Wert									0,7387
Region									
Asien	31	16 (51,6)	7,4 [2,8; NE]	19	6 (31,6)	7,3 [2,9; NE]	1,22	[0,50; 3,40]	0,6796
USA, Kanada, Westeuropa, Australien, Israel	63	22 (34,9)	8,3 [4,6; NE]	53	18 (34,0)	3,8 [1,8; NE]	0,67	[0,36; 1,27]	0,2194
Lateinamerika, Osteuropa und Russland	23	7 (30,4)	16,5 [3,7; NE]	15	5 (33,3)	5,6 [1,0; NE]	0,70	[0,22; 2,37]	0,5476
Interaktion p-Wert									0,5612
Alter bei Randomisierung (Jahre)									
<65	78	25 (32,1)	10,1 [5,5; NE]	53	20 (37,7)	6,5 [2,8; NE]	0,63	[0,35; 1,15]	0,1341
>=65	39	20 (51,3)	4,6 [2,8;16,5]	34	9 (26,5)	6,5 [1,8; NE]	1,15	[0,54; 2,68]	0,7242
Interaktion p-Wert									0,2282
Ethnie									
Asiatisch	33	16 (48,5)	7,4 [2,8; NE]	20	6 (30,0)	7,3 [2,9; NE]	1,21	[0,49; 3,37]	0,6936
Weiß	61	19 (31,1)	10,1 [5,5; NE]	49	21 (42,9)	3,7 [1,8; 6,7]	0,51	[0,27; 0,96]	0,0366*
Andere	23	10 (43,5)	4,7 [2,8; NE]	18	2 (11,1)	3,8 [3,8; NE]	2,27	[0,59; 14,83]	0,2509
Interaktion p-Wert									0,0838
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	8 (44,4)	6,5 [3,7; NE]	9	5 (55,6)	1,8 [0,9; NE]	0,22	[0,07; 0,74]	0,0169*
Viszeral	79	27 (34,2)	10,2 [4,6; NE]	67	18 (26,9)	7,3 [3,8; NE]	1,00	[0,55; 1,85]	0,9944
Andere	20	10 (50,0)	8,3 [2,8; NE]	9	5 (55,6)	4,2 [1,0; NE]	0,44	[0,16; 1,44]	0,1645
Interaktion p-Wert									0,0631
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	45 (38,5)	10,1 [4,7;16,5]	85	28 (32,9)	6,5 [3,7; NE]	0,80	[0,50; 1,30]	0,3541
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	13 (50,0)	3,7 [2,8; NE]	19	6 (31,6)	6,7 [1,8; NE]	1,19	[0,47; 3,38]	0,7256
Nein	91	32 (35,2)	10,1 [5,5;20,3]	68	23 (33,8)	5,6 [2,8; NE]	0,69	[0,40; 1,20]	0,1860
Interaktion p-Wert									0,3307
Menopausenstatus									
Postmenopausal (nur Frauen)	117	45 (38,5)	10,1 [4,7;16,5]	87	29 (33,3)	6,5 [3,7; NE]	0,79	[0,50; 1,28]	0,3317
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	15 (35,7)	10,1 [4,5; NE]	36	7 (19,4)	NE [NE; NE]	0,98	[0,41; 2,57]	0,9649
Sekundär	75	30 (40,0)	8,3 [4,6;16,5]	51	22 (43,1)	5,6 [2,8; 7,3]	0,74	[0,43; 1,30]	0,2942
Interaktion p-Wert									0,6007
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	23 (39,7)	10,1 [3,7; NE]	39	14 (35,9)	3,8 [2,8; NE]	0,70	[0,36; 1,40]	0,3042
Nein	59	22 (37,3)	7,4 [4,7;20,3]	48	15 (31,3)	6,5 [5,5; NE]	0,88	[0,46; 1,75]	0,7147
Interaktion p-Wert									0,6298
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	40 (36,7)	10,1 [5,5;20,3]	74	25 (33,8)	6,5 [2,9; NE]	0,73	[0,44; 1,22]	0,2269
2 oder mehr	8	5 (62,5)	4,7 [1,0; NE]	13	4 (30,8)	5,6 [1,0; NE]	1,61	[0,43; 6,52]	0,4747
Interaktion p-Wert									0,2690
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	30 (34,5)	10,2 [5,5;20,3]	60	20 (33,3)	6,5 [2,8; NE]	0,66	[0,37; 1,19]	0,1622
2 oder mehr	30	15 (50,0)	4,7 [2,8; NE]	27	9 (33,3)	6,5 [2,8; NE]	1,19	[0,53; 2,84]	0,6785
Interaktion p-Wert									0,2478
Hormonrezeptorstatus									
ER+/PR+	88	34 (38,6)	7,4 [4,7;16,5]	65	21 (32,3)	6,5 [3,7; NE]	0,87	[0,50; 1,52]	0,6072
ER+/PR-	26	10 (38,5)	10,2 [2,8; NE]	22	8 (36,4)	6,5 [1,8; NE]	0,68	[0,27; 1,79]	0,4242
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,6648
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	3 (30,0)	NE [NE; NE]	0,32	[0,02; 2,55]	0,2924
Nein	26	15 (57,7)	10,2 [2,8; NE]	10	3 (30,0)	NE [NE; NE]	0,99	[0,32; 4,30]	0,9855
Interaktion p-Wert									0,3674
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	45 (39,8)	8,3 [4,7;10,2]	87	29 (33,3)	6,5 [3,7; NE]	0,82	[0,52; 1,33]	0,4243
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	46 (49,5)	2,8 [1,9; 5,6]	72	24 (33,3)	6,5 [2,8; NE]	1,41	[0,87; 2,35]	0,1670
Nein	24	16 (66,7)	1,9 [1,0; 4,6]	15	6 (40,0)	9,6 [2,8; NE]	2,40	[0,98; 6,70]	0,0546
Interaktion p-Wert									0,3181
Lebermetastasen									
Ja	53	25 (47,2)	2,6 [1,8; 5,6]	37	13 (35,1)	3,7 [1,0; NE]	1,24	[0,64; 2,50]	0,5272
Nein	64	37 (57,8)	2,8 [1,8; 5,6]	50	17 (34,0)	7,4 [4,6;10,1]	1,85	[1,06; 3,37]	0,0309*
Interaktion p-Wert									0,3756
Region									
Asien	31	25 (80,6)	2,6 [1,0; 2,8]	19	9 (47,4)	6,5 [2,0; NE]	2,08	[1,004; 4,71]	0,0488*
USA, Kanada, Westeuropa, Australien, Israel	63	25 (39,7)	2,8 [1,0; NE]	53	17 (32,1)	6,7 [2,8; 7,4]	1,22	[0,66; 2,30]	0,5289
Lateinamerika, Osteuropa und Russland	23	12 (52,2)	2,7 [1,0; NE]	15	4 (26,7)	10,1 [0,9; NE]	1,98	[0,69; 7,11]	0,2141
Interaktion p-Wert									0,5136
Alter bei Randomisierung (Jahre)									
<65	78	40 (51,3)	2,8 [1,9; 5,5]	53	19 (35,8)	6,7 [2,8; NE]	1,63	[0,96; 2,87]	0,0737
>=65	39	22 (56,4)	2,7 [1,0; 8,3]	34	11 (32,4)	7,4 [1,9; NE]	1,53	[0,76; 3,29]	0,2389
Interaktion p-Wert									0,8973
Ethnie									
Asiatisch	33	26 (78,8)	2,3 [1,0; 2,8]	20	9 (45,0)	6,5 [2,0; NE]	2,12	[1,03; 4,80]	0,0406*
Weiß	61	30 (49,2)	1,9 [1,0; 8,3]	49	19 (38,8)	6,7 [2,8;10,1]	1,45	[0,82; 2,63]	0,1974
Andere	23	6 (26,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,55	[0,36; 10,62]	0,5771
Interaktion p-Wert									0,7311
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	6 (33,3)	5,6 [1,0; NE]	9	3 (33,3)	5,1 [1,9; NE]	0,79	[0,21; 3,76]	0,7432
Viszeral	79	44 (55,7)	2,7 [1,9; 3,6]	67	24 (35,8)	6,5 [2,8; NE]	1,68	[1,03; 2,81]	0,0369*
Andere	20	12 (60,0)	1,8 [1,0; NE]	9	2 (22,2)	8,1 [6,7; NE]	3,06	[0,83; 19,71]	0,0983
Interaktion p-Wert									0,4211
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	62 (53,0)	2,7 [1,9; 3,7]	85	29 (34,1)	6,7 [3,7;10,1]	1,60	[1,04; 2,53]	0,0320*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	18 (69,2)	1,8 [0,9; 2,8]	19	10 (52,6)	4,7 [1,9; 6,7]	1,69	[0,79; 3,82]	0,1761
Nein	91	44 (48,4)	2,8 [1,9; 8,3]	68	20 (29,4)	7,4 [4,6; NE]	1,61	[0,96; 2,79]	0,0711
Interaktion p-Wert									0,9178
Menopausenstatus									
Postmenopausal (nur Frauen)	117	62 (53,0)	2,7 [1,9; 3,7]	87	30 (34,5)	6,7 [3,7;10,1]	1,59	[1,04; 2,50]	0,0326*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	22 (52,4)	4,6 [1,8; 8,3]	36	6 (16,7)	10,1 [7,4; NE]	2,59	[1,12; 7,05]	0,0251*
Sekundär	75	40 (53,3)	1,9 [1,8; 2,8]	51	24 (47,1)	4,7 [2,0; 7,4]	1,36	[0,82; 2,29]	0,2323
Interaktion p-Wert									0,2075
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	32 (55,2)	2,6 [1,9; 5,6]	39	12 (30,8)	7,4 [4,7; NE]	1,89	[0,997; 3,82]	0,0510
Nein	59	30 (50,8)	2,8 [1,0; 5,5]	48	18 (37,5)	4,6 [2,0;10,1]	1,41	[0,79; 2,58]	0,2439
Interaktion p-Wert									0,5172
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	56 (51,4)	2,8 [1,9; 5,5]	74	27 (36,5)	6,7 [2,8;10,1]	1,39	[0,89; 2,23]	0,1554
2 oder mehr	8	6 (75,0)	1,0 [0,9; NE]	13	3 (23,1)	NE [NE; NE]	6,02	[1,58; 28,64]	0,0087*
Interaktion p-Wert									0,0424*
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	41 (47,1)	2,8 [1,9; 8,3]	60	20 (33,3)	7,4 [2,8; NE]	1,29	[0,77; 2,25]	0,3440
2 oder mehr	30	21 (70,0)	1,8 [1,0; 2,8]	27	10 (37,0)	6,7 [2,8; NE]	2,74	[1,32; 6,08]	0,0066*
Interaktion p-Wert									0,1085
Hormonrezeptorstatus									
ER+/PR+	88	46 (52,3)	2,7 [1,8; 3,7]	65	19 (29,2)	7,4 [3,7; NE]	2,04	[1,22; 3,58]	0,0064*
ER+/PR-	26	15 (57,7)	2,8 [1,0;16,6]	22	11 (50,0)	4,7 [1,8; NE]	0,97	[0,45; 2,17]	0,9388
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,1259
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	6 (60,0)	7,4 [0,9; NE]	0,20	[0,01; 1,19]	0,0812
Nein	26	17 (65,4)	2,8 [1,0; 5,6]	10	4 (40,0)	4,7 [0,9; NE]	1,49	[0,55; 5,21]	0,4533
Interaktion p-Wert									0,0608
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	60 (53,1)	2,7 [1,9; 3,7]	87	30 (34,5)	6,7 [3,7;10,1]	1,58	[1,03; 2,49]	0,0359*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	31 (33,3)	9,3 [4,6; NE]	72	23 (31,9)	6,5 [2,0; NE]	0,64	[0,37; 1,11]	0,1126
Nein	24	11 (45,8)	7,3 [2,8; NE]	15	6 (40,0)	12,0 [1,0; NE]	0,77	[0,29; 2,24]	0,6119
Interaktion p-Wert									0,7443
Lebermetastasen									
Ja	53	16 (30,2)	9,3 [3,6; NE]	37	12 (32,4)	3,7 [1,0; NE]	0,49	[0,23; 1,07]	0,0729
Nein	64	26 (40,6)	7,4 [4,6;13,0]	50	17 (34,0)	6,6 [3,7;12,0]	0,80	[0,43; 1,50]	0,4704
Interaktion p-Wert									0,3322
Region									
Asien	31	15 (48,4)	12,0 [2,8; NE]	19	11 (57,9)	3,7 [1,0;12,0]	0,51	[0,24; 1,15]	0,1028
USA, Kanada, Westeuropa, Australien, Israel	63	17 (27,0)	11,0 [4,6; NE]	53	13 (24,5)	7,4 [3,7; NE]	0,71	[0,34; 1,49]	0,3532
Lateinamerika, Osteuropa und Russland	23	10 (43,5)	3,7 [2,7; NE]	15	5 (33,3)	NE [NE; NE]	0,77	[0,27; 2,46]	0,6317
Interaktion p-Wert									0,7852
Alter bei Randomisierung (Jahre)									
<65	78	32 (41,0)	6,4 [3,7;13,0]	53	22 (41,5)	3,7 [1,8; 7,4]	0,60	[0,35; 1,06]	0,0763
>=65	39	10 (25,6)	NE [NE; NE]	34	7 (20,6)	12,0 [6,6; NE]	0,79	[0,30; 2,18]	0,6324
Interaktion p-Wert									0,6330
Ethnie									
Asiatisch	33	15 (45,5)	12,0 [5,6; NE]	20	11 (55,0)	3,7 [1,0;12,0]	0,51	[0,24; 1,15]	0,1020
Weiß	61	21 (34,4)	9,3 [3,6; NE]	49	15 (30,6)	7,4 [1,8; NE]	0,76	[0,39; 1,51]	0,4262
Andere	23	6 (26,1)	7,4 [2,7; NE]	18	3 (16,7)	NE [NE; NE]	0,84	[0,22; 4,00]	0,8071
Interaktion p-Wert									0,7070
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	8 (44,4)	4,6 [1,9; NE]	9	1 (11,1)	NE [NE; NE]	3,36	[0,61; 62,37]	0,1843
Viszeral	79	29 (36,7)	7,4 [5,6; NE]	67	24 (35,8)	4,7 [1,9; NE]	0,58	[0,34; 1,01]	0,0556
Andere	20	5 (25,0)	NE [NE; NE]	9	4 (44,4)	6,6 [1,9; NE]	0,41	[0,11; 1,68]	0,2045
Interaktion p-Wert									0,1258
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	42 (35,9)	9,3 [5,6;13,0]	85	29 (34,1)	6,5 [2,0;12,0]	0,65	[0,40; 1,05]	0,0799
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	10 (38,5)	7,3 [4,5; NE]	19	10 (52,6)	2,0 [1,0; NE]	0,27	[0,11; 0,66]	0,0047*
Nein	91	32 (35,2)	9,3 [5,6; NE]	68	19 (27,9)	7,4 [4,7; NE]	0,89	[0,51; 1,60]	0,6812
Interaktion p-Wert									0,0256*
Menopausenstatus									
Postmenopausal (nur Frauen)	117	42 (35,9)	9,3 [5,6;13,0]	87	29 (33,3)	6,5 [3,7;12,0]	0,67	[0,41; 1,09]	0,1030
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	13 (31,0)	NE [NE; NE]	36	7 (19,4)	NE [NE; NE]	0,89	[0,37; 2,38]	0,8121
Sekundär	75	29 (38,7)	7,4 [4,6;13,0]	51	22 (43,1)	4,7 [1,9; 7,4]	0,59	[0,33; 1,05]	0,0707
Interaktion p-Wert									0,4428
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	21 (36,2)	11,0 [6,4; NE]	39	15 (38,5)	6,6 [1,9;12,0]	0,55	[0,28; 1,10]	0,0891
Nein	59	21 (35,6)	7,3 [3,6; NE]	48	14 (29,2)	6,5 [1,9; NE]	0,83	[0,42; 1,66]	0,5827
Interaktion p-Wert									0,4070
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	39 (35,8)	9,3 [5,6;13,0]	74	23 (31,1)	7,4 [2,0; NE]	0,69	[0,41; 1,18]	0,1707
2 oder mehr	8	3 (37,5)	7,3 [1,0; NE]	13	6 (46,2)	6,5 [1,8; NE]	0,55	[0,12; 2,08]	0,3835
Interaktion p-Wert									0,7585
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	31 (35,6)	9,3 [5,6; NE]	60	16 (26,7)	12,0 [4,7; NE]	0,89	[0,49; 1,68]	0,7141
2 oder mehr	30	11 (36,7)	13,0 [4,5; NE]	27	13 (48,1)	3,7 [1,0; 6,6]	0,39	[0,17; 0,87]	0,0219*
Interaktion p-Wert									0,1005
Hormonrezeptorstatus									
ER+/PR+	88	33 (37,5)	5,6 [3,6; NE]	65	20 (30,8)	6,6 [3,7; NE]	0,91	[0,53; 1,62]	0,7484
ER+/PR-	26	7 (26,9)	13,0 [7,3; NE]	22	9 (40,9)	6,5 [1,0; NE]	0,25	[0,09; 0,67]	0,0068*
ER+/PR unbekannt	3	2 (66,7)	7,8 [6,4; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,0244*
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	4 (40,0)	6,5 [0,9; NE]	0,38	[0,05; 1,98]	0,2537
Nein	26	14 (53,8)	7,3 [1,9; NE]	10	4 (40,0)	3,7 [1,0; NE]	0,85	[0,30; 3,02]	0,7824
Interaktion p-Wert									0,4309
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	41 (36,3)	7,4 [5,6;13,0]	87	29 (33,3)	6,5 [3,7;12,0]	0,67	[0,42; 1,10]	0,1112
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	22 (23,7)	NE [NE; NE]	72	23 (31,9)	4,6 [1,9; NE]	0,47	[0,26; 0,86]	0,0142*
Nein	24	10 (41,7)	11,1 [1,9; NE]	15	7 (46,7)	9,1 [1,0; NE]	0,75	[0,29; 2,08]	0,5651
Interaktion p-Wert									0,4257
Lebermetastasen									
Ja	53	15 (28,3)	7,4 [6,4; NE]	37	11 (29,7)	2,8 [1,8; NE]	0,65	[0,30; 1,45]	0,2825
Nein	64	17 (26,6)	NE [NE; NE]	50	19 (38,0)	5,6 [1,8;12,9]	0,46	[0,24; 0,89]	0,0220*
Interaktion p-Wert									0,5173
Region									
Asien	31	12 (38,7)	NE [NE; NE]	19	6 (31,6)	NE [NE; NE]	1,03	[0,40; 2,96]	0,9554
USA, Kanada, Westeuropa, Australien, Israel	63	17 (27,0)	11,1 [6,4; NE]	53	17 (32,1)	5,6 [1,8; NE]	0,58	[0,29; 1,16]	0,1200
Lateinamerika, Osteuropa und Russland	23	3 (13,0)	NE [NE; NE]	15	7 (46,7)	1,8 [0,9; NE]	0,13	[0,03; 0,46]	0,0017*
Interaktion p-Wert									0,0357*
Alter bei Randomisierung (Jahre)									
<65	78	21 (26,9)	15,6 [6,6; NE]	53	19 (35,8)	5,6 [2,7; NE]	0,56	[0,30; 1,05]	0,0722
>=65	39	11 (28,2)	NE [NE; NE]	34	11 (32,4)	12,9 [1,8; NE]	0,49	[0,21; 1,15]	0,0997
Interaktion p-Wert									0,7963
Ethnie									
Asiatisch	33	12 (36,4)	NE [NE; NE]	20	6 (30,0)	NE [NE; NE]	1,02	[0,39; 2,92]	0,9735
Weiß	61	15 (24,6)	15,6 [6,4; NE]	49	18 (36,7)	5,6 [1,8; NE]	0,45	[0,22; 0,89]	0,0219*
Andere	23	5 (21,7)	NE [NE; NE]	18	6 (33,3)	2,7 [1,0; NE]	0,31	[0,09; 1,04]	0,0585
Interaktion p-Wert									0,2474
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	15,6 [4,6; NE]	9	3 (33,3)	5,6 [1,0; NE]	0,31	[0,07; 1,58]	0,1468
Viszeral	79	21 (26,6)	NE [NE; NE]	67	23 (34,3)	4,6 [1,8; NE]	0,52	[0,28; 0,95]	0,0331*
Andere	20	7 (35,0)	NE [NE; NE]	9	4 (44,4)	5,2 [1,0; NE]	0,69	[0,21; 2,66]	0,5694
Interaktion p-Wert									0,7213
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	32 (27,4)	NE [NE; NE]	85	30 (35,3)	5,6 [1,9;12,9]	0,52	[0,31; 0,86]	0,0114*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	6 (23,1)	NE [NE; NE]	19	6 (31,6)	6,7 [1,0; NE]	0,41	[0,13; 1,32]	0,1311
Nein	91	26 (28,6)	15,6 [6,6; NE]	68	24 (35,3)	3,6 [1,8; NE]	0,58	[0,33; 1,02]	0,0579
Interaktion p-Wert									0,5953
Menopausenstatus									
Postmenopausal (nur Frauen)	117	32 (27,4)	NE [NE; NE]	87	30 (34,5)	5,6 [2,7;12,9]	0,53	[0,32; 0,89]	0,0159*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	10 (23,8)	15,6 [15,6; NE]	36	10 (27,8)	5,6 [1,8; NE]	0,48	[0,20; 1,18]	0,1101
Sekundär	75	22 (29,3)	11,1 [6,4; NE]	51	20 (39,2)	4,6 [1,8; NE]	0,56	[0,31; 1,04]	0,0681
Interaktion p-Wert									0,7818
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	16 (27,6)	15,6 [7,4; NE]	39	11 (28,2)	6,7 [2,8; NE]	0,76	[0,35; 1,68]	0,4856
Nein	59	16 (27,1)	11,1 [6,4; NE]	48	19 (39,6)	3,6 [1,8;12,9]	0,40	[0,20; 0,78]	0,0076*
Interaktion p-Wert									0,2139
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	29 (26,6)	NE [NE; NE]	74	24 (32,4)	6,7 [1,9; NE]	0,56	[0,33; 0,98]	0,0429*
2 oder mehr	8	3 (37,5)	6,4 [0,9; NE]	13	6 (46,2)	3,6 [1,0; NE]	0,45	[0,09; 1,70]	0,2414
Interaktion p-Wert									0,7564
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	26 (29,9)	15,6 [6,4; NE]	60	19 (31,7)	5,6 [1,8; NE]	0,69	[0,38; 1,27]	0,2294
2 oder mehr	30	6 (20,0)	NE [NE; NE]	27	11 (40,7)	4,6 [1,0; NE]	0,27	[0,09; 0,71]	0,0078*
Interaktion p-Wert									0,1017
Hormonrezeptorstatus									
ER+/PR+	88	24 (27,3)	NE [NE; NE]	65	25 (38,5)	5,6 [1,8;12,9]	0,50	[0,28; 0,88]	0,0165*
ER+/PR-	26	7 (26,9)	NE [NE; NE]	22	5 (22,7)	4,6 [1,8; NE]	0,80	[0,25; 2,72]	0,7085
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4663
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	6 (60,0)	5,6 [1,0; NE]	1,05	[0,22; 4,01]	0,9478
Nein	26	11 (42,3)	11,1 [1,9; NE]	10	1 (10,0)	NE [NE; NE]	3,04	[0,59; 55,63]	0,2144
Interaktion p-Wert									0,3661
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	31 (27,4)	NE [NE; NE]	87	30 (34,5)	5,6 [2,7;12,9]	0,54	[0,33; 0,91]	0,0195*
Bilaterale Ovarektomie	4	1 (25,0)	6,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.14 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	67 (72,0)	1,0 [1,0; 1,0]	72	19 (26,4)	NE [NE; NE]	4,80	[2,92; 8,26]	<0,0001*
Nein	24	17 (70,8)	1,8 [1,0; 8,3]	15	7 (46,7)	10,2 [1,8; NE]	2,09	[0,90; 5,40]	0,0889
Interaktion p-Wert									0,1211
Lebermetastasen									
Ja	53	34 (64,2)	1,0 [1,0; 1,0]	37	9 (24,3)	NE [NE; NE]	4,46	[2,23; 9,92]	<0,0001*
Nein	64	50 (78,1)	1,0 [1,0; 1,9]	50	17 (34,0)	10,2 [2,7; NE]	3,41	[2,00; 6,10]	<0,0001*
Interaktion p-Wert									0,5637
Region									
Asien	31	27 (87,1)	1,8 [1,0; 2,8]	19	6 (31,6)	10,2 [2,8; NE]	4,45	[1,96; 11,97]	0,0002*
USA, Kanada, Westeuropa, Australien, Israel	63	41 (65,1)	1,0 [1,0; 1,8]	53	18 (34,0)	2,8 [1,9; NE]	2,84	[1,66; 5,08]	0,0001*
Lateinamerika, Osteuropa und Russland	23	16 (69,6)	1,0 [0,9; 1,8]	15	2 (13,3)	11,0 [1,8; NE]	11,81	[3,32; 75,10]	<0,0001*
Interaktion p-Wert									0,1292
Alter bei Randomisierung (Jahre)									
<65	78	58 (74,4)	1,0 [1,0; 1,0]	53	17 (32,1)	11,0 [2,8; NE]	4,44	[2,63; 7,92]	<0,0001*
>=65	39	26 (66,7)	1,8 [1,0; 1,9]	34	9 (26,5)	10,2 [1,8; NE]	2,77	[1,35; 6,27]	0,0049*
Interaktion p-Wert									0,3295
Ethnie									
Asiatisch	33	28 (84,8)	1,4 [1,0; 2,8]	20	6 (30,0)	10,2 [2,8; NE]	4,48	[1,98; 12,02]	0,0002*
Weiß	61	43 (70,5)	1,0 [0,9; 1,0]	49	15 (30,6)	11,0 [2,7; NE]	4,24	[2,40; 7,91]	<0,0001*
Andere	23	13 (56,5)	1,8 [1,0; 2,0]	18	5 (27,8)	2,8 [1,0; NE]	2,25	[0,85; 7,01]	0,1066
Interaktion p-Wert									0,5543
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.14 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	13 (72,2)	1,0 [0,9; 1,9]	9	2 (22,2)	NE [NE; NE]	5,41	[1,49; 34,61]	0,0078*
Viszeral	79	53 (67,1)	1,0 [1,0; 1,8]	67	20 (29,9)	5,5 [2,8; NE]	3,58	[2,17; 6,15]	<0,0001*
Andere	20	18 (90,0)	1,0 [1,0; 2,7]	9	3 (33,3)	10,2 [1,0; NE]	3,54	[1,19; 15,18]	0,0206*
Interaktion p-Wert									0,8649
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	84 (71,8)	1,0 [1,0; 1,8]	85	25 (29,4)	10,2 [2,8; NE]	3,79	[2,45; 6,06]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	20 (76,9)	1,0 [0,9; 1,8]	19	6 (31,6)	11,0 [1,0; NE]	3,72	[1,58; 10,20]	0,0021*
Nein	91	64 (70,3)	1,0 [1,0; 1,8]	68	20 (29,4)	5,5 [2,8; NE]	3,77	[2,32; 6,40]	<0,0001*
Interaktion p-Wert									0,9798
Menopausenstatus									
Postmenopausal (nur Frauen)	117	84 (71,8)	1,0 [1,0; 1,8]	87	26 (29,9)	10,2 [2,8; NE]	3,76	[2,45; 5,97]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	30 (71,4)	1,0 [1,0; 2,8]	36	9 (25,0)	11,0 [2,0; NE]	3,48	[1,71; 7,83]	0,0004*
Sekundär	75	54 (72,0)	1,0 [1,0; 1,8]	51	17 (33,3)	10,2 [2,8; NE]	3,96	[2,33; 7,06]	<0,0001*
Interaktion p-Wert									0,7900
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	42 (72,4)	1,0 [1,0; 1,9]	39	12 (30,8)	5,5 [2,7; NE]	3,52	[1,91; 7,00]	<0,0001*
Nein	59	42 (71,2)	1,0 [1,0; 1,8]	48	14 (29,2)	11,0 [2,7; NE]	4,03	[2,25; 7,66]	<0,0001*
Interaktion p-Wert									0,7630
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.1.14 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	78 (71,6)	1,0 [1,0; 1,8]	74	24 (32,4)	5,5 [2,8; NE]	3,40	[2,18; 5,50]	<0,0001*
2 oder mehr	8	6 (75,0)	0,9 [0,9; NE]	13	2 (15,4)	NE [NE; NE]	7,99	[1,83; 54,72]	0,0053*
Interaktion p-Wert									0,2920
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	61 (70,1)	1,0 [1,0; 1,8]	60	18 (30,0)	5,5 [2,8; NE]	3,64	[2,19; 6,36]	<0,0001*
2 oder mehr	30	23 (76,7)	1,0 [0,9; 1,8]	27	8 (29,6)	11,0 [1,9; NE]	4,02	[1,87; 9,62]	0,0003*
Interaktion p-Wert									0,8380
Hormonrezeptorstatus									
ER+/PR+	88	62 (70,5)	1,0 [1,0; 1,0]	65	19 (29,2)	11,0 [2,8; NE]	3,95	[2,40; 6,80]	<0,0001*
ER+/PR-	26	19 (73,1)	1,8 [1,0; 3,6]	22	7 (31,8)	5,5 [1,8; NE]	3,04	[1,33; 7,79]	0,0076*
ER+/PR unbekannt	3	3 (100)	1,0 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,6126
Raucherstatus									
Ja	6	5 (83,3)	1,8 [0,9; NE]	10	6 (60,0)	2,8 [0,9; NE]	2,21	[0,63; 7,46]	0,2073
Nein	26	21 (80,8)	1,8 [1,0; 4,5]	10	2 (20,0)	10,2 [0,9; NE]	4,52	[1,32; 28,33]	0,0131*
Interaktion p-Wert									0,4399
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	81 (71,7)	1,0 [1,0; 1,8]	87	26 (29,9)	10,2 [2,8; NE]	3,76	[2,44; 5,98]	<0,0001*
Bilaterale Ovarektomie	4	3 (75,0)	0,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	30 (32,3)	13,7 [3,7; NE]	72	20 (27,8)	5,6 [3,6; NE]	0,94	[0,54; 1,69]	0,8427
Nein	24	12 (50,0)	4,5 [1,0; NE]	15	4 (26,7)	NE [NE; NE]	1,91	[0,67; 6,85]	0,2387
Interaktion p-Wert									0,2594
Lebermetastasen									
Ja	53	15 (28,3)	NE [NE; NE]	37	10 (27,0)	5,6 [2,6; NE]	0,82	[0,37; 1,88]	0,6206
Nein	64	27 (42,2)	6,4 [2,8; NE]	50	14 (28,0)	NE [NE; NE]	1,33	[0,71; 2,62]	0,3766
Interaktion p-Wert									0,3513
Region									
Asien	31	13 (41,9)	NE [NE; NE]	19	6 (31,6)	7,4 [2,6; NE]	1,26	[0,50; 3,60]	0,6315
USA, Kanada, Westeuropa, Australien, Israel	63	19 (30,2)	6,5 [2,9; NE]	53	14 (26,4)	5,6 [2,7; NE]	0,95	[0,48; 1,93]	0,8793
Lateinamerika, Osteuropa und Russland	23	10 (43,5)	4,5 [1,0; NE]	15	4 (26,7)	4,6 [1,0; NE]	1,39	[0,47; 5,07]	0,5684
Interaktion p-Wert									0,8110
Alter bei Randomisierung (Jahre)									
<65	78	26 (33,3)	NE [NE; NE]	53	14 (26,4)	NE [NE; NE]	1,20	[0,64; 2,36]	0,5811
>=65	39	16 (41,0)	13,7 [1,9; NE]	34	10 (29,4)	7,4 [1,0; NE]	0,97	[0,44; 2,21]	0,9302
Interaktion p-Wert									0,6786
Ethnie									
Asiatisch	33	13 (39,4)	NE [NE; NE]	20	6 (30,0)	7,4 [2,6; NE]	1,26	[0,50; 3,59]	0,6348
Weiß	61	22 (36,1)	4,5 [2,7; NE]	49	12 (24,5)	NE [NE; NE]	1,39	[0,70; 2,91]	0,3497
Andere	23	7 (30,4)	13,7 [3,6; NE]	18	6 (33,3)	2,8 [1,0; NE]	0,50	[0,16; 1,56]	0,2217
Interaktion p-Wert									0,2971
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	7 (38,9)	4,5 [1,9; NE]	9	2 (22,2)	4,6 [1,0; NE]	1,64	[0,40; 11,02]	0,5193
Viszeral	79	27 (34,2)	13,7 [3,6; NE]	67	19 (28,4)	NE [NE; NE]	1,02	[0,57; 1,86]	0,9528
Andere	20	8 (40,0)	6,4 [1,8; NE]	9	3 (33,3)	7,4 [1,0; NE]	0,99	[0,29; 4,52]	0,9863
Interaktion p-Wert									0,8404
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	42 (35,9)	13,7 [3,7; NE]	85	24 (28,2)	7,4 [4,6; NE]	1,07	[0,65; 1,80]	0,7839
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	12 (46,2)	4,5 [1,0; NE]	19	3 (15,8)	NE [NE; NE]	2,63	[0,83; 11,53]	0,1035
Nein	91	30 (33,0)	13,7 [3,7; NE]	68	21 (30,9)	5,6 [3,6; NE]	0,89	[0,51; 1,58]	0,6890
Interaktion p-Wert									0,1031
Menopausenstatus									
Postmenopausal (nur Frauen)	117	42 (35,9)	13,7 [3,7; NE]	87	24 (27,6)	7,4 [4,6; NE]	1,11	[0,67; 1,85]	0,6943
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	16 (38,1)	NE [NE; NE]	36	10 (27,8)	4,6 [1,8; NE]	0,85	[0,39; 1,94]	0,6892
Sekundär	75	26 (34,7)	6,5 [3,6; NE]	51	14 (27,5)	7,4 [4,7; NE]	1,30	[0,69; 2,55]	0,4298
Interaktion p-Wert									0,4220
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	23 (39,7)	6,5 [1,9; NE]	39	11 (28,2)	7,4 [4,6; NE]	1,34	[0,67; 2,85]	0,4225
Nein	59	19 (32,2)	13,7 [3,7; NE]	48	13 (27,1)	NE [NE; NE]	0,91	[0,45; 1,89]	0,8004
Interaktion p-Wert									0,4575
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	39 (35,8)	13,7 [3,6; NE]	74	20 (27,0)	7,4 [4,6; NE]	1,14	[0,67; 1,99]	0,6342
2 oder mehr	8	3 (37,5)	6,4 [0,9; NE]	13	4 (30,8)	NE [NE; NE]	0,89	[0,18; 4,05]	0,8796
Interaktion p-Wert									0,7615
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	29 (33,3)	13,7 [2,9; NE]	60	18 (30,0)	5,6 [3,6; NE]	0,94	[0,53; 1,72]	0,8292
2 oder mehr	30	13 (43,3)	6,4 [1,9; NE]	27	6 (22,2)	NE [NE; NE]	1,65	[0,65; 4,69]	0,3002
Interaktion p-Wert									0,3226
Hormonrezeptorstatus									
ER+/PR+	88	29 (33,0)	13,7 [4,5; NE]	65	18 (27,7)	NE [NE; NE]	1,04	[0,58; 1,91]	0,8865
ER+/PR-	26	13 (50,0)	2,8 [1,0; NE]	22	6 (27,3)	7,4 [2,6; NE]	1,57	[0,62; 4,49]	0,3469
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4722
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	0,65	[0,03; 6,81]	0,7214
Nein	26	11 (42,3)	13,7 [2,9; NE]	10	3 (30,0)	7,4 [0,9; NE]	0,84	[0,26; 3,73]	0,7935
Interaktion p-Wert									0,8534
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	42 (37,2)	6,5 [3,7; NE]	87	24 (27,6)	7,4 [4,6; NE]	1,14	[0,70; 1,92]	0,5987
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	16 (17,2)	NE [NE; NE]	72	13 (18,1)	NE [NE; NE]	0,61	[0,29; 1,31]	0,1994
Nein	24	2 (8,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	1,06	[0,10; 22,81]	0,9619
Interaktion p-Wert									0,6599
Lebermetastasen									
Ja	53	5 (9,4)	NE [NE; NE]	37	5 (13,5)	NE [NE; NE]	0,48	[0,13; 1,74]	0,2551
Nein	64	13 (20,3)	NE [NE; NE]	50	9 (18,0)	NE [NE; NE]	0,78	[0,34; 1,89]	0,5706
Interaktion p-Wert									0,5296
Region									
Asien	31	4 (12,9)	NE [NE; NE]	19	6 (31,6)	NE [NE; NE]	0,30	[0,08; 1,05]	0,0599
USA, Kanada, Westeuropa, Australien, Israel	63	10 (15,9)	NE [NE; NE]	53	7 (13,2)	NE [NE; NE]	0,82	[0,31; 2,28]	0,6958
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	10,1 [10,1; NE]	15	1 (6,7)	NE [NE; NE]	1,95	[0,29; 38,22]	0,5241
Interaktion p-Wert									0,2377
Alter bei Randomisierung (Jahre)									
<65	78	14 (17,9)	NE [NE; NE]	53	13 (24,5)	NE [NE; NE]	0,58	[0,27; 1,25]	0,1577
>=65	39	4 (10,3)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	1,94	[0,29; 38,06]	0,5279
Interaktion p-Wert									0,2643
Ethnie									
Asiatisch	33	4 (12,1)	NE [NE; NE]	20	6 (30,0)	NE [NE; NE]	0,30	[0,08; 1,05]	0,0601
Weiß	61	8 (13,1)	NE [NE; NE]	49	7 (14,3)	NE [NE; NE]	0,64	[0,23; 1,83]	0,3931
Andere	23	6 (26,1)	10,1 [2,7; NE]	18	1 (5,6)	NE [NE; NE]	3,15	[0,53; 59,57]	0,2305
Interaktion p-Wert									0,1088
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	4 (44,4)	1,0 [0,9; NE]	0,25	[0,06; 1,05]	0,0582
Viszeral	79	10 (12,7)	NE [NE; NE]	67	8 (11,9)	NE [NE; NE]	0,76	[0,30; 2,01]	0,5729
Andere	20	4 (20,0)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	1,32	[0,20; 25,87]	0,7972
Interaktion p-Wert									0,3081
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	18 (15,4)	NE [NE; NE]	85	13 (15,3)	NE [NE; NE]	0,70	[0,34; 1,47]	0,3398
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	19	4 (21,1)	NE [NE; NE]	0,20	[0,03; 1,05]	0,0571
Nein	91	16 (17,6)	NE [NE; NE]	68	10 (14,7)	NE [NE; NE]	0,89	[0,41; 2,03]	0,7687
Interaktion p-Wert									0,1116
Menopausenstatus									
Postmenopausal (nur Frauen)	117	18 (15,4)	NE [NE; NE]	87	14 (16,1)	NE [NE; NE]	0,66	[0,33; 1,36]	0,2588
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	4 (9,5)	NE [NE; NE]	36	3 (8,3)	NE [NE; NE]	0,61	[0,14; 3,13]	0,5319
Sekundär	75	14 (18,7)	NE [NE; NE]	51	11 (21,6)	NE [NE; NE]	0,70	[0,32; 1,58]	0,3824
Interaktion p-Wert									0,8817
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	7 (12,1)	NE [NE; NE]	39	9 (23,1)	NE [NE; NE]	0,37	[0,13; 0,996]	0,0491*
Nein	59	11 (18,6)	NE [NE; NE]	48	5 (10,4)	NE [NE; NE]	1,23	[0,44; 3,91]	0,7013
Interaktion p-Wert									0,0974
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.2 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	17 (15,6)	NE [NE; NE]	74	12 (16,2)	NE [NE; NE]	0,66	[0,32; 1,42]	0,2790
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	2 (15,4)	NE [NE; NE]	0,53	[0,02; 5,57]	0,5937
Interaktion p-Wert									0,8621
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	15 (17,2)	NE [NE; NE]	60	8 (13,3)	NE [NE; NE]	0,92	[0,40; 2,29]	0,8458
2 oder mehr	30	3 (10,0)	NE [NE; NE]	27	6 (22,2)	NE [NE; NE]	0,29	[0,06; 1,09]	0,0668
Interaktion p-Wert									0,1496
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	65	12 (18,5)	NE [NE; NE]	0,62	[0,29; 1,37]	0,2351
ER+/PR-	26	3 (11,5)	NE [NE; NE]	22	2 (9,1)	NE [NE; NE]	0,81	[0,13; 6,16]	0,8183
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,7902
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	6 (23,1)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	18 (15,9)	NE [NE; NE]	87	14 (16,1)	NE [NE; NE]	0,68	[0,34; 1,41]	0,2935
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	5 (5,4)	NE [NE; NE]	72	2 (2,8)	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	2,7 [0,9; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	2 (3,8)	2,7 [1,0; NE]	37	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	5 (7,8)	4,7 [1,8; NE]	50	2 (4,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	2 (6,5)	3,7 [1,0; NE]	19	1 (5,3)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	3 (4,8)	NE [NE; NE]	53	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	6 (7,7)	3,7 [1,0; NE]	53	2 (3,8)	NE [NE; NE]	NC	[NC]	NC
>=65	39	1 (2,6)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	2 (6,1)	3,7 [1,0; NE]	20	1 (5,0)	NE [NE; NE]	NC	[NC]	NC
Weiß	61	3 (4,9)	4,7 [0,9; NE]	49	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Andere	23	2 (8,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	3 (3,8)	NE [NE; NE]	67	1 (1,5)	NE [NE; NE]	NC	[NC]	NC
Andere	20	3 (15,0)	4,7 [0,9; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Metastasiert	117	7 (6,0)	4,7 [2,0; NE]	85	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	1 (3,8)	2,7 [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	6 (6,6)	4,7 [1,8; NE]	68	2 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	7 (6,0)	4,7 [2,0; NE]	87	2 (2,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	1 (2,4)	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	6 (8,0)	4,7 [2,0; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	5 (8,6)	3,7 [1,0; NE]	39	1 (2,6)	NE [NE; NE]	NC	[NC]	NC
Nein	59	2 (3,4)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.3 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	7 (6,4)	4,7 [2,0; NE]	74	2 (2,7)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	6 (6,9)	4,7 [1,8; NE]	60	2 (3,3)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	1 (3,3)	NE [NE; NE]	27	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	6 (6,8)	2,7 [1,0; NE]	65	2 (3,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	1 (3,8)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	2 (7,7)	4,7 [3,7; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	7 (6,2)	4,7 [2,0; NE]	87	2 (2,3)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	26 (28,0)	NE [NE; NE]	72	21 (29,2)	5,6 [1,9; NE]	0,72	[0,40; 1,30]	0,2675
Nein	24	12 (50,0)	4,6 [1,9; NE]	15	4 (26,7)	NE [NE; NE]	1,79	[0,62; 6,39]	0,2947
Interaktion p-Wert									0,1452
Lebermetastasen									
Ja	53	17 (32,1)	11,9 [2,7; NE]	37	10 (27,0)	NE [NE; NE]	0,94	[0,43; 2,12]	0,8670
Nein	64	21 (32,8)	NE [NE; NE]	50	15 (30,0)	5,6 [2,8; NE]	0,85	[0,44; 1,68]	0,6256
Interaktion p-Wert									0,8495
Region									
Asien	31	11 (35,5)	NE [NE; NE]	19	7 (36,8)	NE [NE; NE]	0,73	[0,29; 2,00]	0,5284
USA, Kanada, Westeuropa, Australien, Israel	63	20 (31,7)	5,7 [2,7; NE]	53	13 (24,5)	NE [NE; NE]	1,13	[0,56; 2,32]	0,7400
Lateinamerika, Osteuropa und Russland	23	7 (30,4)	11,0 [1,8; NE]	15	5 (33,3)	4,6 [0,9; NE]	0,68	[0,22; 2,30]	0,5182
Interaktion p-Wert									0,6723
Alter bei Randomisierung (Jahre)									
<65	78	24 (30,8)	NE [NE; NE]	53	20 (37,7)	4,6 [1,9; NE]	0,66	[0,36; 1,22]	0,1805
>=65	39	14 (35,9)	11,0 [1,9; NE]	34	5 (14,7)	NE [NE; NE]	1,83	[0,70; 5,66]	0,2275
Interaktion p-Wert									0,0816
Ethnie									
Asiatisch	33	11 (33,3)	NE [NE; NE]	20	7 (35,0)	NE [NE; NE]	0,73	[0,29; 1,99]	0,5256
Weiß	61	20 (32,8)	5,5 [2,7; NE]	49	14 (28,6)	4,6 [2,8; NE]	1,07	[0,54; 2,15]	0,8559
Andere	23	7 (30,4)	11,9 [1,8; NE]	18	4 (22,2)	NE [NE; NE]	0,77	[0,23; 2,95]	0,6785
Interaktion p-Wert									0,7893
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	6 (33,3)	5,7 [1,0; NE]	9	3 (33,3)	4,6 [1,8; NE]	0,82	[0,22; 3,91]	0,7850
Viszeral	79	27 (34,2)	11,9 [3,6; NE]	67	20 (29,9)	5,6 [1,9; NE]	0,91	[0,51; 1,64]	0,7411
Andere	20	5 (25,0)	NE [NE; NE]	9	2 (22,2)	NE [NE; NE]	0,91	[0,20; 6,38]	0,9151
Interaktion p-Wert									0,9917
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	38 (32,5)	11,9 [5,5; NE]	85	25 (29,4)	5,6 [3,7; NE]	0,86	[0,52; 1,45]	0,5718
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	12 (46,2)	4,6 [1,8; NE]	19	9 (47,4)	3,7 [1,9; NE]	0,72	[0,30; 1,77]	0,4612
Nein	91	26 (28,6)	NE [NE; NE]	68	16 (23,5)	NE [NE; NE]	0,96	[0,52; 1,84]	0,9061
Interaktion p-Wert									0,5913
Menopausenstatus									
Postmenopausal (nur Frauen)	117	38 (32,5)	11,9 [5,5; NE]	87	25 (28,7)	5,6 [3,7; NE]	0,89	[0,54; 1,49]	0,6515
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	14 (33,3)	NE [NE; NE]	36	10 (27,8)	4,6 [1,8; NE]	0,68	[0,30; 1,58]	0,3587
Sekundär	75	24 (32,0)	11,9 [5,5; NE]	51	15 (29,4)	NE [NE; NE]	1,04	[0,55; 2,02]	0,9132
Interaktion p-Wert									0,4265
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	18 (31,0)	NE [NE; NE]	39	13 (33,3)	5,6 [1,9; NE]	0,79	[0,39; 1,65]	0,5185
Nein	59	20 (33,9)	7,3 [3,7; NE]	48	12 (25,0)	NE [NE; NE]	1,00	[0,50; 2,12]	0,9927
Interaktion p-Wert									0,6406
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.4 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	34 (31,2)	NE [NE; NE]	74	21 (28,4)	5,6 [2,8; NE]	0,84	[0,49; 1,48]	0,5464
2 oder mehr	8	4 (50,0)	3,6 [0,9; NE]	13	4 (30,8)	NE [NE; NE]	1,45	[0,34; 6,11]	0,6037
Interaktion p-Wert									0,4814
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	25 (28,7)	NE [NE; NE]	60	14 (23,3)	NE [NE; NE]	0,93	[0,49; 1,85]	0,8401
2 oder mehr	30	13 (43,3)	4,6 [1,8; NE]	27	11 (40,7)	3,7 [1,9; NE]	0,89	[0,40; 2,04]	0,7856
Interaktion p-Wert									0,9332
Hormonrezeptorstatus									
ER+/PR+	88	28 (31,8)	11,9 [5,5; NE]	65	15 (23,1)	NE [NE; NE]	1,22	[0,66; 2,35]	0,5262
ER+/PR-	26	9 (34,6)	NE [NE; NE]	22	10 (45,5)	1,9 [1,8; NE]	0,42	[0,16; 1,05]	0,0623
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,0560
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	3 (30,0)	NE [NE; NE]	0,37	[0,02; 2,91]	0,3598
Nein	26	15 (57,7)	3,6 [1,9; NE]	10	2 (20,0)	NE [NE; NE]	1,95	[0,55; 12,37]	0,3358
Interaktion p-Wert									0,1968
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	37 (32,7)	11,9 [5,5; NE]	87	25 (28,7)	5,6 [3,7; NE]	0,89	[0,54; 1,50]	0,6665
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	36 (38,7)	5,8 [2,8; NE]	72	21 (29,2)	4,6 [2,8; NE]	0,98	[0,57; 1,72]	0,9442
Nein	24	13 (54,2)	3,7 [1,9; NE]	15	5 (33,3)	9,1 [2,8; NE]	1,96	[0,74; 6,11]	0,1827
Interaktion p-Wert									0,2348
Lebermetastasen									
Ja	53	17 (32,1)	10,2 [2,8; NE]	37	12 (32,4)	4,6 [1,8; 6,4]	0,67	[0,32; 1,44]	0,2943
Nein	64	32 (50,0)	5,6 [2,8; 7,4]	50	14 (28,0)	8,2 [3,6; NE]	1,62	[0,88; 3,13]	0,1228
Interaktion p-Wert									0,0752
Region									
Asien	31	13 (41,9)	NE [NE; NE]	19	8 (42,1)	6,4 [2,0; NE]	0,84	[0,35; 2,13]	0,7076
USA, Kanada, Westeuropa, Australien, Israel	63	27 (42,9)	4,6 [1,9;10,2]	53	13 (24,5)	4,6 [2,8; NE]	1,44	[0,75; 2,90]	0,2733
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	5,6 [1,0; NE]	15	5 (33,3)	9,1 [0,9; NE]	1,13	[0,39; 3,67]	0,8290
Interaktion p-Wert									0,6364
Alter bei Randomisierung (Jahre)									
<65	78	33 (42,3)	5,8 [2,8;12,0]	53	18 (34,0)	4,6 [3,8; 9,1]	1,11	[0,63; 2,02]	0,7158
>=65	39	16 (41,0)	4,6 [1,9; NE]	34	8 (23,5)	7,4 [2,0; NE]	1,27	[0,56; 3,14]	0,5735
Interaktion p-Wert									0,7969
Ethnie									
Asiatisch	33	13 (39,4)	NE [NE; NE]	20	8 (40,0)	6,4 [2,0; NE]	0,84	[0,36; 2,14]	0,7093
Weiß	61	26 (42,6)	3,7 [1,9; NE]	49	17 (34,7)	4,6 [2,8; 9,1]	1,11	[0,61; 2,09]	0,7321
Andere	23	10 (43,5)	6,4 [1,0;12,0]	18	1 (5,6)	NE [NE; NE]	5,46	[1,04;100,35]	0,0436*
Interaktion p-Wert									0,1519
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	7 (38,9)	4,7 [1,0; NE]	9	3 (33,3)	3,2 [1,9; NE]	0,77	[0,21; 3,61]	0,7140
Viszeral	79	31 (39,2)	5,8 [2,8; NE]	67	19 (28,4)	6,4 [4,5; NE]	1,15	[0,66; 2,08]	0,6231
Andere	20	11 (55,0)	5,6 [1,0; NE]	9	3 (33,3)	7,4 [0,9; NE]	1,46	[0,46; 6,47]	0,5469
Interaktion p-Wert									0,7970
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	49 (41,9)	5,8 [2,8;12,0]	85	25 (29,4)	6,4 [3,8; 9,1]	1,18	[0,73; 1,94]	0,5091
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	12 (46,2)	4,6 [2,7; NE]	19	9 (47,4)	3,8 [2,0; 6,4]	0,69	[0,29; 1,71]	0,4150
Nein	91	37 (40,7)	5,8 [2,8; NE]	68	17 (25,0)	8,2 [4,5; NE]	1,41	[0,80; 2,56]	0,2369
Interaktion p-Wert									0,1863
Menopausenstatus									
Postmenopausal (nur Frauen)	117	49 (41,9)	5,8 [2,8;12,0]	87	26 (29,9)	6,4 [3,8; 9,1]	1,16	[0,73; 1,90]	0,5355
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	15 (35,7)	NE [NE; NE]	36	8 (22,2)	9,1 [2,0; NE]	0,94	[0,41; 2,33]	0,8794
Sekundär	75	34 (45,3)	4,6 [2,7; 7,4]	51	18 (35,3)	4,6 [3,8; 8,2]	1,33	[0,76; 2,41]	0,3260
Interaktion p-Wert									0,5088
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	24 (41,4)	7,4 [2,8; NE]	39	16 (41,0)	4,5 [2,0; 8,2]	0,77	[0,41; 1,48]	0,4236
Nein	59	25 (42,4)	5,5 [2,8; NE]	48	10 (20,8)	9,1 [3,8; NE]	1,85	[0,91; 4,04]	0,0891
Interaktion p-Wert									0,0740
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.5 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	43 (39,4)	6,4 [2,8; NE]	74	22 (29,7)	6,4 [3,8; 9,1]	1,08	[0,65; 1,84]	0,7725
2 oder mehr	8	6 (75,0)	2,7 [0,9; 6,4]	13	4 (30,8)	4,6 [1,8; NE]	2,26	[0,64; 8,84]	0,2012
Interaktion p-Wert									0,2844
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	34 (39,1)	5,8 [2,8; NE]	60	14 (23,3)	8,2 [4,5; NE]	1,41	[0,77; 2,71]	0,2724
2 oder mehr	30	15 (50,0)	4,6 [2,7; NE]	27	12 (44,4)	3,8 [2,0; 9,1]	0,88	[0,41; 1,93]	0,7509
Interaktion p-Wert									0,3529
Hormonrezeptorstatus									
ER+/PR+	88	39 (44,3)	4,7 [2,8;10,2]	65	17 (26,2)	9,1 [3,6; NE]	1,51	[0,86; 2,73]	0,1510
ER+/PR-	26	9 (34,6)	7,4 [1,9; NE]	22	9 (40,9)	4,6 [1,8; 8,2]	0,60	[0,23; 1,54]	0,2835
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,0983
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	5 (50,0)	4,6 [0,9; NE]	0,38	[0,05; 1,78]	0,2264
Nein	26	14 (53,8)	5,8 [1,9; NE]	10	3 (30,0)	7,4 [1,8; NE]	1,31	[0,43; 5,68]	0,6650
Interaktion p-Wert									0,2213
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	48 (42,5)	5,8 [2,8;12,0]	87	26 (29,9)	6,4 [3,8; 9,1]	1,16	[0,72; 1,90]	0,5469
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	18 (19,4)	NE [NE; NE]	72	18 (25,0)	5,6 [2,8; NE]	0,42	[0,21; 0,83]	0,0127*
Nein	24	11 (45,8)	6,4 [1,9; NE]	15	1 (6,7)	NE [NE; NE]	7,66	[1,49;140,14]	0,0107*
Interaktion p-Wert									0,0006*
Lebermetastasen									
Ja	53	11 (20,8)	NE [NE; NE]	37	6 (16,2)	NE [NE; NE]	0,77	[0,29; 2,26]	0,6184
Nein	64	18 (28,1)	NE [NE; NE]	50	13 (26,0)	NE [NE; NE]	0,75	[0,37; 1,56]	0,4276
Interaktion p-Wert									0,9556
Region									
Asien	31	11 (35,5)	NE [NE; NE]	19	5 (26,3)	NE [NE; NE]	0,96	[0,35; 3,05]	0,9380
USA, Kanada, Westeuropa, Australien, Israel	63	13 (20,6)	NE [NE; NE]	53	12 (22,6)	5,6 [2,8; NE]	0,54	[0,24; 1,21]	0,1299
Lateinamerika, Osteuropa und Russland	23	5 (21,7)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	1,42	[0,31; 9,93]	0,6663
Interaktion p-Wert									0,4669
Alter bei Randomisierung (Jahre)									
<65	78	19 (24,4)	NE [NE; NE]	53	14 (26,4)	NE [NE; NE]	0,65	[0,32; 1,32]	0,2278
>=65	39	10 (25,6)	NE [NE; NE]	34	5 (14,7)	NE [NE; NE]	1,05	[0,37; 3,36]	0,9346
Interaktion p-Wert									0,4571
Ethnie									
Asiatisch	33	11 (33,3)	NE [NE; NE]	20	5 (25,0)	NE [NE; NE]	0,97	[0,35; 3,07]	0,9491
Weiß	61	14 (23,0)	NE [NE; NE]	49	13 (26,5)	5,6 [2,8; NE]	0,61	[0,29; 1,32]	0,2070
Andere	23	4 (17,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	1,61	[0,24; 31,55]	0,6583
Interaktion p-Wert									0,5975
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	1,19	[0,17; 23,42]	0,8735
Viszeral	79	21 (26,6)	NE [NE; NE]	67	16 (23,9)	5,6 [3,7; NE]	0,74	[0,39; 1,45]	0,3736
Andere	20	4 (20,0)	NE [NE; NE]	9	2 (22,2)	NE [NE; NE]	0,69	[0,13; 4,95]	0,6706
Interaktion p-Wert									0,9071
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	29 (24,8)	NE [NE; NE]	85	19 (22,4)	NE [NE; NE]	0,73	[0,41; 1,33]	0,2974
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	8 (30,8)	NE [NE; NE]	19	5 (26,3)	3,7 [2,6; NE]	0,65	[0,22; 2,16]	0,4601
Nein	91	21 (23,1)	NE [NE; NE]	68	14 (20,6)	NE [NE; NE]	0,78	[0,40; 1,58]	0,4812
Interaktion p-Wert									0,7822
Menopausenstatus									
Postmenopausal (nur Frauen)	117	29 (24,8)	NE [NE; NE]	87	19 (21,8)	NE [NE; NE]	0,75	[0,42; 1,37]	0,3415
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	8 (19,0)	NE [NE; NE]	36	5 (13,9)	NE [NE; NE]	0,71	[0,24; 2,36]	0,5587
Sekundär	75	21 (28,0)	NE [NE; NE]	51	14 (27,5)	NE [NE; NE]	0,78	[0,40; 1,58]	0,4873
Interaktion p-Wert									0,8856
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	14 (24,1)	NE [NE; NE]	39	9 (23,1)	NE [NE; NE]	0,72	[0,31; 1,73]	0,4431
Nein	59	15 (25,4)	NE [NE; NE]	48	10 (20,8)	NE [NE; NE]	0,79	[0,36; 1,83]	0,5734
Interaktion p-Wert									0,8645
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.6 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	27 (24,8)	NE [NE; NE]	74	16 (21,6)	NE [NE; NE]	0,73	[0,40; 1,40]	0,3340
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	3 (23,1)	NE [NE; NE]	0,79	[0,10; 4,79]	0,7974
Interaktion p-Wert									0,9349
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	20 (23,0)	NE [NE; NE]	60	12 (20,0)	NE [NE; NE]	0,74	[0,37; 1,57]	0,4239
2 oder mehr	30	9 (30,0)	NE [NE; NE]	27	7 (25,9)	NE [NE; NE]	0,78	[0,29; 2,19]	0,6288
Interaktion p-Wert									0,9330
Hormonrezeptorstatus									
ER+/PR+	88	24 (27,3)	NE [NE; NE]	65	15 (23,1)	NE [NE; NE]	0,88	[0,47; 1,73]	0,7114
ER+/PR-	26	5 (19,2)	NE [NE; NE]	22	4 (18,2)	3,7 [2,6; NE]	0,51	[0,13; 2,09]	0,3345
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4729
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	4 (40,0)	3,7 [0,9; NE]	0,70	[0,14; 3,19]	0,6382
Nein	26	8 (30,8)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	0,86	[0,22; 5,74]	0,8564
Interaktion p-Wert									0,8453
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	29 (25,7)	NE [NE; NE]	87	19 (21,8)	NE [NE; NE]	0,77	[0,43; 1,41]	0,3880
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	39 (41,9)	4,6 [3,6;13,4]	72	27 (37,5)	3,6 [1,9; 5,6]	0,77	[0,47; 1,28]	0,3099
Nein	24	14 (58,3)	2,8 [1,8; NE]	15	5 (33,3)	5,6 [1,0; NE]	1,46	[0,56; 4,53]	0,4560
Interaktion p-Wert									0,2565
Lebermetastasen									
Ja	53	22 (41,5)	3,7 [1,8; NE]	37	11 (29,7)	5,5 [1,8; NE]	1,00	[0,49; 2,15]	0,9965
Nein	64	31 (48,4)	4,6 [2,8;13,8]	50	21 (42,0)	4,5 [1,9; 5,6]	0,81	[0,46; 1,43]	0,4605
Interaktion p-Wert									0,6446
Region									
Asien	31	18 (58,1)	3,6 [1,9; NE]	19	8 (42,1)	5,6 [1,8; NE]	1,08	[0,48; 2,63]	0,8649
USA, Kanada, Westeuropa, Australien, Israel	63	26 (41,3)	4,6 [2,3;13,4]	53	20 (37,7)	3,6 [1,9; 5,6]	0,77	[0,43; 1,41]	0,3996
Lateinamerika, Osteuropa und Russland	23	9 (39,1)	5,5 [1,8; NE]	15	4 (26,7)	NE [NE; NE]	1,07	[0,35; 3,96]	0,9085
Interaktion p-Wert									0,7734
Alter bei Randomisierung (Jahre)									
<65	78	37 (47,4)	3,7 [2,7; 5,6]	53	21 (39,6)	3,6 [1,9; NE]	1,01	[0,60; 1,76]	0,9715
>=65	39	16 (41,0)	8,2 [2,8; NE]	34	11 (32,4)	5,6 [1,8; NE]	0,67	[0,31; 1,49]	0,3142
Interaktion p-Wert									0,3886
Ethnie									
Asiatisch	33	18 (54,5)	3,6 [1,9; NE]	20	8 (40,0)	5,6 [1,8; NE]	1,07	[0,48; 2,63]	0,8671
Weiß	61	29 (47,5)	3,7 [2,7; 8,2]	49	20 (40,8)	4,5 [1,8; 5,6]	0,90	[0,51; 1,62]	0,7163
Andere	23	6 (26,1)	NE [NE; NE]	18	4 (22,2)	NE [NE; NE]	0,63	[0,18; 2,47]	0,4795
Interaktion p-Wert									0,7862
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	7 (38,9)	5,5 [1,0; NE]	9	1 (11,1)	NE [NE; NE]	3,11	[0,55; 58,23]	0,2250
Viszeral	79	38 (48,1)	3,7 [2,7; 5,6]	67	24 (35,8)	5,5 [1,9; 6,5]	0,96	[0,58; 1,63]	0,8776
Andere	20	8 (40,0)	NE [NE; NE]	9	6 (66,7)	1,9 [0,9; NE]	0,39	[0,14; 1,19]	0,0961
Interaktion p-Wert									0,1302
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	53 (45,3)	4,6 [2,8;13,4]	85	31 (36,5)	5,5 [1,9; 5,6]	0,89	[0,57; 1,41]	0,6165
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	15 (57,7)	3,6 [1,0;13,4]	19	6 (31,6)	NE [NE; NE]	1,35	[0,55; 3,80]	0,5266
Nein	91	38 (41,8)	4,6 [2,8; NE]	68	26 (38,2)	4,5 [1,9; 5,6]	0,77	[0,47; 1,30]	0,3243
Interaktion p-Wert									0,2984
Menopausenstatus									
Postmenopausal (nur Frauen)	117	53 (45,3)	4,6 [2,8;13,4]	87	32 (36,8)	4,5 [1,9; 5,6]	0,88	[0,57; 1,39]	0,5793
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	18 (42,9)	5,5 [1,9; NE]	36	13 (36,1)	1,9 [1,8; NE]	0,58	[0,28; 1,22]	0,1484
Sekundär	75	35 (46,7)	3,7 [2,7; 8,2]	51	19 (37,3)	5,6 [2,8; NE]	1,10	[0,63; 1,97]	0,7406
Interaktion p-Wert									0,1717
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	30 (51,7)	4,6 [2,7; 5,6]	39	18 (46,2)	3,6 [1,8; 5,6]	0,78	[0,44; 1,43]	0,4124
Nein	59	23 (39,0)	5,5 [2,8; NE]	48	14 (29,2)	5,6 [2,8; NE]	0,97	[0,50; 1,95]	0,9359
Interaktion p-Wert									0,6228
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.7 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	50 (45,9)	3,7 [2,8; 8,2]	74	25 (33,8)	5,6 [1,9; NE]	0,97	[0,60; 1,60]	0,8949
2 oder mehr	8	3 (37,5)	NE [NE; NE]	13	7 (53,8)	4,5 [0,9; NE]	0,44	[0,09; 1,59]	0,2164
Interaktion p-Wert									0,2665
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	38 (43,7)	4,6 [2,8;13,8]	60	21 (35,0)	5,6 [1,9; 6,5]	0,87	[0,51; 1,51]	0,6048
2 oder mehr	30	15 (50,0)	3,7 [1,0; NE]	27	11 (40,7)	4,5 [1,9; NE]	0,92	[0,42; 2,07]	0,8386
Interaktion p-Wert									0,8990
Hormonrezeptorstatus									
ER+/PR+	88	39 (44,3)	3,7 [2,7;13,4]	65	26 (40,0)	5,5 [1,9; 5,6]	0,86	[0,52; 1,43]	0,5523
ER+/PR-	26	13 (50,0)	4,6 [1,0; NE]	22	6 (27,3)	3,6 [1,9; NE]	1,14	[0,45; 3,27]	0,7893
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,6059
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	5 (50,0)	3,6 [0,9; NE]	0,49	[0,10; 2,07]	0,3351
Nein	26	14 (53,8)	8,2 [4,6; NE]	10	4 (40,0)	1,9 [0,9; NE]	0,44	[0,15; 1,61]	0,1948
Interaktion p-Wert									0,9017
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	53 (46,9)	4,6 [2,8; 8,2]	87	32 (36,8)	4,5 [1,9; 5,6]	0,91	[0,59; 1,44]	0,6872
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	7 (7,5)	7,3 [2,7; NE]	72	8 (11,1)	NE [NE; NE]	0,65	[0,23; 1,83]	0,4151
Nein	24	1 (4,2)	0,9 [NE; NE]	15	1 (6,7)	NE [NE; NE]	47,58	[1,59;1472,2]	0,0300*
Interaktion p-Wert									0,0222*
Lebermetastasen									
Ja	53	2 (3,8)	NE [NE; NE]	37	4 (10,8)	1,8 [0,9; NE]	0,64	[0,09; 3,35]	0,6026
Nein	64	6 (9,4)	7,3 [2,7; NE]	50	5 (10,0)	NE [NE; NE]	1,08	[0,33; 3,76]	0,8962
Interaktion p-Wert									0,6174
Region									
Asien	31	2 (6,5)	7,3 [1,9; NE]	19	2 (10,5)	NE [NE; NE]	1,11	[0,13; 9,32]	0,9159
USA, Kanada, Westeuropa, Australien, Israel	63	5 (7,9)	3,6 [0,9; NE]	53	5 (9,4)	3,7 [1,8; NE]	1,01	[0,28; 3,66]	0,9902
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	0,38	[0,02; 3,95]	0,4096
Interaktion p-Wert									0,7365
Alter bei Randomisierung (Jahre)									
<65	78	3 (3,8)	NE [NE; NE]	53	6 (11,3)	NE [NE; NE]	NC	[NC]	NC
>=65	39	5 (12,8)	2,7 [0,9; NE]	34	3 (8,8)	3,7 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	2 (6,1)	7,3 [1,9; NE]	20	2 (10,0)	NE [NE; NE]	1,12	[0,13; 9,38]	0,9102
Weiß	61	4 (6,6)	NE [NE; NE]	49	6 (12,2)	3,7 [1,8; NE]	0,67	[0,17; 2,34]	0,5272
Andere	23	2 (8,7)	2,7 [1,9; NE]	18	1 (5,6)	NE [NE; NE]	1,20	[0,11; 27,00]	0,8826
Interaktion p-Wert									0,8619
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	0,95	[0,04; 24,21]	0,9713
Viszeral	79	5 (6,3)	7,3 [1,9; NE]	67	6 (9,0)	NE [NE; NE]	1,14	[0,33; 3,80]	0,8314
Andere	20	2 (10,0)	NE [NE; NE]	9	2 (22,2)	1,9 [1,0; NE]	0,21	[0,02; 1,79]	0,1399
Interaktion p-Wert									0,3738
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	8 (6,8)	7,3 [2,7; NE]	85	9 (10,6)	NE [NE; NE]	0,87	[0,32; 2,27]	0,7699
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	19	4 (21,1)	1,0 [0,9; NE]	NC	[NC]	NC
Nein	91	8 (8,8)	7,3 [1,9; NE]	68	5 (7,4)	NE [NE; NE]	1,48	[0,49; 4,90]	0,4913
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	8 (6,8)	7,3 [2,7; NE]	87	9 (10,3)	NE [NE; NE]	0,87	[0,32; 2,27]	0,7699
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	4 (9,5)	3,6 [0,9; NE]	36	2 (5,6)	NE [NE; NE]	1,60	[0,31; 11,65]	0,5807
Sekundär	75	4 (5,3)	7,3 [2,7; NE]	51	7 (13,7)	3,7 [1,8; NE]	0,62	[0,16; 2,05]	0,4337
Interaktion p-Wert									0,3644
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	4 (6,9)	7,3 [0,9; NE]	39	3 (7,7)	NE [NE; NE]	1,46	[0,32; 7,41]	0,6222
Nein	59	4 (6,8)	NE [NE; NE]	48	6 (12,5)	1,8 [0,9; NE]	0,56	[0,14; 2,00]	0,3747
Interaktion p-Wert									0,3435
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.2.8 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	8 (7,3)	7,3 [2,7; NE]	74	8 (10,8)	NE [NE; NE]	0,91	[0,33; 2,48]	0,8492
2 oder mehr	8	0	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	8 (9,2)	7,3 [1,9; NE]	60	5 (8,3)	NE [NE; NE]	1,38	[0,46; 4,59]	0,5702
2 oder mehr	30	0	NE [NE; NE]	27	4 (14,8)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	4 (4,5)	NE [NE; NE]	65	6 (9,2)	NE [NE; NE]	0,71	[0,18; 2,49]	0,5934
ER+/PR-	26	4 (15,4)	3,6 [0,9; NE]	22	3 (13,6)	NE [NE; NE]	1,21	[0,27; 6,18]	0,7995
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,5904
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	2 (20,0)	3,7 [1,0; NE]	NC	[NC]	NC
Nein	26	1 (3,8)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	8 (7,1)	7,3 [1,9; NE]	87	9 (10,3)	NE [NE; NE]	0,92	[0,34; 2,41]	0,8604
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.3.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	35 (37,6)	5,5 [2,7; NE]	72	21 (29,2)	7,4 [2,8; NE]	1,05	[0,62; 1,84]	0,8493
Nein	24	10 (41,7)	NE [NE; NE]	15	5 (33,3)	9,3 [1,8; NE]	1,16	[0,41; 3,72]	0,7861
Interaktion p-Wert									0,8765
Lebermetastasen									
Ja	53	18 (34,0)	5,5 [2,0; NE]	37	11 (29,7)	4,6 [1,9; NE]	0,93	[0,45; 2,05]	0,8595
Nein	64	27 (42,2)	6,5 [2,8; NE]	50	15 (30,0)	9,7 [3,6; NE]	1,16	[0,63; 2,24]	0,6361
Interaktion p-Wert									0,6616
Region									
Asien	31	12 (38,7)	NE [NE; NE]	19	9 (47,4)	7,4 [1,9; NE]	0,66	[0,28; 1,62]	0,3513
USA, Kanada, Westeuropa, Australien, Israel	63	20 (31,7)	6,5 [2,7; NE]	53	13 (24,5)	9,7 [2,8; NE]	1,09	[0,55; 2,25]	0,8088
Lateinamerika, Osteuropa und Russland	23	13 (56,5)	2,3 [1,0; NE]	15	4 (26,7)	4,6 [1,0; NE]	2,04	[0,72; 7,24]	0,1878
Interaktion p-Wert									0,2761
Alter bei Randomisierung (Jahre)									
<65	78	30 (38,5)	6,4 [2,7; NE]	53	18 (34,0)	7,4 [2,8; NE]	1,03	[0,58; 1,89]	0,9135
>=65	39	15 (38,5)	NE [NE; NE]	34	8 (23,5)	9,3 [1,8; NE]	1,16	[0,50; 2,88]	0,7341
Interaktion p-Wert									0,8271
Ethnie									
Asiatisch	33	12 (36,4)	NE [NE; NE]	20	9 (45,0)	7,4 [1,9; NE]	0,66	[0,28; 1,62]	0,3547
Weiß	61	26 (42,6)	3,7 [1,9; NE]	49	14 (28,6)	9,7 [1,9; NE]	1,39	[0,74; 2,74]	0,3102
Andere	23	7 (30,4)	NE [NE; NE]	18	3 (16,7)	3,6 [1,9; NE]	1,25	[0,34; 5,82]	0,7454
Interaktion p-Wert									0,3988
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.3.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	6 (33,3)	5,5 [2,7; NE]	9	3 (33,3)	9,7 [1,0; NE]	0,72	[0,19; 3,41]	0,6462
Viszeral	79	30 (38,0)	5,5 [2,7; NE]	67	18 (26,9)	NE [NE; NE]	1,21	[0,68; 2,22]	0,5120
Andere	20	9 (45,0)	6,5 [1,8; NE]	9	4 (44,4)	6,5 [1,9; NE]	0,88	[0,29; 3,24]	0,8275
Interaktion p-Wert									0,7442
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	45 (38,5)	6,4 [2,8; NE]	85	25 (29,4)	9,3 [3,6; NE]	1,08	[0,67; 1,79]	0,7557
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	13 (50,0)	3,7 [1,0; NE]	19	6 (31,6)	NE [NE; NE]	1,12	[0,44; 3,19]	0,8217
Nein	91	32 (35,2)	6,5 [2,8; NE]	68	20 (29,4)	9,3 [3,6; NE]	1,04	[0,60; 1,85]	0,8902
Interaktion p-Wert									0,9000
Menopausenstatus									
Postmenopausal (nur Frauen)	117	45 (38,5)	6,4 [2,8; NE]	87	26 (29,9)	9,3 [3,6; NE]	1,07	[0,67; 1,76]	0,7782
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	12 (28,6)	NE [NE; NE]	36	7 (19,4)	NE [NE; NE]	0,88	[0,35; 2,37]	0,7945
Sekundär	75	33 (44,0)	2,8 [1,9; 6,5]	51	19 (37,3)	4,6 [1,9; NE]	1,22	[0,70; 2,19]	0,4861
Interaktion p-Wert									0,5633
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	23 (39,7)	6,4 [2,8; NE]	39	13 (33,3)	9,3 [1,9; NE]	1,08	[0,55; 2,19]	0,8300
Nein	59	22 (37,3)	5,5 [2,7; NE]	48	13 (27,1)	4,6 [3,6; NE]	1,07	[0,54; 2,18]	0,8506
Interaktion p-Wert									0,9864
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.3.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	41 (37,6)	6,4 [3,6; NE]	74	23 (31,1)	7,4 [2,8; NE]	0,99	[0,60; 1,68]	0,9809
2 oder mehr	8	4 (50,0)	2,7 [0,9; NE]	13	3 (23,1)	NE [NE; NE]	1,86	[0,41; 9,45]	0,4128
Interaktion p-Wert									0,4342
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	30 (34,5)	6,5 [2,8; NE]	60	19 (31,7)	7,4 [2,8; NE]	0,90	[0,51; 1,63]	0,7203
2 oder mehr	30	15 (50,0)	3,7 [1,8; NE]	27	7 (25,9)	NE [NE; NE]	1,62	[0,68; 4,25]	0,2809
Interaktion p-Wert									0,2736
Hormonrezeptorstatus									
ER+/PR+	88	29 (33,0)	NE [NE; NE]	65	16 (24,6)	9,7 [3,6; NE]	1,22	[0,67; 2,30]	0,5216
ER+/PR-	26	15 (57,7)	4,6 [1,8; 6,5]	22	10 (45,5)	1,9 [1,8; NE]	0,84	[0,38; 1,93]	0,6698
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4691
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	3 (30,0)	9,7 [1,0; NE]	1,35	[0,25; 7,31]	0,7169
Nein	26	10 (38,5)	NE [NE; NE]	10	4 (40,0)	9,3 [0,9; NE]	0,51	[0,17; 1,85]	0,2765
Interaktion p-Wert									0,3401
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	43 (38,1)	6,4 [3,6; NE]	87	26 (29,9)	9,3 [3,6; NE]	1,05	[0,65; 1,73]	0,8453
Bilaterale Ovarektomie	4	2 (50,0)	2,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.4.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=113)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	91	34 (37,4)	6,4 [2,8; NE]	71	20 (28,2)	7,4 [2,8; NE]	1,05	[0,61; 1,86]	0,8544
Nein	22	8 (36,4)	NE [NE; NE]	15	5 (33,3)	9,3 [1,8; NE]	0,96	[0,32; 3,18]	0,9433
Interaktion p-Wert									0,8848
Lebermetastasen									
Ja	51	17 (33,3)	5,5 [2,0; NE]	36	10 (27,8)	7,4 [1,9; NE]	0,92	[0,43; 2,10]	0,8412
Nein	62	25 (40,3)	6,5 [2,8; NE]	50	15 (30,0)	9,7 [3,6; NE]	1,09	[0,58; 2,13]	0,7810
Interaktion p-Wert									0,7409
Region									
Asien	31	12 (38,7)	NE [NE; NE]	19	9 (47,4)	7,4 [1,9; NE]	0,66	[0,28; 1,62]	0,3528
USA, Kanada, Westeuropa, Australien, Israel	63	20 (31,7)	6,5 [2,7; NE]	53	13 (24,5)	9,7 [2,8; NE]	1,09	[0,55; 2,26]	0,8010
Lateinamerika, Osteuropa und Russland	19	10 (52,6)	2,7 [1,0; NE]	14	3 (21,4)	NE [NE; NE]	1,99	[0,61; 8,87]	0,2701
Interaktion p-Wert									0,3456
Alter bei Randomisierung (Jahre)									
<65	74	27 (36,5)	6,5 [2,8; NE]	52	17 (32,7)	7,4 [1,9; NE]	0,98	[0,54; 1,82]	0,9351
>=65	39	15 (38,5)	NE [NE; NE]	34	8 (23,5)	9,3 [1,8; NE]	1,16	[0,50; 2,88]	0,7335
Interaktion p-Wert									0,7456
Ethnie									
Asiatisch	33	12 (36,4)	NE [NE; NE]	20	9 (45,0)	7,4 [1,9; NE]	0,66	[0,28; 1,62]	0,3546
Weiß	57	23 (40,4)	4,6 [2,7; NE]	48	13 (27,1)	9,7 [1,9; NE]	1,32	[0,68; 2,68]	0,4210
Andere	23	7 (30,4)	NE [NE; NE]	18	3 (16,7)	3,6 [1,9; NE]	1,25	[0,35; 5,84]	0,7412
Interaktion p-Wert									0,4557
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.4.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=113)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	6 (33,3)	5,5 [2,7; NE]	9	3 (33,3)	9,7 [1,0; NE]	0,73	[0,19; 3,47]	0,6641
Viszeral	76	28 (36,8)	6,5 [2,7; NE]	66	17 (25,8)	NE [NE; NE]	1,18	[0,65; 2,20]	0,5878
Andere	19	8 (42,1)	6,5 [1,9; NE]	9	4 (44,4)	6,5 [1,9; NE]	0,80	[0,25; 3,01]	0,7227
Interaktion p-Wert									0,7471
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	113	42 (37,2)	6,5 [3,6; NE]	84	24 (28,6)	9,3 [3,6; NE]	1,04	[0,64; 1,75]	0,8675
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	13 (50,0)	3,7 [1,0; NE]	19	6 (31,6)	NE [NE; NE]	1,11	[0,44; 3,18]	0,8262
Nein	87	29 (33,3)	6,5 [3,6; NE]	67	19 (28,4)	9,3 [3,6; NE]	0,99	[0,56; 1,79]	0,9623
Interaktion p-Wert									0,8316
Menopausenstatus									
Postmenopausal (nur Frauen)	113	42 (37,2)	6,5 [3,6; NE]	86	25 (29,1)	9,3 [3,6; NE]	1,03	[0,63; 1,72]	0,8951
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	41	11 (26,8)	NE [NE; NE]	36	7 (19,4)	NE [NE; NE]	0,82	[0,32; 2,24]	0,6915
Sekundär	72	31 (43,1)	3,7 [2,0; NE]	50	18 (36,0)	7,4 [1,9; NE]	1,18	[0,67; 2,16]	0,5671
Interaktion p-Wert									0,5260
Vorherige (neo-)adjuvante Chemotherapie									
Ja	56	21 (37,5)	6,5 [2,8; NE]	39	13 (33,3)	9,3 [1,9; NE]	1,00	[0,51; 2,06]	0,9944
Nein	57	21 (36,8)	5,5 [2,7; NE]	47	12 (25,5)	NE [NE; NE]	1,07	[0,53; 2,24]	0,8580
Interaktion p-Wert									0,9020
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

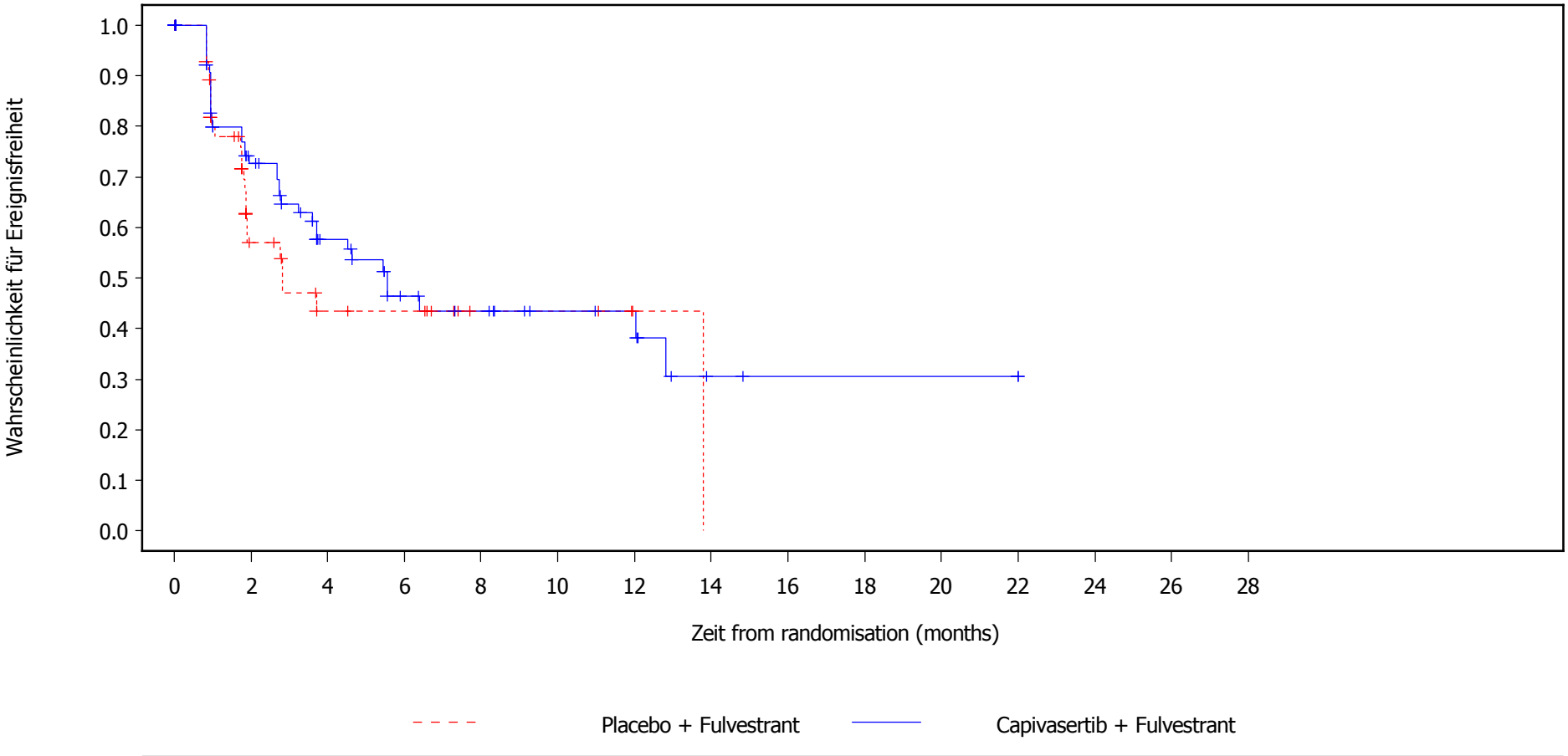
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.1.4.1 CAPItello-291 (Global B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=113)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	106	39 (36,8)	6,5 [3,6; NE]	73	22 (30,1)	9,3 [2,8; NE]	0,97	[0,58; 1,67]	0,9194
2 oder mehr	7	3 (42,9)	NE [NE; NE]	13	3 (23,1)	NE [NE; NE]	1,51	[0,28; 8,15]	0,6159
Interaktion p-Wert									0,6111
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	84	28 (33,3)	6,5 [3,6; NE]	59	18 (30,5)	9,3 [2,8; NE]	0,87	[0,49; 1,60]	0,6495
2 oder mehr	29	14 (48,3)	3,7 [1,0; NE]	27	7 (25,9)	NE [NE; NE]	1,54	[0,64; 4,07]	0,3416
Interaktion p-Wert									0,2972
Hormonrezeptorstatus									
ER+/PR+	85	27 (31,8)	NE [NE; NE]	64	15 (23,4)	9,7 [3,6; NE]	1,19	[0,64; 2,30]	0,5818
ER+/PR-	25	14 (56,0)	4,6 [1,9; 6,5]	22	10 (45,5)	1,9 [1,8; NE]	0,80	[0,36; 1,87]	0,6005
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4531
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	3 (30,0)	9,7 [1,0; NE]	1,35	[0,25; 7,31]	0,7169
Nein	26	10 (38,5)	NE [NE; NE]	10	4 (40,0)	9,3 [0,9; NE]	0,51	[0,17; 1,85]	0,2765
Interaktion p-Wert									0,3401
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	109	40 (36,7)	6,5 [3,6; NE]	86	25 (29,1)	9,3 [3,6; NE]	1,01	[0,62; 1,69]	0,9707
Bilaterale Ovarektomie	4	2 (50,0)	2,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Figure 4.2.1.5.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand for Vorherige Therapie mit CDK4/6-Inhibitor=Ja
Altered full analysis set DCO 15AUG2022

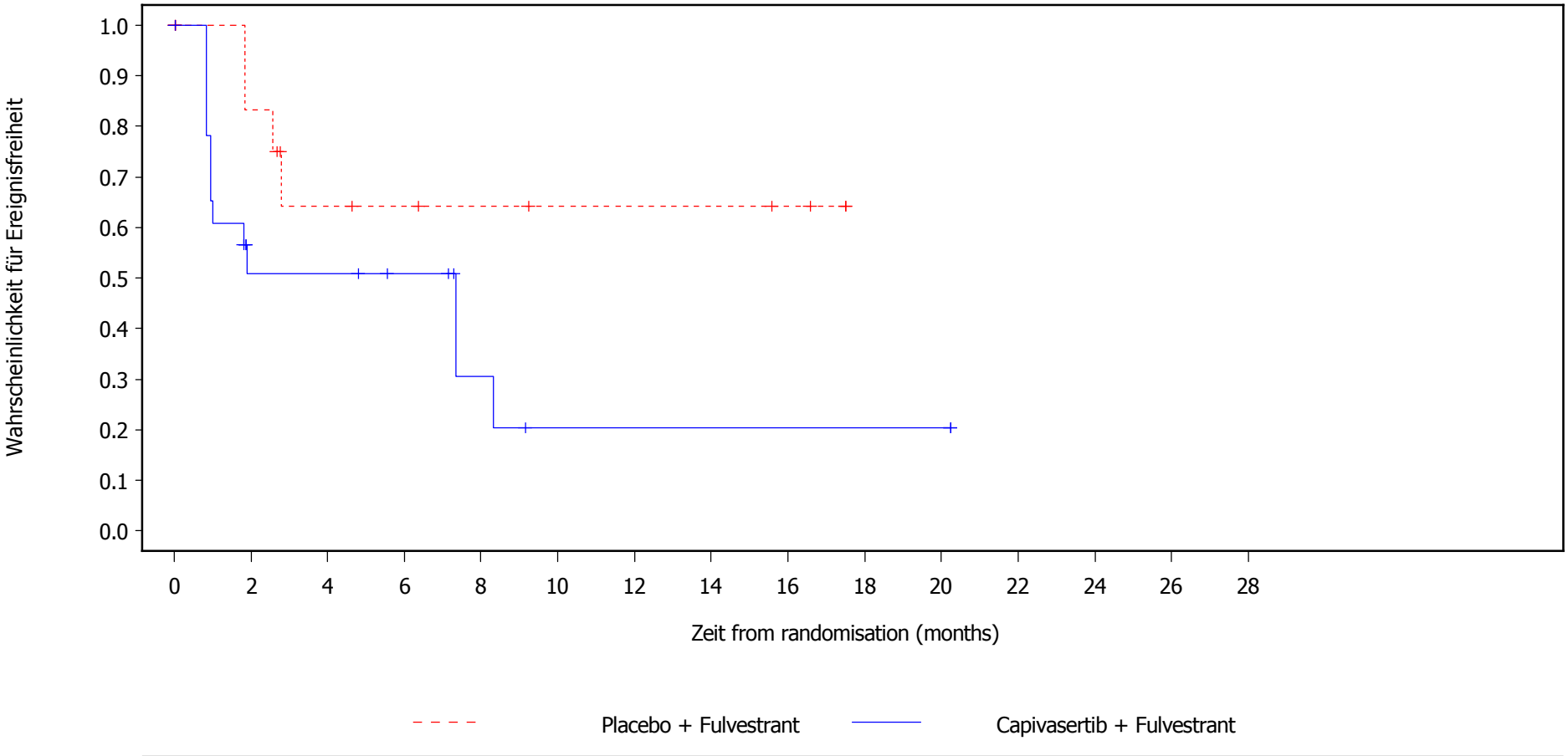


Anzahl an Patienten unter Risiko:

93	48	28	17	14	9	8	2	1	1	1	1	0	0	0	Capivasertib + Fulvestrant
72	19	11	10	4	4	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand for Vorherige Therapie mit CDK4/6-Inhibitor=Nein
Altered full analysis set DCO 15AUG2022

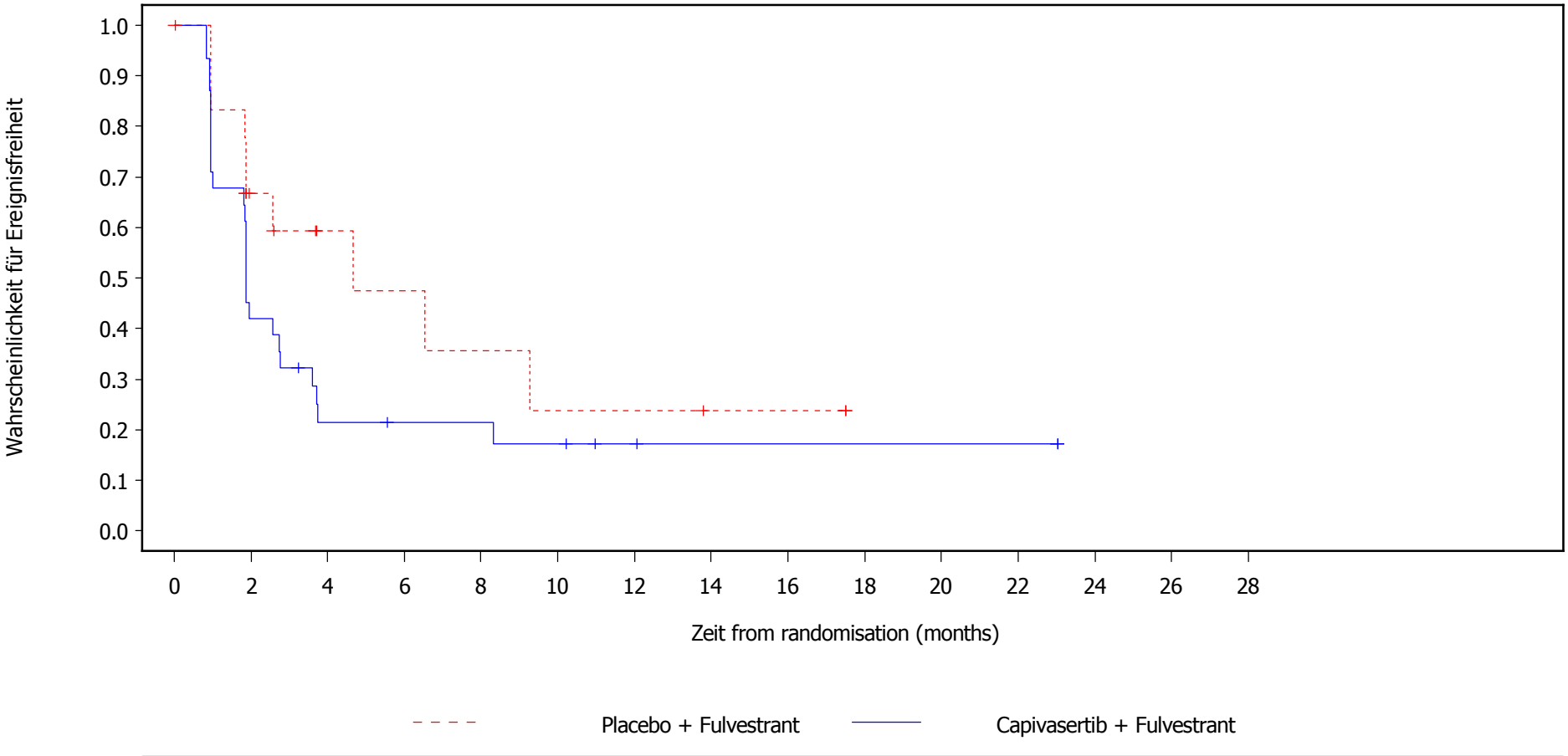


Anzahl an Patienten unter Risiko:

24	9	9	7	3	1	1	1	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
15	10	6	5	4	3	3	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.3 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle for Region=Asien
Altered full analysis set DCO 15AUG2022

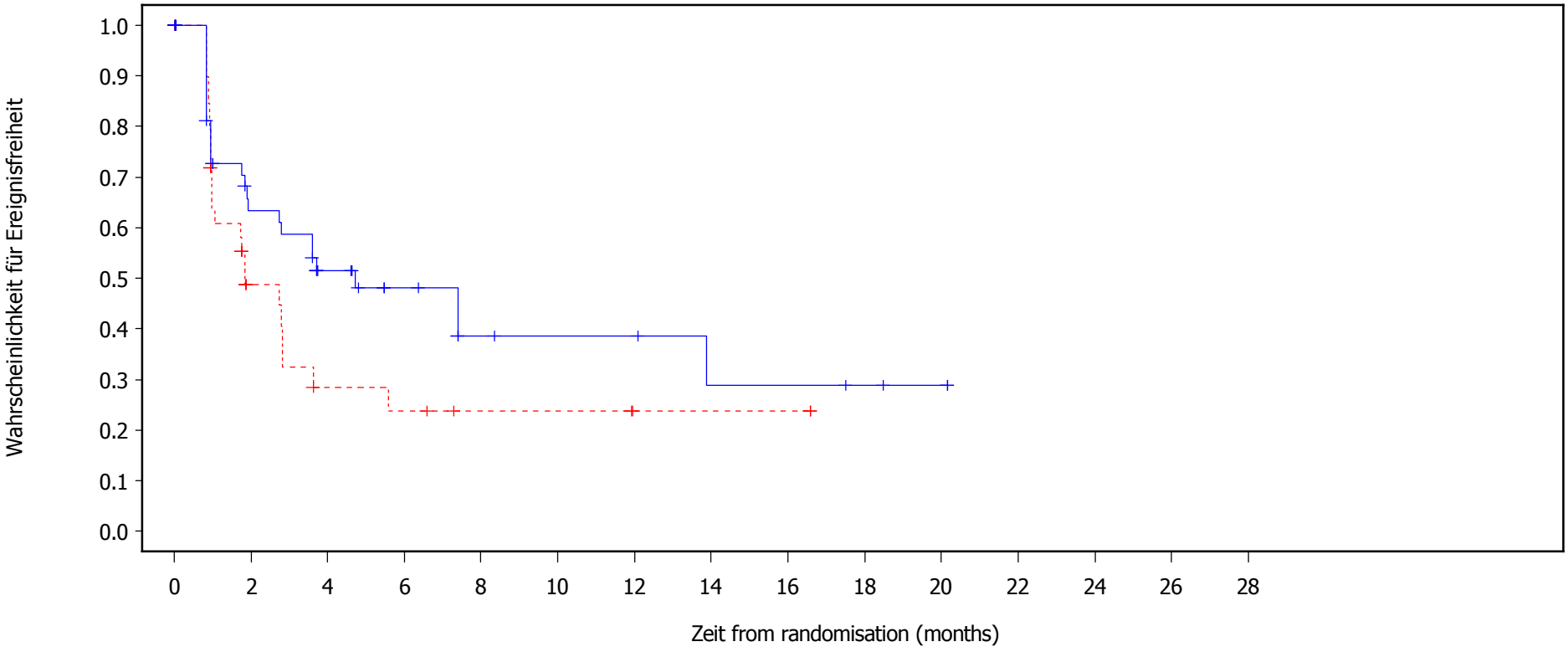


Anzahl an Patienten unter Risiko:

31	13	6	5	5	4	2	1	1	1	1	1	0	0	0	Capivasertib + Fulvestrant
19	9	5	4	3	2	2	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.4 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle for Region=USA, Kanada, Westeuropa, Australien, Israel
Altered full analysis set DCO 15AUG2022

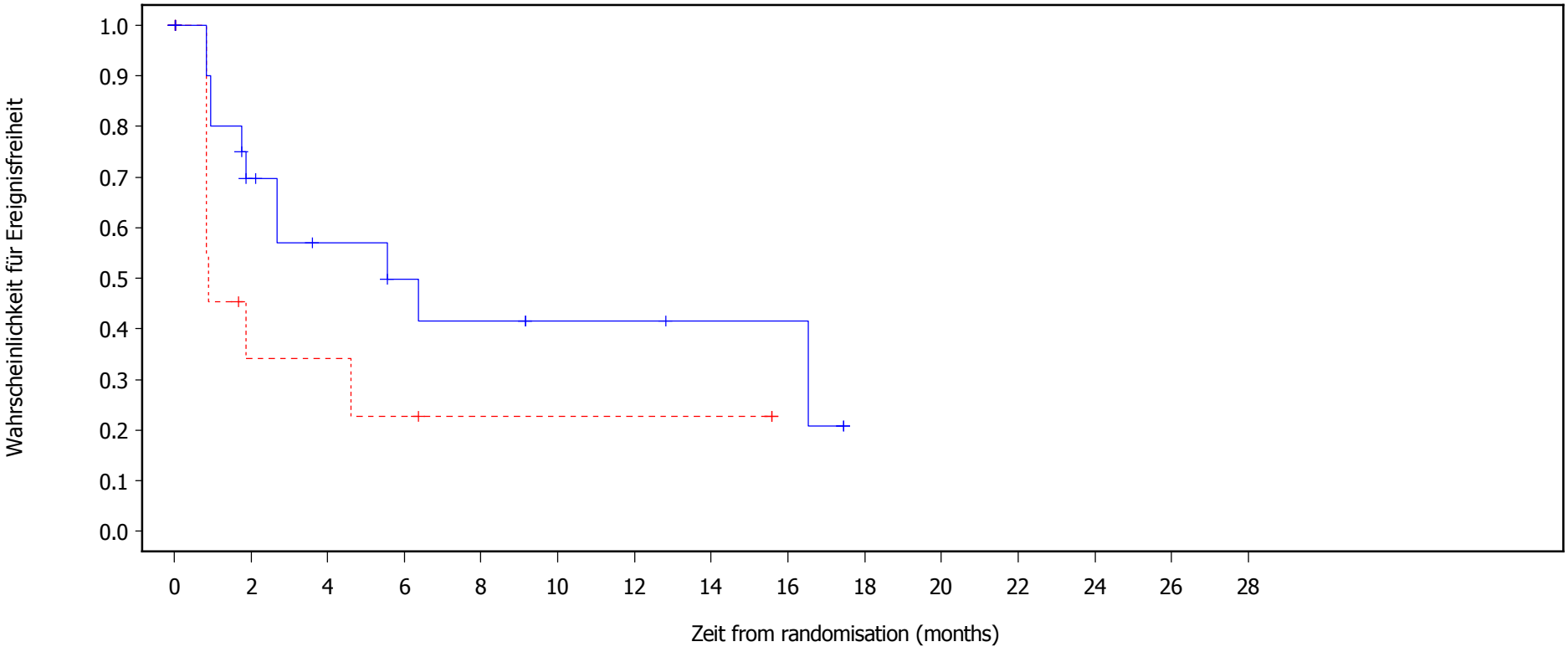


Anzahl an Patienten unter Risiko:

63	27	17	11	6	5	5	3	3	2	1	0	0	0	0	Capivasertib + Fulvestrant
53	12	6	5	3	3	1	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.5 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle for Region=Lateinamerika, Osteuropa und Russland
Altered full analysis set DCO 15AUG2022

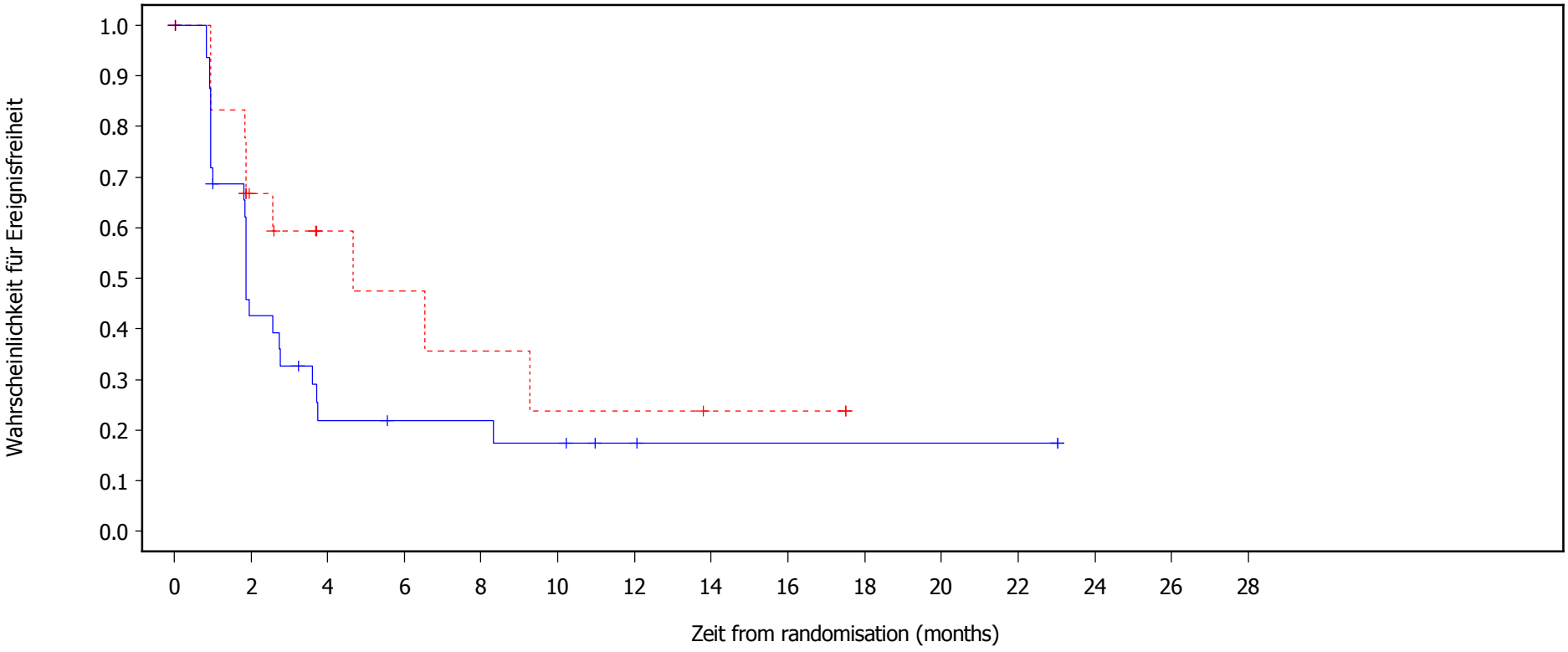


Anzahl an Patienten unter Risiko:

23	12	8	6	5	3	3	2	2	0	0	0	0	0	0	Capivasertib + Fulvestrant
15	3	3	2	1	1	1	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.6 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle for Ethnie=Asiatisch
Altered full analysis set DCO 15AUG2022

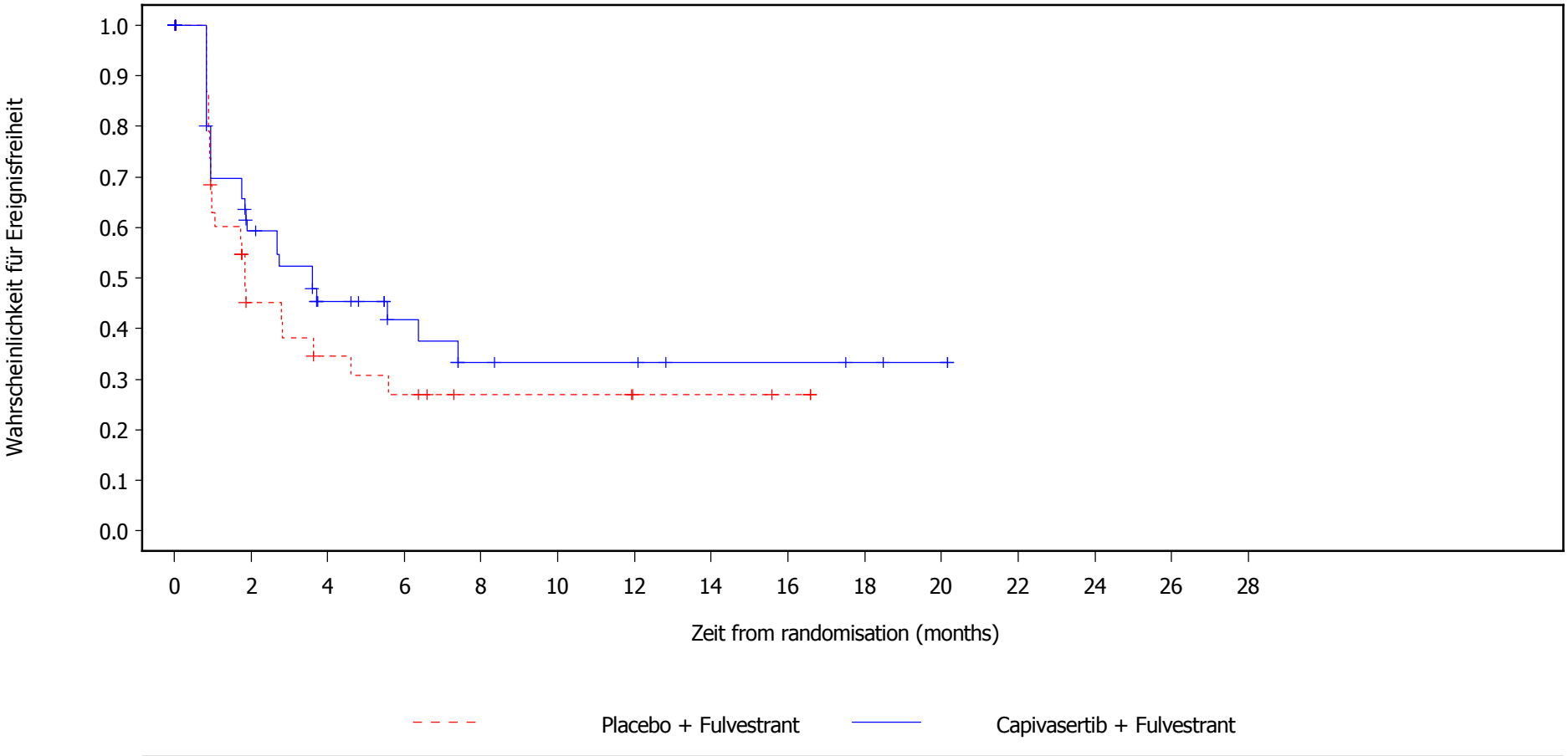


Anzahl an Patienten unter Risiko:

33	13	6	5	5	4	2	1	1	1	1	1	0	0	0	Capivasertib + Fulvestrant
20	9	5	4	3	2	2	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.7 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle for Ethnie=Weiß
Altered full analysis set DCO 15AUG2022

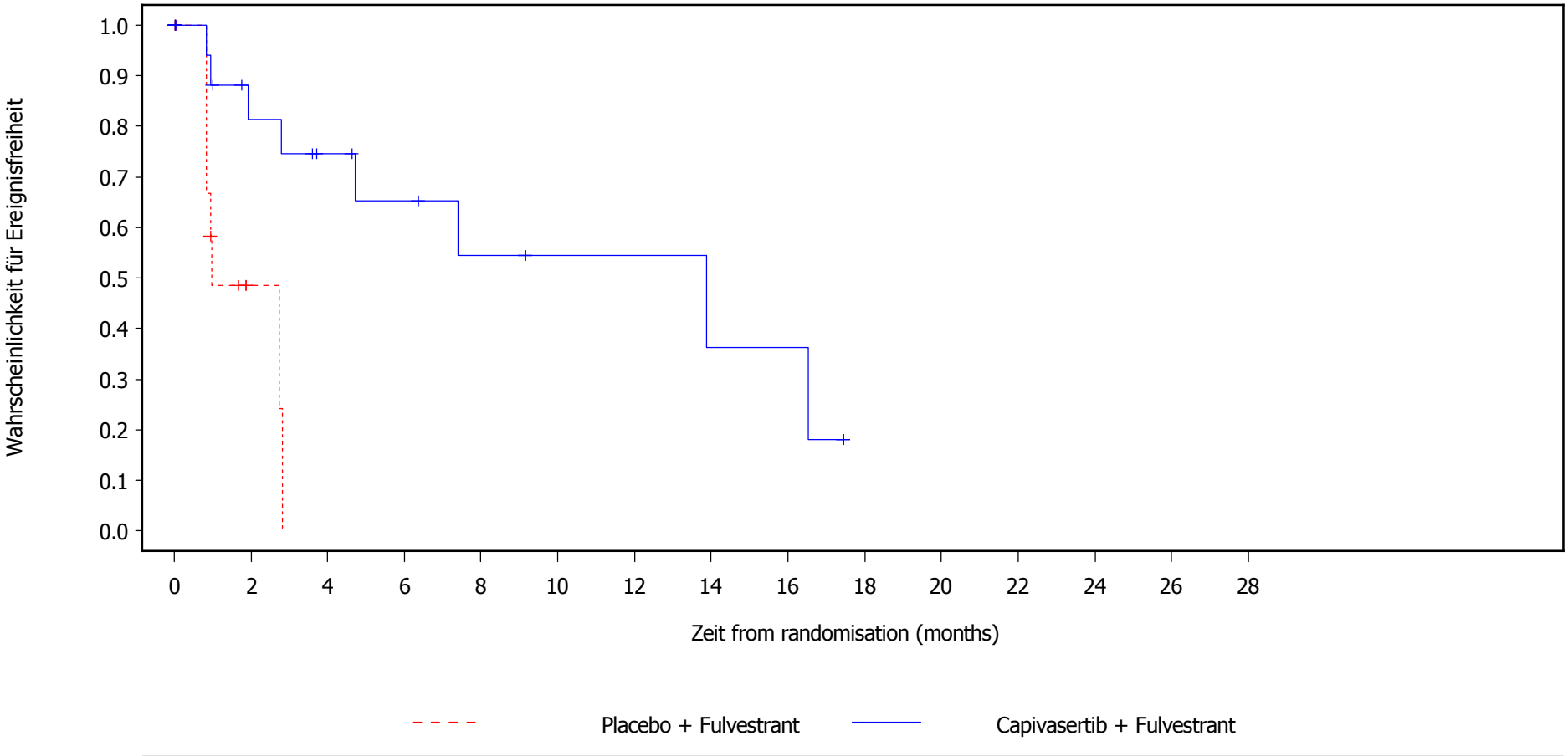


Anzahl an Patienten unter Risiko:

61	27	16	10	6	5	5	3	3	2	1	0	0	0	0	Capivasertib + Fulvestrant
49	13	9	7	4	4	2	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.8 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle for Ethnie=Andere
Altered full analysis set DCO 15AUG2022

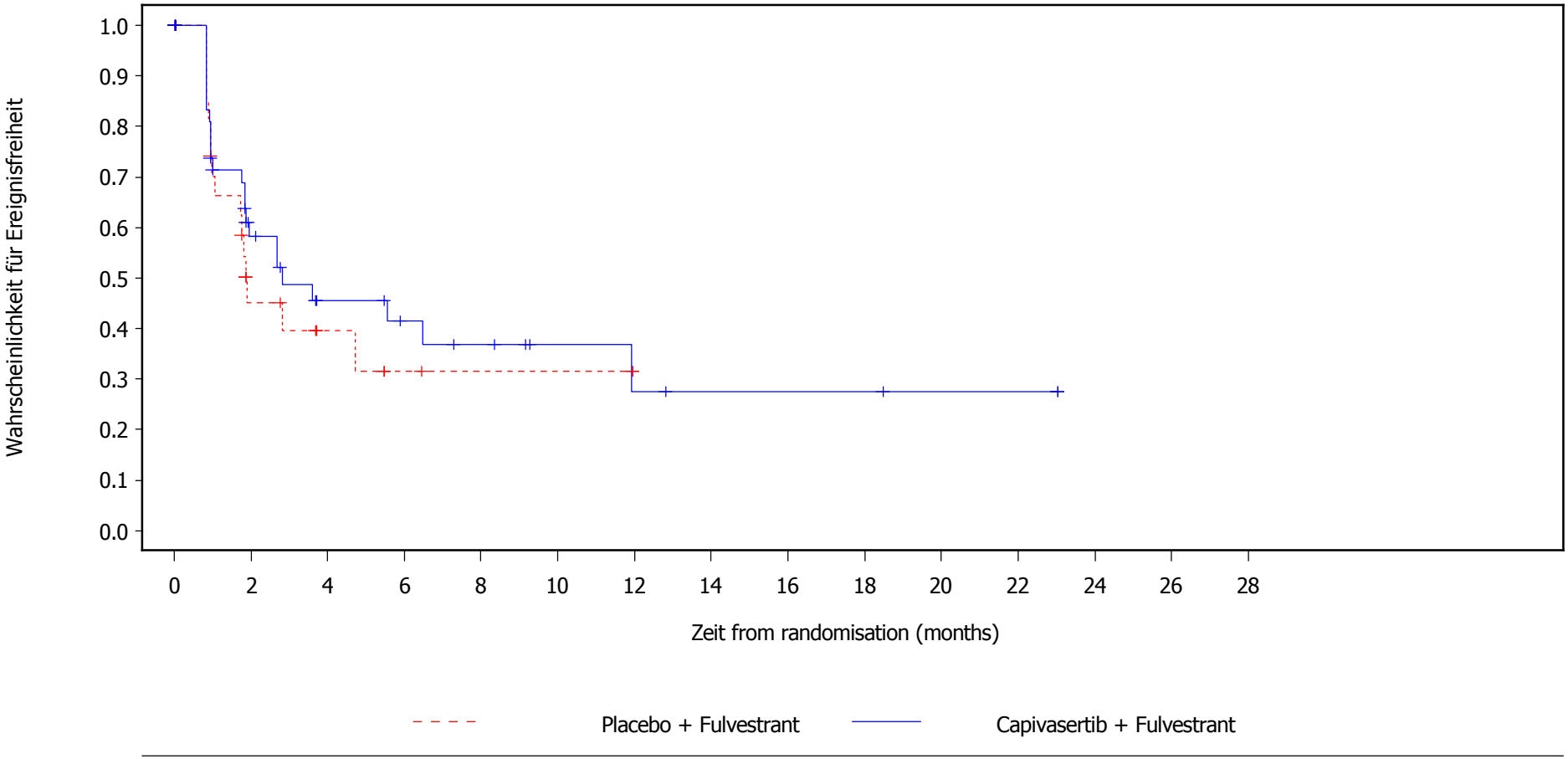


Anzahl an Patienten unter Risiko:

23	12	9	7	5	3	3	2	2	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	2	0	0	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.9 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial for Lebermetastasen=Ja
Altered full analysis set DCO 15AUG2022

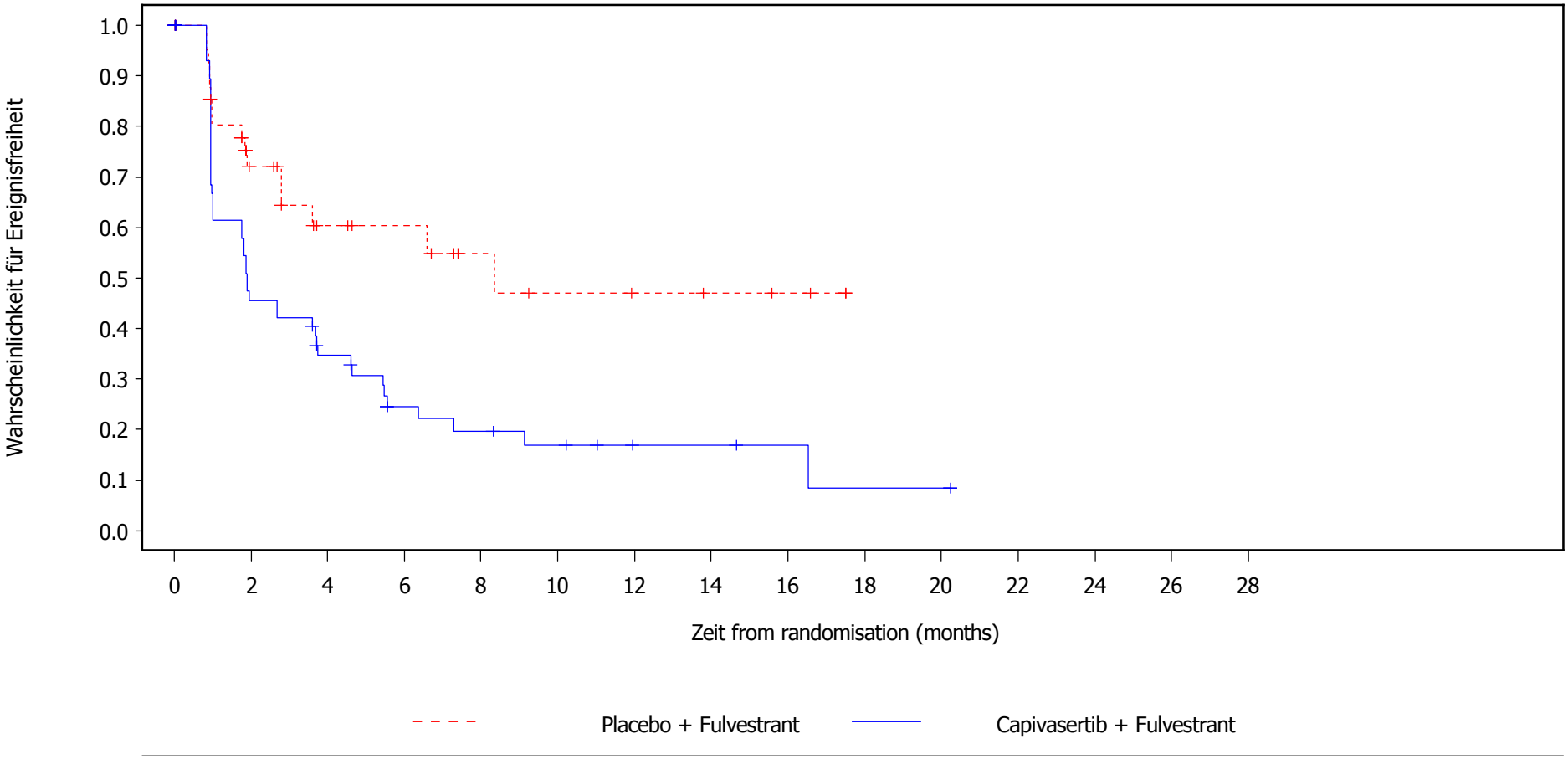


Anzahl an Patienten unter Risiko:

53	20	12	9	7	4	3	2	2	2	1	1	0	0	0	Capivasertib + Fulvestrant
37	9	5	2	1	1	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.10 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial for Lebermetastasen=Nein
Altered full analysis set DCO 15AUG2022

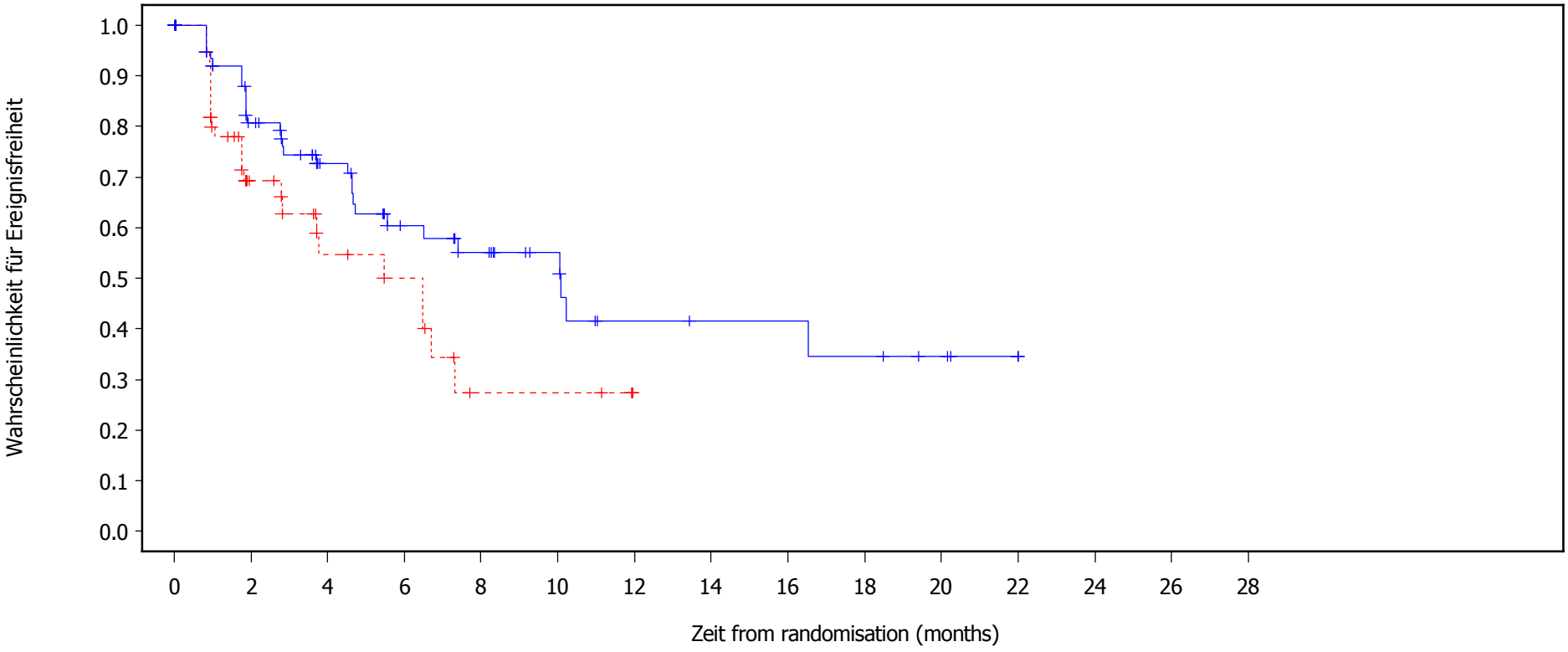


Anzahl an Patienten unter Risiko:

64	26	18	10	8	6	3	3	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
50	22	13	11	7	5	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.11 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe for Vorherige Therapie mit CDK4/6-Inhibitor=Ja
Altered full analysis set DCO 15AUG2022

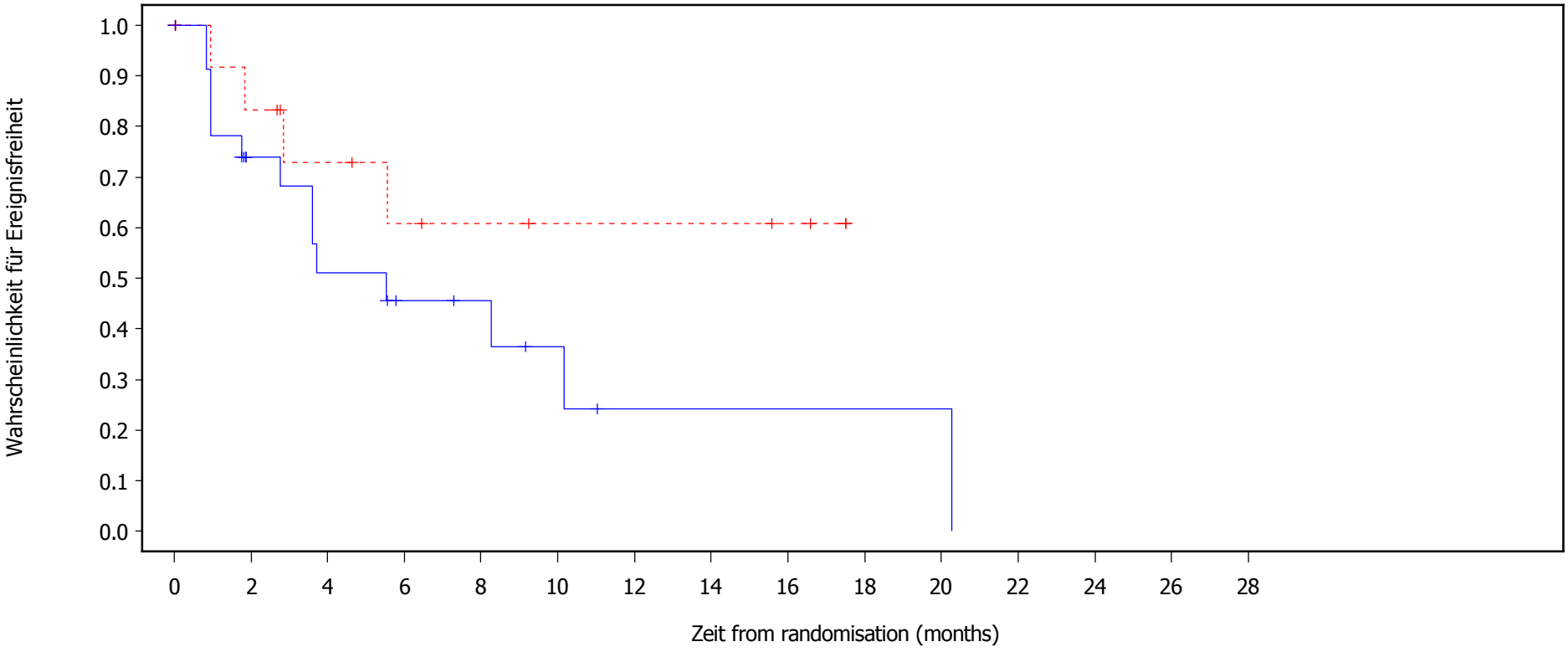


Anzahl an Patienten unter Risiko:

93	55	37	24	19	13	7	6	6	5	3	1	0	0	0	Capivasertib + Fulvestrant
72	23	13	10	3	3	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.12 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe for Vorherige Therapie mit CDK4/6-Inhibitor=Nein
Altered full analysis set DCO 15AUG2022

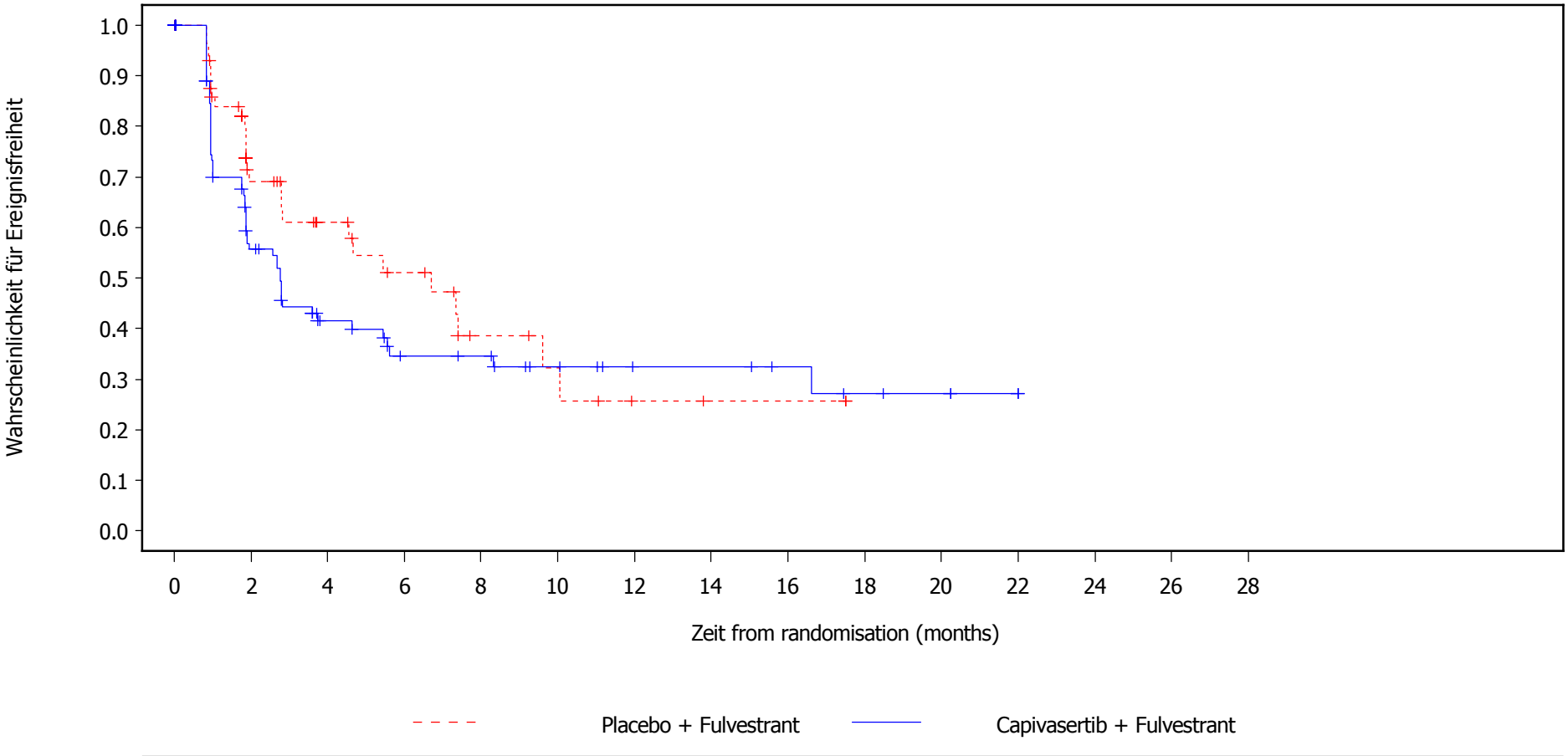


Anzahl an Patienten unter Risiko:

24	13	9	6	5	3	1	1	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
15	10	7	5	4	3	3	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.13 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust for Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting=1
Altered full analysis set DCO 15AUG2022

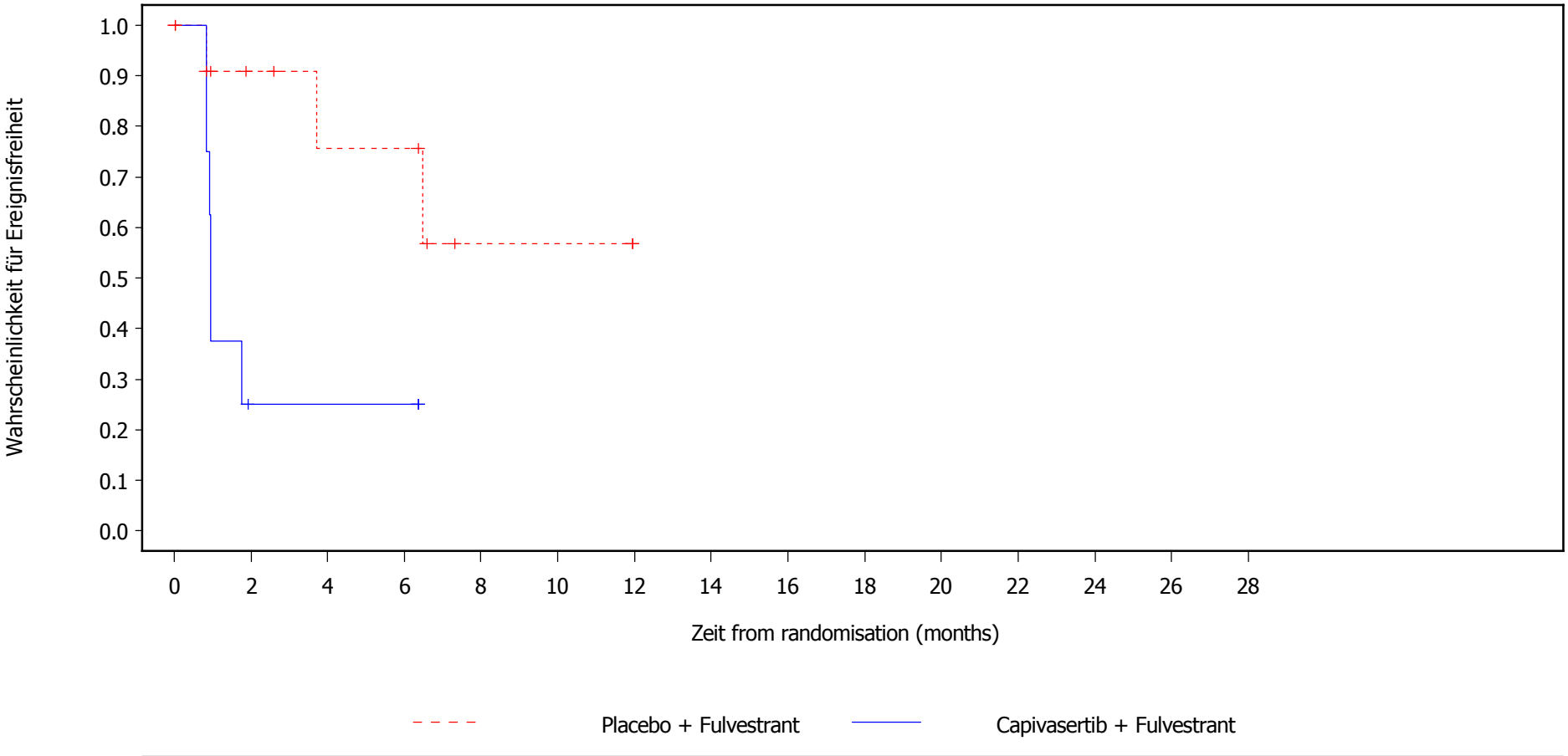


Anzahl an Patienten unter Risiko:

109	46	26	18	17	12	8	8	6	4	3	1	0	0	0	Capivasertib + Fulvestrant
74	29	20	14	7	5	2	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.14 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust for Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting=2 oder mehr
Altered full analysis set DCO 15AUG2022

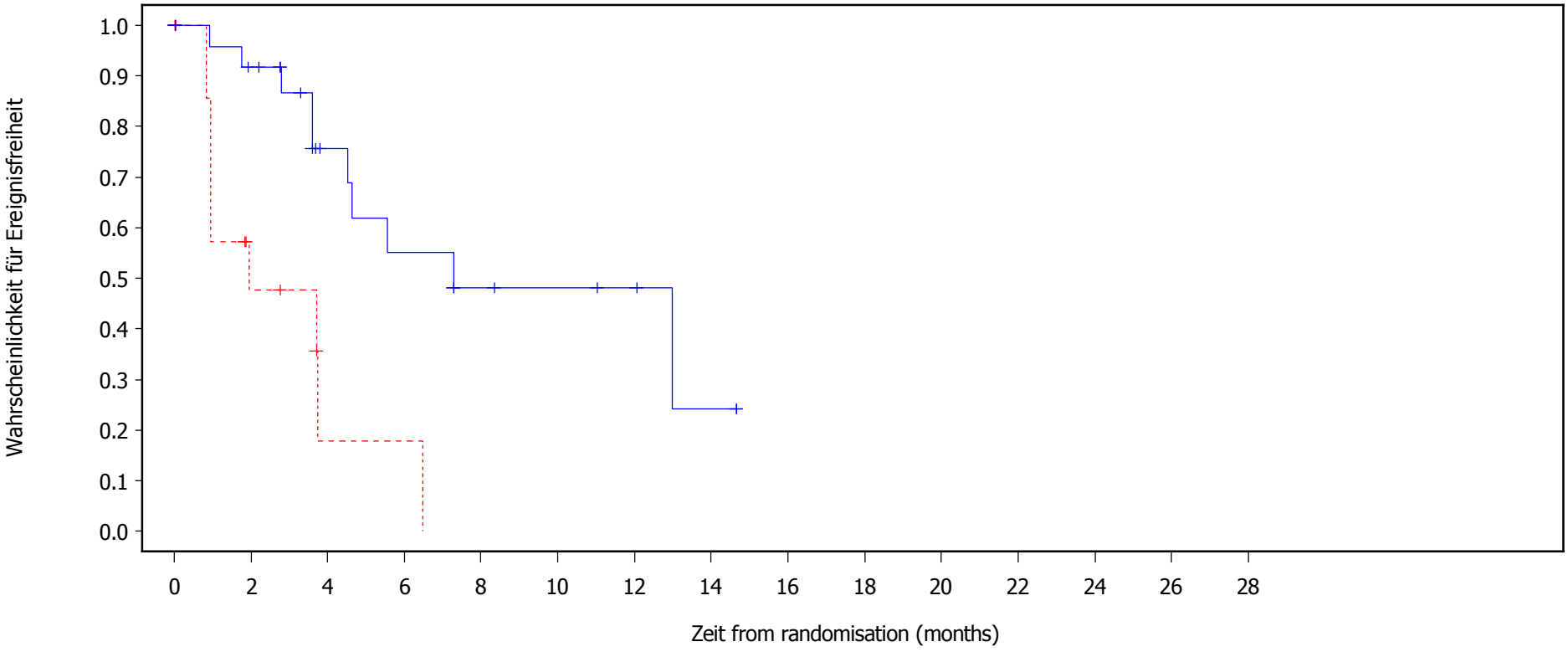


Anzahl an Patienten unter Risiko:

8	1	1	1	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
13	7	5	5	1	1	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.15 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit for Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting=Ja
Altered full analysis set DCO 15AUG2022

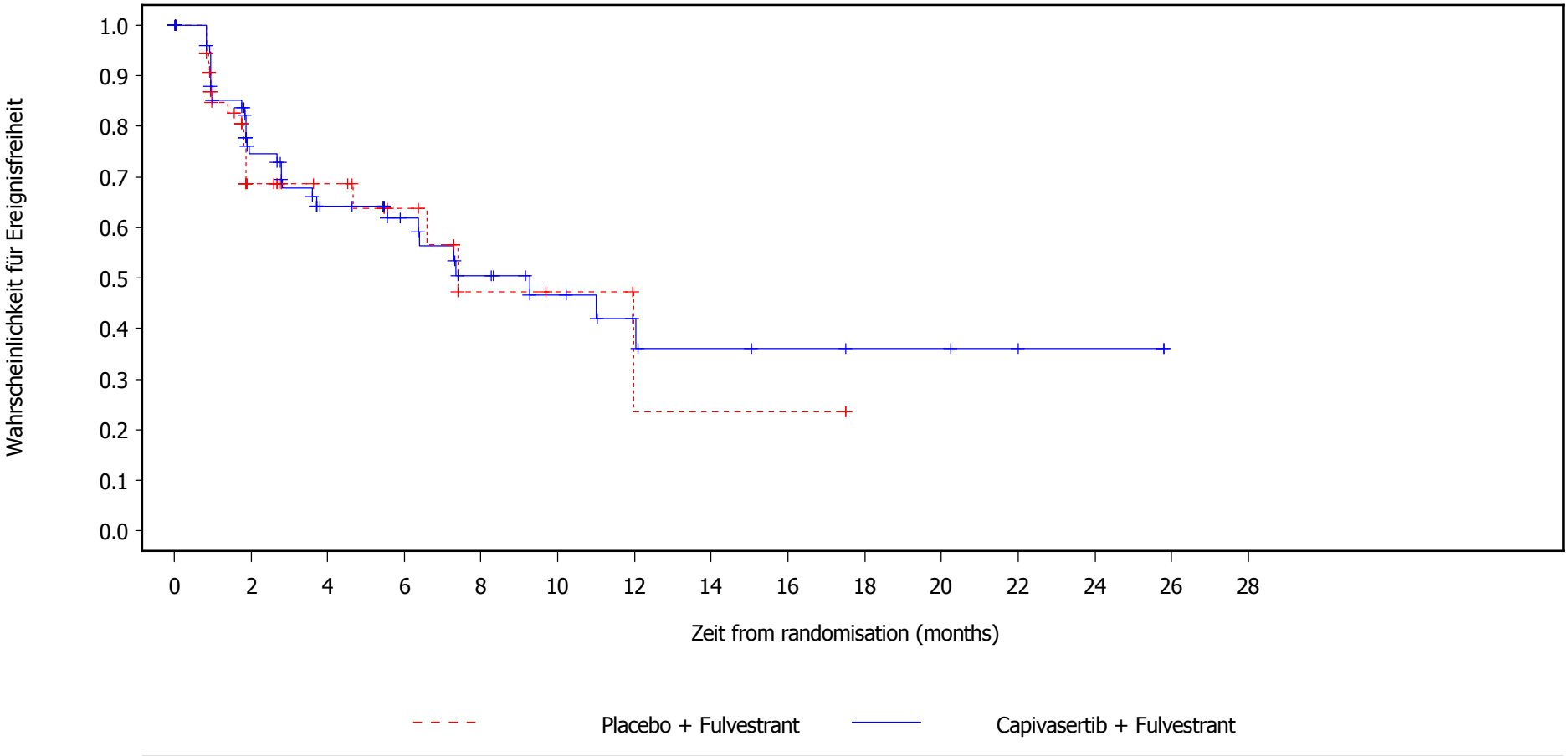


Anzahl an Patienten unter Risiko:

26	21	11	8	5	4	3	1	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
19	5	1	1	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.16 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit for Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting=Nein
Altered full analysis set DCO 15AUG2022

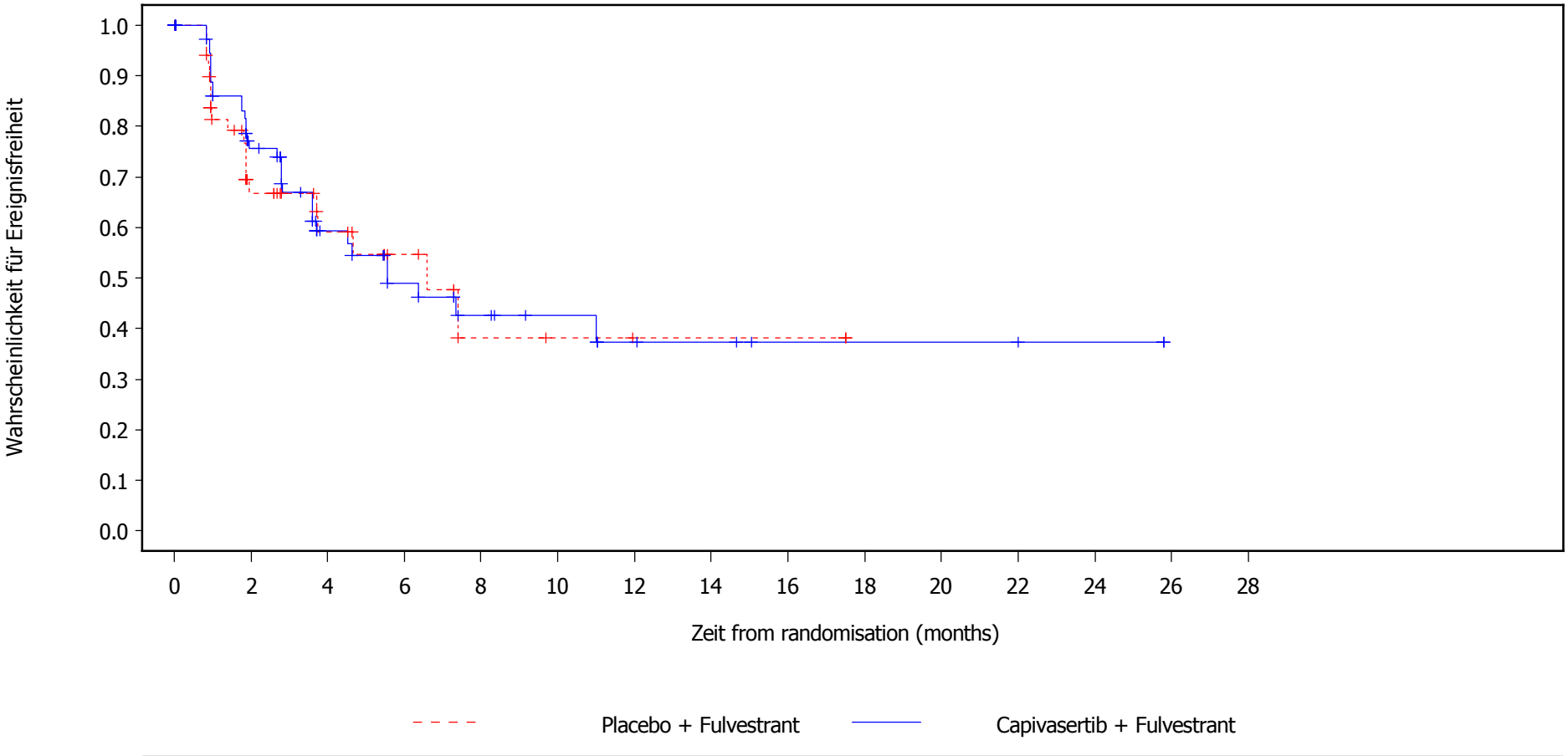


Anzahl an Patienten unter Risiko:

91	46	31	23	16	11	7	5	4	3	3	2	1	0	0	Capivasertib + Fulvestrant
68	24	16	10	4	3	1	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.17 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit for Hormonrezeptorstatus=ER+/PR+
Altered full analysis set DCO 15AUG2022

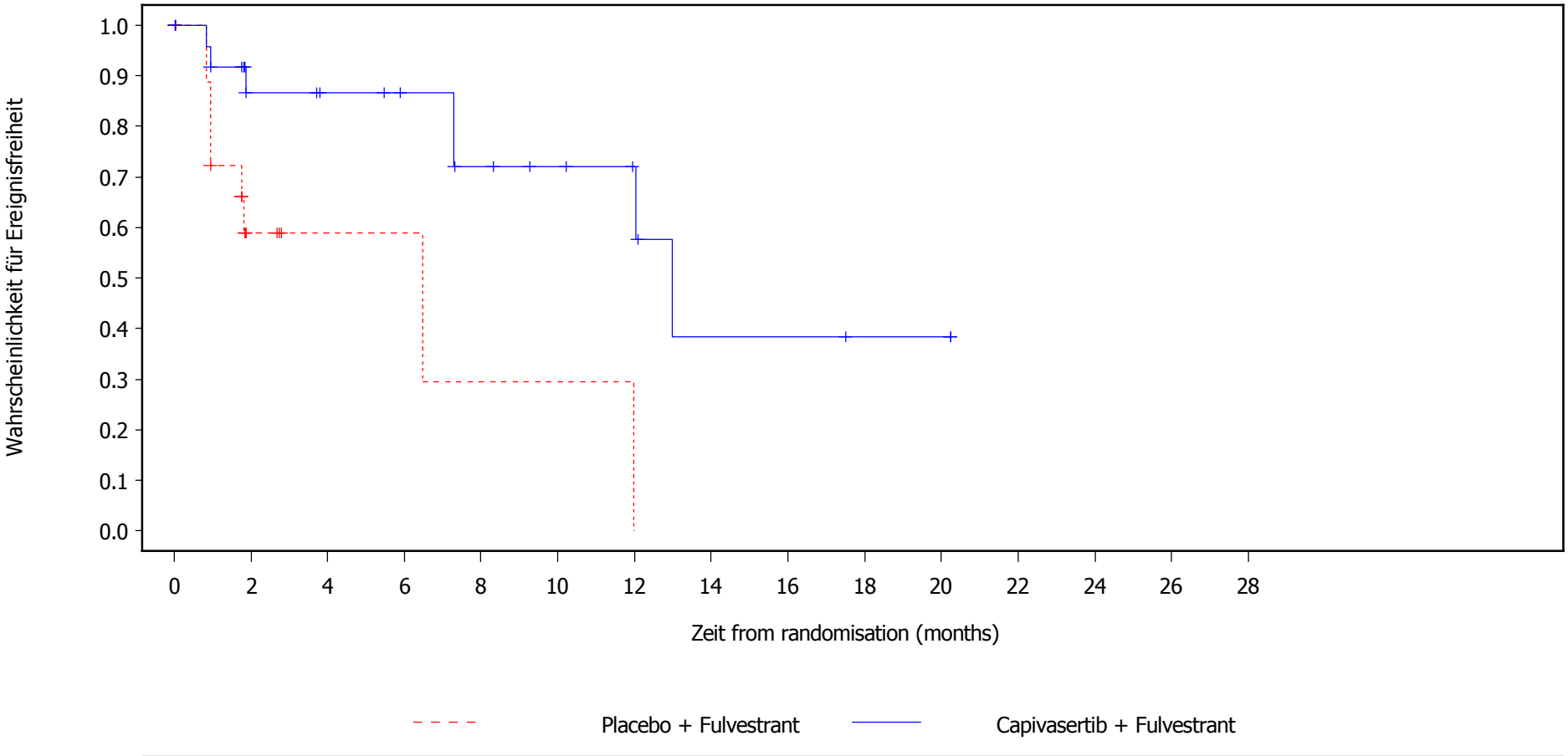


Anzahl an Patienten unter Risiko:

88	48	25	17	11	8	5	4	2	2	2	2	1	0	0	Capivasertib + Fulvestrant
65	24	15	9	3	2	1	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.18 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit for Hormonrezeptorstatus=ER+/PR-
Altered full analysis set DCO 15AUG2022

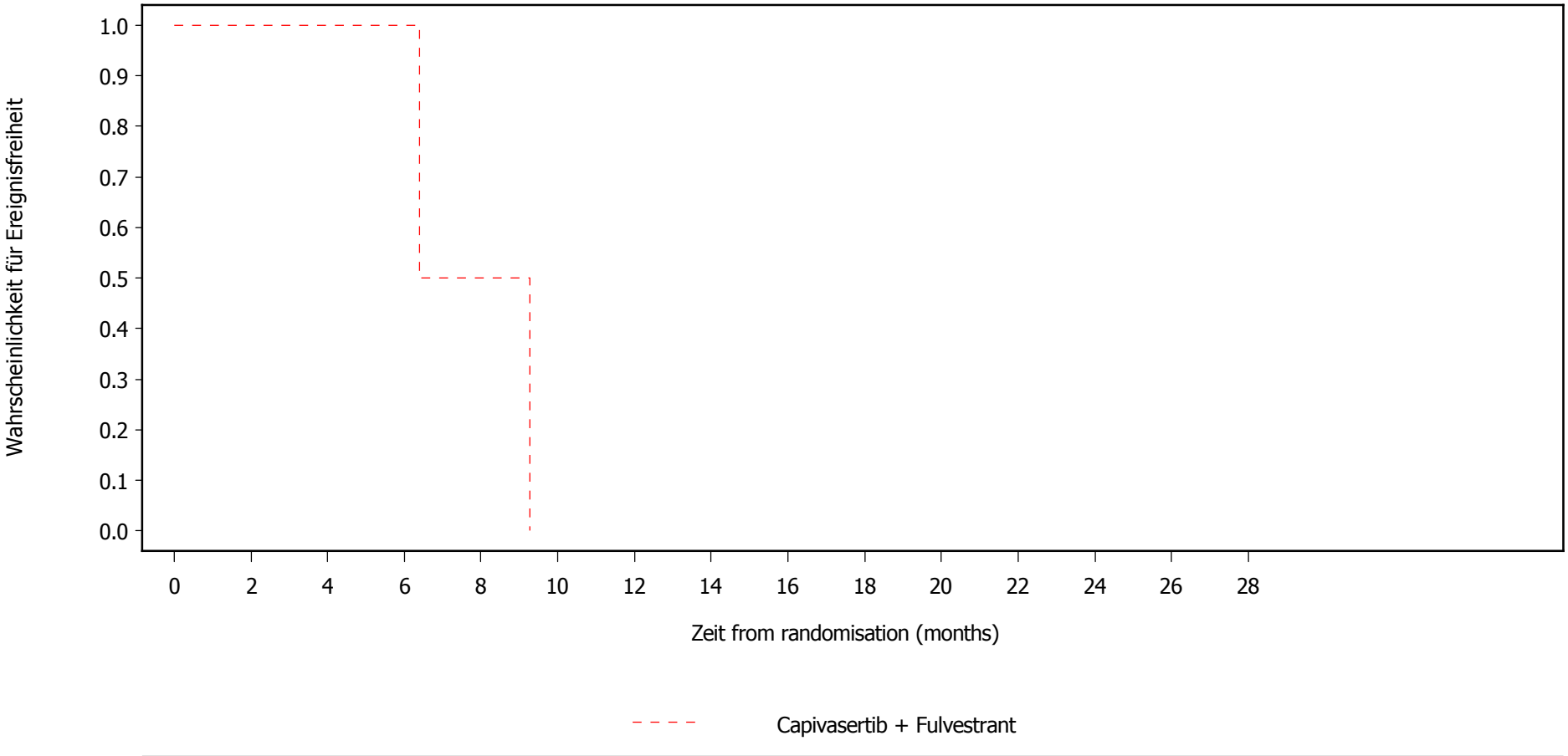


Anzahl an Patienten unter Risiko:

26	16	14	12	9	7	5	2	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
22	5	2	2	1	1	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.19 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit for Hormonrezeptorstatus=ER+/PR unbekannt
Altered full analysis set DCO 15AUG2022

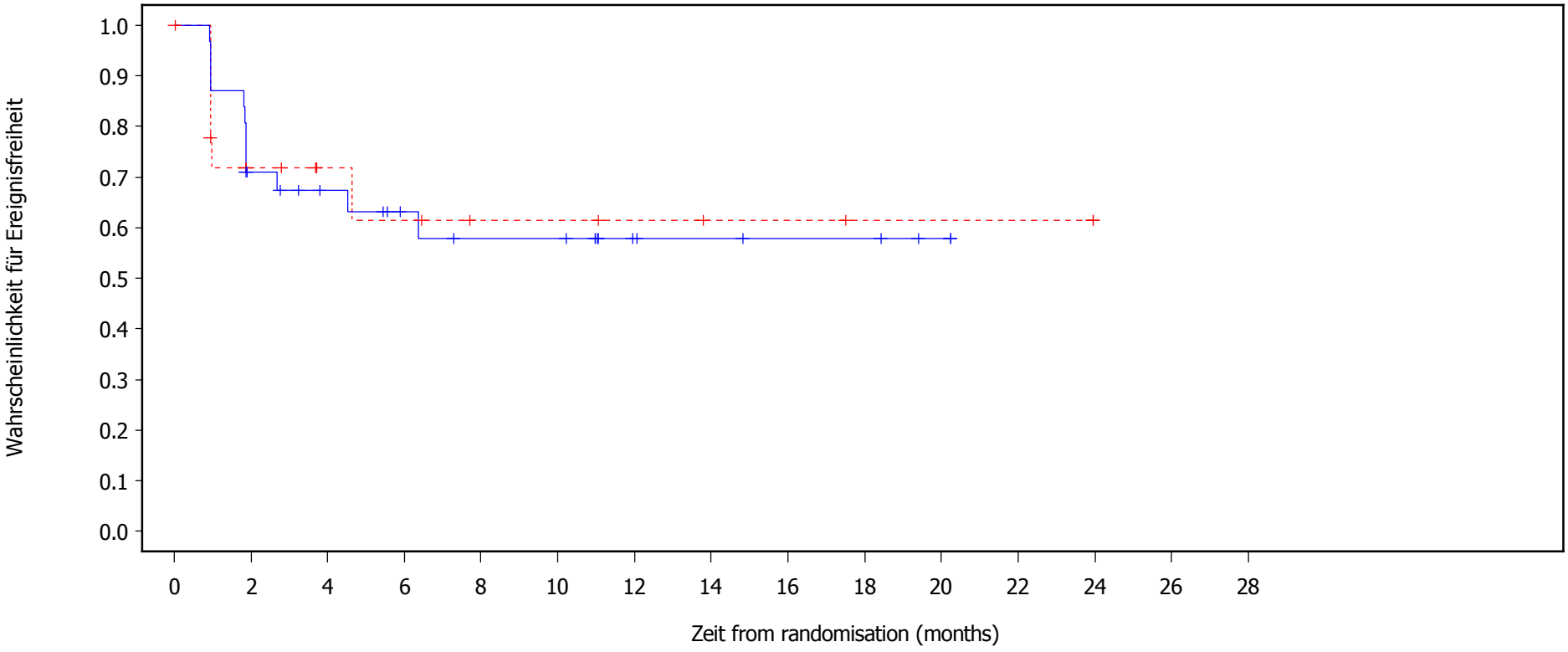


Anzahl an Patienten unter Risiko:

3	3	3	2	1	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.20 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
for Region=Asien
Altered full analysis set DCO 15AUG2022

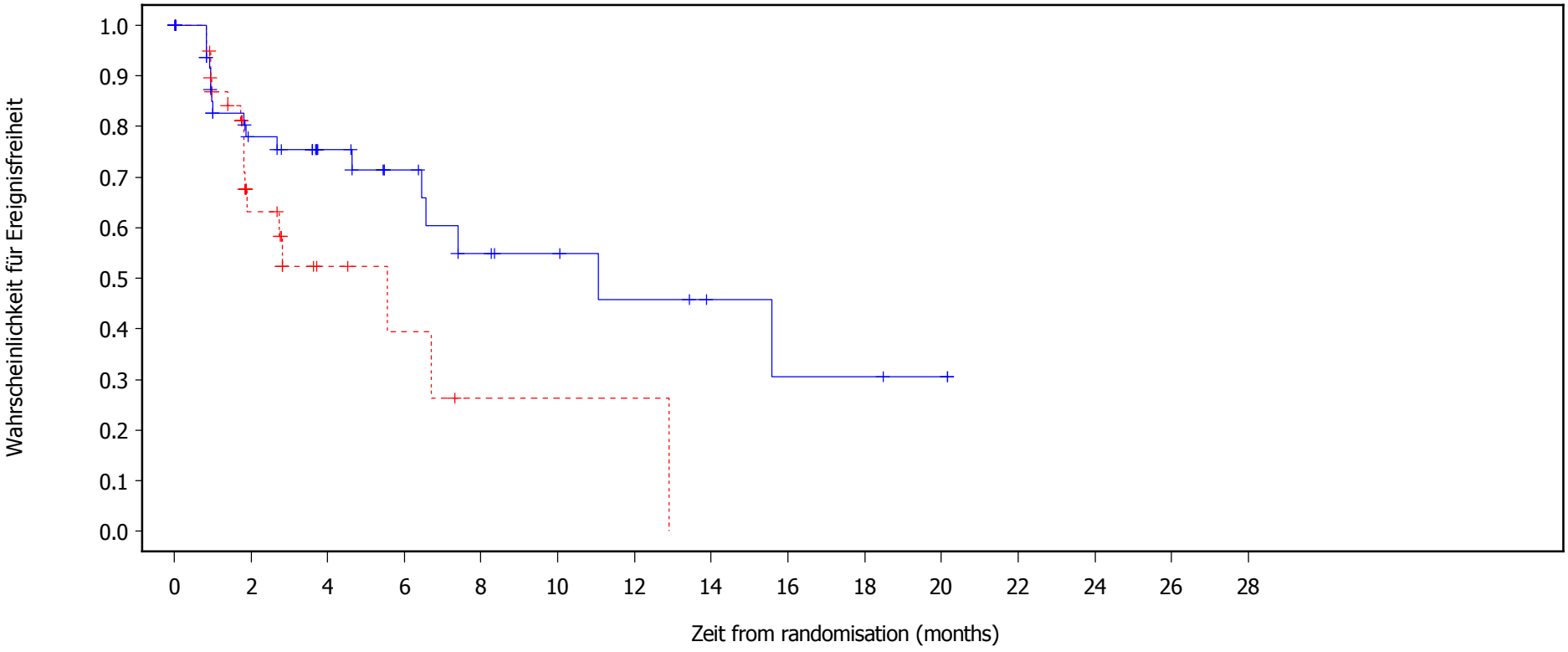


Anzahl an Patienten unter Risiko:

31	20	16	12	10	10	5	4	3	3	1	0	0	0	0	Capivasertib + Fulvestrant
19	10	7	6	4	4	3	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.21 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
for Region=USA, Kanada, Westeuropa, Australien, Israel
Altered full analysis set DCO 15AUG2022

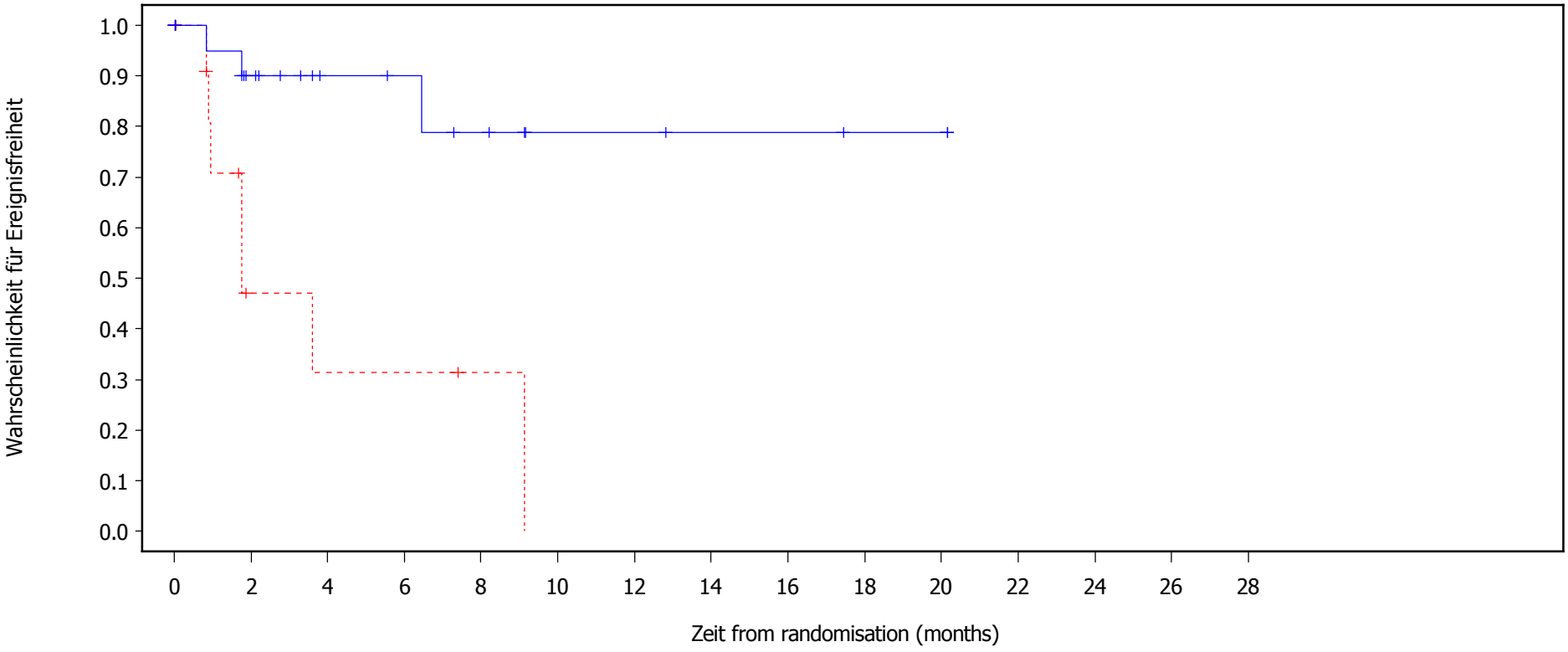


Anzahl an Patienten unter Risiko:

63	31	20	14	9	7	5	3	2	2	1	0	0	0	0	Capivasertib + Fulvestrant
53	14	5	3	1	1	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.5.22 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
for Region=Lateinamerika, Osteuropa und Russland
Altered full analysis set DCO 15AUG2022

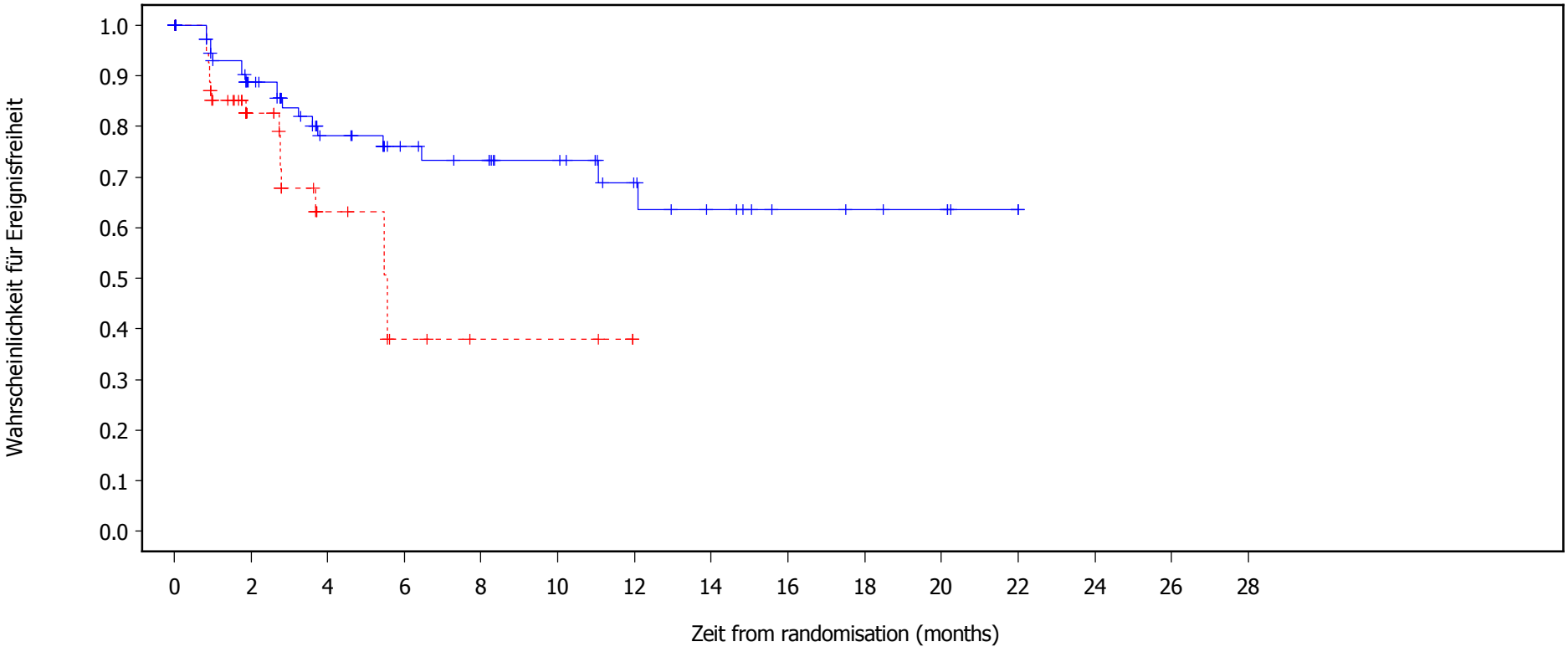


Anzahl an Patienten unter Risiko:

23	15	9	8	6	3	3	2	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
15	3	2	2	1	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.6.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich for Vorherige Therapie mit CDK4/6-Inhibitor=Ja
Altered full analysis set DCO 15AUG2022

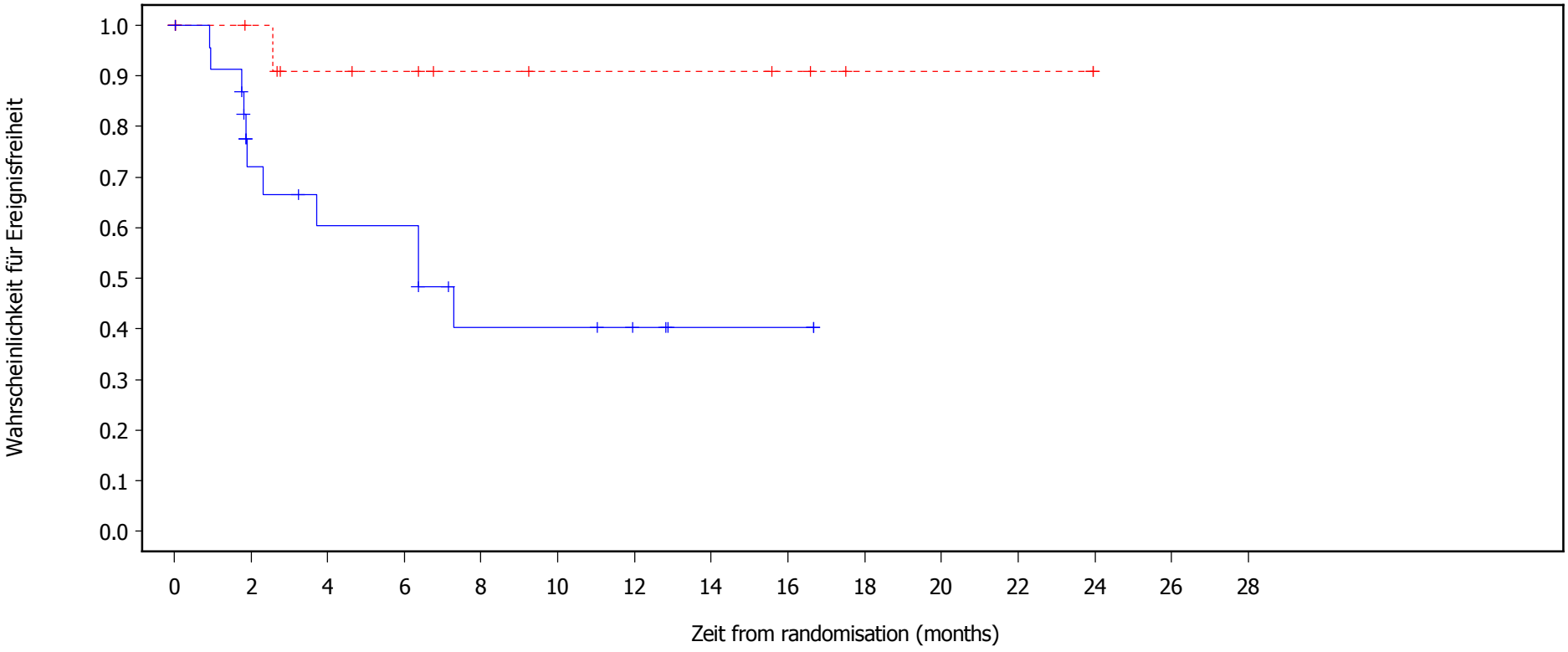


Anzahl an Patienten unter Risiko:

93	57	38	29	26	21	14	10	6	5	4	1	0	0	0	Capivasertib + Fulvestrant
72	25	11	4	2	2	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.6.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich for Vorherige Therapie mit CDK4/6-Inhibitor=Nein
Altered full analysis set DCO 15AUG2022

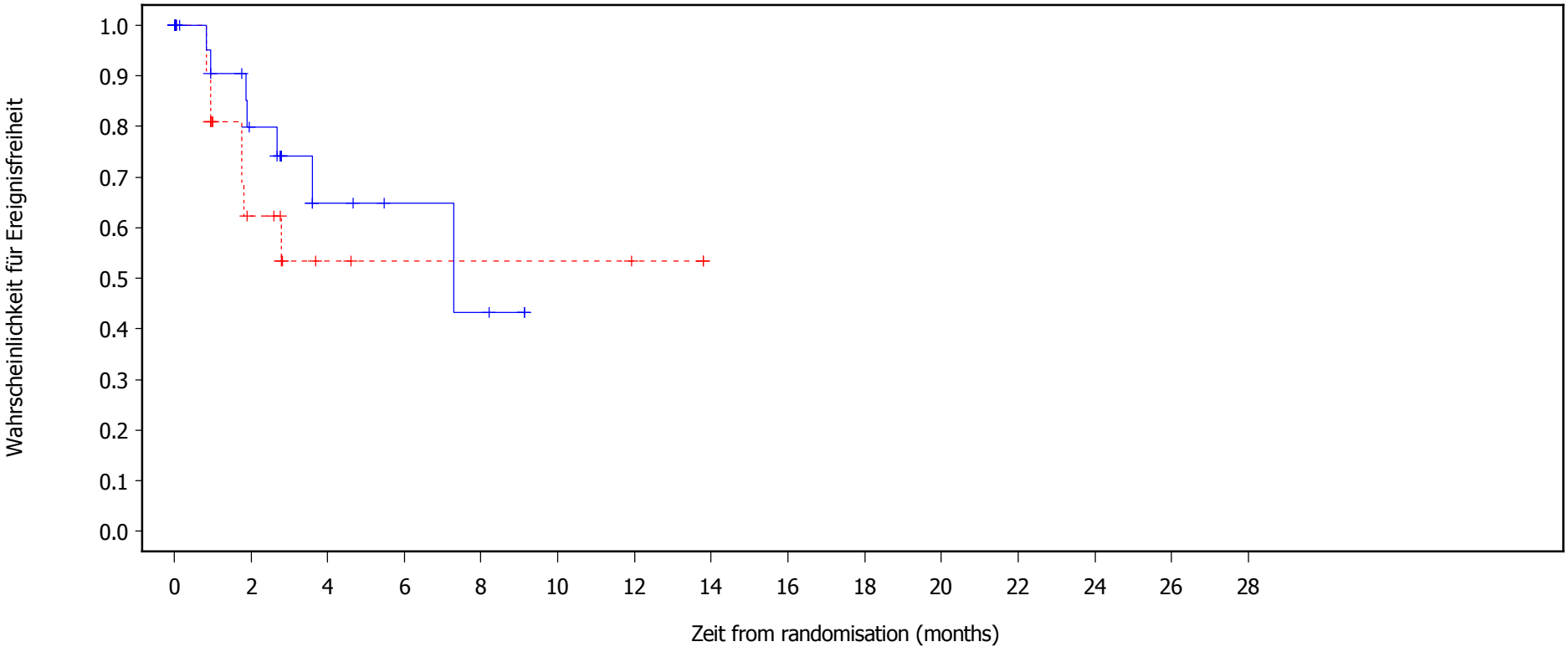


Anzahl an Patienten unter Risiko:

24	13	10	10	5	5	3	1	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
15	11	8	7	5	4	4	4	3	1	1	1	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.6.3 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall for Vorherige Therapie mit CDK4/6-Inhibitor=Ja
Altered full analysis set DCO 15AUG2022

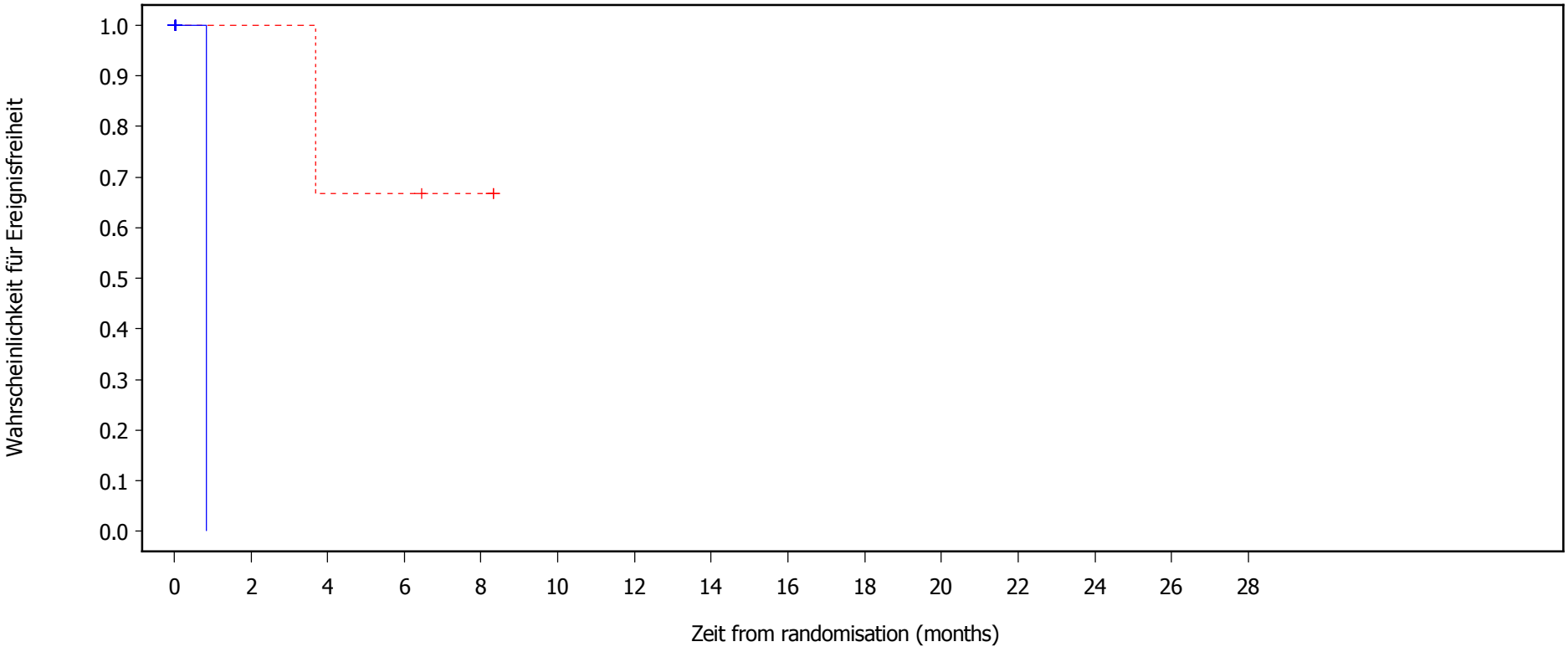


Anzahl an Patienten unter Risiko:

93	14	5	3	2	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
72	9	3	2	2	2	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.2.1.6.4 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall for Vorherige Therapie mit CDK4/6-Inhibitor=Nein
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
15	3	2	2	1	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in unstratified Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Table 4.2.2.1.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	1,0 [0,9; NE]	3	2 (66,7)	1,9 [0,9; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,54	[0,38; 10,22]	0,5737
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	2,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,54	[0,38; 10,22]	0,5737
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	2,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,54	[0,38; 10,22]	0,5737
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	4,6 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	0,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	1,54	[0,38; 10,22]	0,5737
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	0,9 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	5,0 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	2,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	0,9 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	4,6 [0,9; NE]	2	2 (100)	1,4 [0,9; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	3,2 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	3,2 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	2,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	1,4 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	2 (66,7)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,9 [0,9; NE]	3	2 (66,7)	1,0 [0,9; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	1,3 [0,9; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	0,99	[0,28; 4,53]	0,9828
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	1,0 [0,9; NE]	3	2 (66,7)	1,0 [0,9; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	0,99	[0,28; 4,53]	0,9828
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	1,0 [0,9; NE]	5	3 (60,0)	1,0 [0,9; NE]	0,90	[0,25; 4,19]	0,8760
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	0,99	[0,28; 4,53]	0,9828
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	1,8 [0,9; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	0,9 [0,9; NE]	5	2 (40,0)	1,0 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	0,99	[0,28; 4,53]	0,9828
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	1,0 [0,9; NE]	3	2 (66,7)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	0,9 [0,9; NE]	6	3 (50,0)	1,0 [0,9; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	1,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	1,0 [0,9; NE]	5	2 (40,0)	1,0 [1,0; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	0,9 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	1,8 [0,9; NE]	2	2 (100)	0,9 [0,9; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	1,0 [0,9; NE]	4	2 (50,0)	1,0 [0,9; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	0,9 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	5 (83,3)	0,9 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	1,0 [0,9; NE]	5	2 (40,0)	1,0 [1,0; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	3,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,9 [0,9; NE]	3	2 (66,7)	2,8 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	3,6 [0,9; NE]	3	2 (66,7)	1,9 [1,8; NE]	NC	[NC]	NC
Nein	4	4 (100)	1,3 [0,9; NE]	3	1 (33,3)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	9 (81,8)	1,8 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	1,40	[0,41; 6,39]	0,6136
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	8 (80,0)	2,7 [0,9; 3,7]	3	2 (66,7)	3,7 [1,8; NE]	1,54	[0,38; 10,42]	0,5744
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	9 (81,8)	1,8 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	1,40	[0,41; 6,39]	0,6136
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	8 (80,0)	2,7 [0,9; 3,7]	5	3 (60,0)	2,8 [1,8; NE]	1,26	[0,36; 5,87]	0,7307
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	9 (81,8)	1,8 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	1,40	[0,41; 6,39]	0,6136
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	1,8 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	2,3 [0,9; NE]	5	2 (40,0)	3,7 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	9 (81,8)	1,8 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	1,40	[0,41; 6,39]	0,6136
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	3,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	1,3 [0,9; NE]	3	2 (66,7)	2,8 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	6 (85,7)	3,6 [0,9; 3,7]	6	3 (50,0)	2,8 [1,8; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	1,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	8 (80,0)	2,7 [0,9; 3,7]	5	2 (40,0)	3,7 [1,9; NE]	1,65	[0,40; 11,12]	0,5164
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	2,3 [0,9; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	1,8 [0,9; NE]	2	2 (100)	1,8 [1,8; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	2,3 [0,9; NE]	4	2 (50,0)	3,7 [1,8; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	1,8 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	8 (80,0)	2,7 [0,9; 3,7]	5	2 (40,0)	3,7 [1,9; NE]	1,65	[0,40; 11,12]	0,5164
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	1,4 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	3,6 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	1,8 [0,9; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	2,3 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	1,4 [0,9; 3,7]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	3,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	1,4 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	2,3 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	1,8 [0,9; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	2,3 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	1,8 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	1,0 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	2 (66,7)	1,9 [1,9; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	3 (42,9)	NE [NE; NE]	3	2 (66,7)	1,9 [1,9; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	6 (54,5)	4,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	5 (50,0)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	6 (54,5)	4,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	5 (50,0)	4,6 [0,9; NE]	5	2 (40,0)	1,9 [1,9; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	6 (54,5)	4,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	4,6 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	3 (50,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	6 (54,5)	4,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	3,6 [0,9; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Sekundär	8	4 (50,0)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	3,6 [0,9; NE]	6	2 (33,3)	1,9 [1,9; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	5 (50,0)	4,6 [0,9; NE]	5	2 (40,0)	1,9 [1,9; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	3 (50,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	4,6 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	4 (50,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	4,6 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	3 (50,0)	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	5 (50,0)	4,6 [0,9; NE]	5	2 (40,0)	1,9 [1,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	1 (33,3)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	4 (57,1)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	1,8 [0,9; NE]	3	1 (33,3)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	7 (63,6)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	6 (60,0)	1,9 [0,9; NE]	3	1 (33,3)	3,7 [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	7 (63,6)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	6 (60,0)	1,9 [0,9; NE]	5	2 (40,0)	3,7 [1,9; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	7 (63,6)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	2,7 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	1,0 [0,9; NE]	5	1 (20,0)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	7 (63,6)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	1,0 [0,9; NE]	3	2 (66,7)	2,8 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	1,0 [0,9; NE]	6	2 (33,3)	3,7 [1,9; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	1,8 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	6 (60,0)	1,9 [0,9; NE]	5	2 (40,0)	3,7 [1,9; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	1,0 [0,9; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	2,7 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	1,0 [0,9; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	2,7 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	5 (83,3)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	6 (60,0)	1,9 [0,9; NE]	5	2 (40,0)	3,7 [1,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	5 (83,3)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	7 (100)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	10 (90,9)	1,0 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	1,81	[0,43; 12,16]	0,4399
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	9 (90,0)	1,0 [0,9; 3,6]	3	1 (33,3)	NE [NE; NE]	2,38	[0,41; 45,09]	0,3758
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	10 (90,9)	1,0 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	1,81	[0,43; 12,16]	0,4399
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	9 (90,0)	1,0 [0,9; 3,6]	5	2 (40,0)	1,9 [1,0; NE]	1,61	[0,37; 11,01]	0,5471
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	10 (90,9)	1,0 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	1,81	[0,43; 12,16]	0,4399
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	5 (100)	3,6 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	0,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	10 (90,9)	1,0 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	1,81	[0,43; 12,16]	0,4399
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	1,0 [0,9; 4,6]	3	2 (66,7)	1,4 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	6 (85,7)	0,9 [0,9; 3,6]	6	2 (33,3)	1,9 [1,0; NE]	NC	[NC]	NC
Nein	4	4 (100)	2,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	9 (90,0)	1,0 [0,9; 3,6]	5	2 (40,0)	1,9 [1,0; NE]	1,23	[0,28; 8,39]	0,8007
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	0,9 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	5 (100)	3,6 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	7 (87,5)	1,0 [0,9; 3,6]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	9 (90,0)	1,0 [0,9; 3,6]	5	2 (40,0)	1,9 [1,0; NE]	1,23	[0,28; 8,39]	0,8007
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	5 (83,3)	2,3 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	6 (85,7)	1,0 [0,9; 5,5]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	10 (90,9)	0,9 [0,9; 5,5]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	9 (90,0)	1,0 [0,9; 5,5]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	10 (90,9)	0,9 [0,9; 5,5]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	9 (90,0)	1,0 [0,9; 5,5]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	10 (90,9)	0,9 [0,9; 5,5]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	0,9 [0,9; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	6 (100)	1,0 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	10 (90,9)	0,9 [0,9; 5,5]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	3,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	7 (100)	1,0 [0,9; 5,5]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	9 (90,0)	1,0 [0,9; 5,5]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	6 (100)	1,0 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	0,9 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	7 (87,5)	1,0 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	0,9 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	5 (83,3)	0,9 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	9 (90,0)	1,0 [0,9; 5,5]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.9 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	6,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	1,9 [0,9; NE]	3	2 (66,7)	1,9 [1,8; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	9 (81,8)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	2,46	[0,62; 16,28]	0,2150
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	8 (80,0)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	3,6 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	9 (81,8)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	2,46	[0,62; 16,28]	0,2150
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	8 (80,0)	1,4 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	2,26	[0,56; 15,12]	0,2726
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.9 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	9 (81,8)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	2,46	[0,62; 16,28]	0,2150
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	0,9 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	2,3 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	9 (81,8)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	2,46	[0,62; 16,28]	0,2150
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	1,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	6 (85,7)	1,0 [0,9; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	8 (80,0)	1,4 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	2,3 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	0,9 [0,9; NE]	2	2 (100)	1,8 [1,8; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.9 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	7 (87,5)	1,4 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	5 (83,3)	1,0 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	8 (80,0)	1,4 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.10 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	1,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	3 (42,9)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	7,4 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	5 (45,5)	7,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	5 (50,0)	7,4 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	5 (45,5)	7,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	7,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.10 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	5 (45,5)	7,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	NE [NE; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Nein	6	3 (50,0)	7,4 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	5 (45,5)	7,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	7,4 [1,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	3 (37,5)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	1,9 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	4 (40,0)	7,4 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	3 (50,0)	7,4 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.10 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	4 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	7,4 [NE; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	3 (50,0)	NE [NE; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	4 (40,0)	7,4 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.11 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	6,4 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	6,4 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	3,6 [0,9; 9,2]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	5,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	3,6 [0,9; 9,2]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	8 (80,0)	2,3 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.11 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	3,6 [0,9; 9,2]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	3,6 [0,9; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	5,0 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	3,6 [0,9; 9,2]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	8,2 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	2,3 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	8,2 [0,9; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,3 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	5,9 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	5,0 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	3,6 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.11 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	4,6 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	3,6 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	0,9 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	5,9 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.12 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	3,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	4,1 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	5 (45,5)	4,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	4 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	4,7 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	5 (45,5)	4,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.12 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	5 (45,5)	4,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	NE [NE; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	3 (50,0)	4,7 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	5 (45,5)	4,7 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	4 (50,0)	4,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	3 (42,9)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	3 (50,0)	4,7 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.12 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	3 (37,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	4,6 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	3 (50,0)	4,7 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.13 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	12,9 [3,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	4 (57,1)	12,9 [0,9; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	4 (36,4)	12,9 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	3 (30,0)	12,9 [1,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	4 (36,4)	12,9 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	4 (40,0)	12,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.13 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	4 (36,4)	12,9 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	12,9 [1,0; NE]	1	1 (100)	3,6 [NE; NE]	NC	[NC]	NC
Nein	6	1 (16,7)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	4 (36,4)	12,9 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	4 (50,0)	12,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	6,9 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	3 (30,0)	12,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	3,6 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	1 (16,7)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	12,9 [1,0; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.13 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	4 (50,0)	12,9 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	8,3 [0,9; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	3 (30,0)	12,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	3,6 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.14 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	3 (42,9)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	2,3 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	7 (63,6)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	2,3 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	7 (63,6)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	6 (60,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.14 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	7 (63,6)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	3,6 [0,9; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	2,3 [0,9; NE]	5	1 (20,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	7 (63,6)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	1,0 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	3,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	6 (85,7)	1,0 [0,9; 3,7]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	6 (60,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	2,3 [0,9; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	3,6 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.1.14 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	2,3 [0,9; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	3,6 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	3 (50,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	6 (60,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	5 (83,3)	2,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	12,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	6 (85,7)	1,0 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	10,1 [4,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	4,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	7,3 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	4,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	8 (80,0)	2,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	4,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	4,6 [0,9; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	5,6 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	4,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	1,0 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	7,3 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	1,0 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	8,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	7,3 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	5,6 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	4,6 [0,9; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	5,6 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	4,6 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	7,0 [0,9; NE]	2	1 (50,0)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	7,3 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	8,2 [3,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	2 (20,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	2 (20,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	8,2 [3,6; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	1 (12,5)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	2 (28,6)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	1 (10,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	8,2 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	8,2 [3,6; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	1 (10,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	8,2 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	3 (42,9)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	6,4 [4,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	5 (45,5)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	4 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	5 (45,5)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	5 (50,0)	6,4 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	5 (45,5)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	4,6 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	5 (45,5)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	6,4 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	4,6 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	5,5 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	3,7 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	3,7 [0,9; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	3,7 [1,8; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	3,6 [0,9; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	5,5 [3,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	3,7 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	3,7 [1,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	3,7 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	7,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	3,7 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	3,6 [1,8; NE]	1	1 (100)	3,6 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	3,7 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	3,7 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	3,7 [3,6; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	3,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	6 (85,7)	3,7 [1,0; 7,4]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	3,7 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	3,6 [1,8; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	3,7 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	3,7 [3,6; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	2,7 [0,9; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	3,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	9,2 [1,8; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	4 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	3 (30,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	NE [NE; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	2 (33,3)	9,2 [1,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	4 (36,4)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	9,2 [4,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	2 (25,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	3 (42,9)	9,2 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	4 (40,0)	9,2 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	2 (33,3)	9,2 [1,0; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	9,2 [1,8; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	4 (40,0)	9,2 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	3,6 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	3,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	3,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	3,6 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	3,6 [1,8; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	2,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	1,8 [0,9; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	3,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	3,6 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	3,6 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	2,8 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	3,6 [1,8; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	3,7 [0,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	1,8 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	3,7 [0,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	3,6 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	0,9 [NE; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	0,9 [0,9; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	2 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	2 (20,0)	0,9 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	1 (100)	3,6 [NE; NE]	NC	[NC]	NC
Nein	6	1 (16,7)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	2 (18,2)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	1 (12,5)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	2 (28,6)	0,9 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	1 (10,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	1 (16,7)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.2.8 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	1 (12,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	NE [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	1 (10,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.3.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	6,4 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	4 (57,1)	1,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	2,3 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	2,7 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.3.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	3,6 [0,9; NE]	1	1 (100)	1,9 [NE; NE]	NC	[NC]	NC
Nein	6	5 (83,3)	0,9 [0,9; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	1,8 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	2 (66,7)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	2,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	0,9 [0,9; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,7 [0,9; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	5 (83,3)	0,9 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	3,6 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.2.3.1 CAPItello-291 (China B2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	5 (62,5)	5,5 [0,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	3 (100)	0,9 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	4 (66,7)	1,3 [0,9; NE]	2	1 (50,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.3.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	90 (96,8)	0,1 [0,1; 0,3]	71	63 (88,7)	0,5 [0,3; 0,7]	2,01	[1,45; 2,80]	<0,0001*
Nein	24	23 (95,8)	0,4 [0,0; 0,5]	15	11 (73,3)	1,3 [0,5; NE]	3,38	[1,61; 7,75]	0,0010*
Interaktion p-Wert									0,2126
Lebermetastasen									
Ja	53	50 (94,3)	0,1 [0,0; 0,3]	36	30 (83,3)	0,5 [0,2; 0,9]	2,00	[1,28; 3,19]	0,0024*
Nein	64	63 (98,4)	0,2 [0,1; 0,3]	50	44 (88,0)	0,5 [0,5; 1,3]	2,23	[1,51; 3,34]	<0,0001*
Interaktion p-Wert									0,7203
Region									
Asien	31	31 (100)	0,3 [0,1; 0,4]	19	16 (84,2)	1,0 [0,3; 2,4]	3,68	[1,95; 7,28]	<0,0001*
USA, Kanada, Westeuropa, Australien, Israel	63	62 (98,4)	0,1 [0,0; 0,1]	52	45 (86,5)	0,5 [0,3; 0,7]	2,60	[1,76; 3,86]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	20 (87,0)	0,5 [0,3; 1,9]	15	13 (86,7)	1,0 [0,5; 2,7]	1,19	[0,60; 2,47]	0,6210
Interaktion p-Wert									0,0707
Alter bei Randomisierung (Jahre)									
<65	78	74 (94,9)	0,1 [0,0; 0,3]	52	44 (84,6)	0,5 [0,4; 1,0]	2,41	[1,65; 3,58]	<0,0001*
>=65	39	39 (100)	0,3 [0,1; 0,4]	34	30 (88,2)	0,5 [0,4; 1,0]	1,79	[1,11; 2,92]	0,0168*
Interaktion p-Wert									0,3418
Ethnie									
Asiatisch	33	33 (100)	0,3 [0,1; 0,3]	20	17 (85,0)	0,7 [0,3; 2,4]	3,29	[1,79; 6,33]	<0,0001*
Weiß	61	59 (96,7)	0,1 [0,0; 0,4]	48	44 (91,7)	0,5 [0,3; 0,9]	1,70	[1,15; 2,53]	0,0078*
Andere	23	21 (91,3)	0,1 [0,0; 0,3]	18	13 (72,2)	0,6 [0,5; 1,3]	2,52	[1,27; 5,19]	0,0083*
Interaktion p-Wert									0,1755
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	18 (100)	0,1 [0,0; 0,5]	9	9 (100)	0,3 [0,0; 1,6]	1,32	[0,61; 3,08]	0,4947
Viszeral	79	76 (96,2)	0,2 [0,1; 0,3]	66	55 (83,3)	0,5 [0,5; 1,0]	2,21	[1,55; 3,17]	<0,0001*
Andere	20	19 (95,0)	0,1 [0,1; 0,3]	9	9 (100)	1,0 [0,0; 3,6]	2,32	[1,07; 5,42]	0,0338*
Interaktion p-Wert									0,5062
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	113 (96,6)	0,1 [0,1; 0,3]	84	73 (86,9)	0,5 [0,5; 0,9]	2,10	[1,56; 2,85]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	24 (92,3)	0,2 [0,0; 0,4]	18	18 (100)	0,5 [0,1; 1,0]	1,25	[0,68; 2,34]	0,4743
Nein	91	89 (97,8)	0,1 [0,1; 0,3]	68	56 (82,4)	0,5 [0,5; 1,0]	2,55	[1,81; 3,62]	<0,0001*
Interaktion p-Wert									0,0501
Menopausenstatus									
Postmenopausal (nur Frauen)	117	113 (96,6)	0,1 [0,1; 0,3]	86	74 (86,0)	0,5 [0,5; 0,9]	2,15	[1,60; 2,92]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	41 (97,6)	0,1 [0,1; 0,3]	35	27 (77,1)	0,9 [0,5; 2,4]	3,18	[1,94; 5,31]	<0,0001*
Sekundär	75	72 (96,0)	0,2 [0,0; 0,3]	51	47 (92,2)	0,5 [0,3; 0,7]	1,68	[1,16; 2,44]	0,0058*
Interaktion p-Wert									0,0413*
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	57 (98,3)	0,1 [0,0; 0,3]	38	33 (86,8)	0,5 [0,3; 1,0]	2,46	[1,59; 3,87]	<0,0001*
Nein	59	56 (94,9)	0,2 [0,1; 0,3]	48	41 (85,4)	0,6 [0,5; 1,0]	1,92	[1,28; 2,91]	0,0015*
Interaktion p-Wert									0,4200
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	105 (96,3)	0,1 [0,1; 0,3]	73	61 (83,6)	0,5 [0,5; 0,9]	2,22	[1,62; 3,09]	<0,0001*
2 oder mehr	8	8 (100)	0,2 [0,0; 0,4]	13	13 (100)	0,7 [0,0; 1,4]	2,11	[0,83; 5,04]	0,1132
Interaktion p-Wert									0,9100
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	85 (97,7)	0,1 [0,1; 0,3]	60	48 (80,0)	0,5 [0,5; 1,0]	2,64	[1,84; 3,83]	<0,0001*
2 oder mehr	30	28 (93,3)	0,1 [0,0; 0,4]	26	26 (100)	0,5 [0,1; 1,0]	1,35	[0,79; 2,32]	0,2748
Interaktion p-Wert									0,0428*
Hormonrezeptorstatus									
ER+/PR+	88	85 (96,6)	0,1 [0,1; 0,3]	64	56 (87,5)	0,5 [0,5; 1,0]	2,13	[1,51; 3,03]	<0,0001*
ER+/PR-	26	25 (96,2)	0,2 [0,0; 0,4]	22	18 (81,8)	0,5 [0,2; 1,0]	2,12	[1,16; 3,97]	0,0146*
ER+/PR unbekannt	3	3 (100)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9918
Raucherstatus									
Ja	6	6 (100)	0,0 [0,0; NE]	10	9 (90,0)	0,9 [0,0; 1,0]	5,59	[1,78; 16,53]	0,0044*
Nein	26	26 (100)	0,3 [0,1; 0,4]	10	7 (70,0)	4,9 [0,3; NE]	5,22	[2,13; 15,70]	0,0001*
Interaktion p-Wert									0,9270
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	109 (96,5)	0,1 [0,1; 0,3]	86	74 (86,0)	0,5 [0,5; 0,9]	2,20	[1,63; 2,99]	<0,0001*
Bilaterale Ovarektomie	4	4 (100)	0,6 [0,4; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	56 (60,2)	0,9 [0,5; 7,6]	71	12 (16,9)	NE [NE; NE]	4,87	[2,70; 9,56]	<0,0001*
Nein	24	14 (58,3)	2,9 [0,4; NE]	15	3 (20,0)	NE [NE; NE]	3,98	[1,30; 17,29]	0,0137*
Interaktion p-Wert									0,7795
Lebermetastasen									
Ja	53	32 (60,4)	0,9 [0,4; NE]	36	6 (16,7)	NE [NE; NE]	4,78	[2,15; 12,72]	<0,0001*
Nein	64	38 (59,4)	1,1 [0,4; 9,9]	50	9 (18,0)	NE [NE; NE]	4,57	[2,31; 10,09]	<0,0001*
Interaktion p-Wert									0,9368
Region									
Asien	31	23 (74,2)	0,4 [0,4; 1,0]	19	4 (21,1)	NE [NE; NE]	6,05	[2,32; 20,66]	<0,0001*
USA, Kanada, Westeuropa, Australien, Israel	63	42 (66,7)	0,7 [0,4; 4,9]	52	9 (17,3)	NE [NE; NE]	5,40	[2,75; 11,87]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	5 (21,7)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	1,70	[0,37; 11,89]	0,5103
Interaktion p-Wert									0,4591
Alter bei Randomisierung (Jahre)									
<65	78	46 (59,0)	1,0 [0,5; 6,1]	52	7 (13,5)	NE [NE; NE]	6,08	[2,93; 14,77]	<0,0001*
>=65	39	24 (61,5)	0,5 [0,4; NE]	34	8 (23,5)	NE [NE; NE]	3,45	[1,61; 8,22]	0,0011*
Interaktion p-Wert									0,3246
Ethnie									
Asiatisch	33	25 (75,8)	0,4 [0,4; 0,5]	20	4 (20,0)	NE [NE; NE]	6,75	[2,61; 22,97]	<0,0001*
Weiß	61	30 (49,2)	6,1 [0,9; NE]	48	9 (18,8)	NE [NE; NE]	3,07	[1,52; 6,88]	0,0013*
Andere	23	15 (65,2)	0,4 [0,3; NE]	18	2 (11,1)	NE [NE; NE]	9,17	[2,58; 58,29]	0,0002*
Interaktion p-Wert									0,2777

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	10 (55,6)	7,6 [0,4; NE]	9	1 (11,1)	NE [NE; NE]	5,79	[1,10;106,27]	0,0356*
Viszeral	79	46 (58,2)	1,0 [0,5; NE]	66	13 (19,7)	NE [NE; NE]	3,94	[2,19; 7,61]	<0,0001*
Andere	20	14 (70,0)	0,5 [0,3; 4,9]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,7146
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	70 (59,8)	0,9 [0,5; 6,1]	84	14 (16,7)	NE [NE; NE]	4,87	[2,83; 9,03]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	16 (61,5)	0,8 [0,4; NE]	18	2 (11,1)	NE [NE; NE]	8,39	[2,38; 53,09]	0,0003*
Nein	91	54 (59,3)	0,9 [0,5; 9,9]	68	13 (19,1)	NE [NE; NE]	4,11	[2,31; 7,87]	<0,0001*
Interaktion p-Wert									0,3491
Menopausenstatus									
Postmenopausal (nur Frauen)	117	70 (59,8)	0,9 [0,5; 6,1]	86	15 (17,4)	NE [NE; NE]	4,67	[2,75; 8,49]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	23 (54,8)	1,0 [0,5; NE]	35	3 (8,6)	NE [NE; NE]	8,81	[3,06; 37,16]	<0,0001*
Sekundär	75	47 (62,7)	0,9 [0,4; 4,9]	51	12 (23,5)	NE [NE; NE]	3,58	[1,96; 7,08]	<0,0001*
Interaktion p-Wert									0,1698
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	41 (70,7)	0,8 [0,4; 2,5]	38	7 (18,4)	NE [NE; NE]	5,47	[2,61; 13,36]	<0,0001*
Nein	59	29 (49,2)	9,9 [0,5; NE]	48	8 (16,7)	NE [NE; NE]	3,84	[1,84; 9,02]	0,0002*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									0,5355
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	63 (57,8)	1,0 [0,5; 9,9]	73	14 (19,2)	NE [NE; NE]	4,00	[2,31; 7,44]	<0,0001*
2 oder mehr	8	7 (87,5)	0,4 [0,1; 1,3]	13	1 (7,7)	NE [NE; NE]	22,69	[4,02;424,50]	0,0001*
Interaktion p-Wert									0,0665
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	51 (58,6)	1,0 [0,5; 9,9]	60	12 (20,0)	NE [NE; NE]	3,78	[2,08; 7,44]	<0,0001*
2 oder mehr	30	19 (63,3)	0,6 [0,4; NE]	26	3 (11,5)	NE [NE; NE]	8,76	[2,98; 37,32]	<0,0001*
Interaktion p-Wert									0,2057
Hormonrezeptorstatus									
ER+/PR+	88	51 (58,0)	1,7 [0,5; 7,6]	64	9 (14,1)	NE [NE; NE]	5,60	[2,90; 12,19]	<0,0001*
ER+/PR-	26	17 (65,4)	0,4 [0,4; NE]	22	6 (27,3)	NE [NE; NE]	3,30	[1,36; 9,18]	0,0073*
ER+/PR unbekannt	3	2 (66,7)	0,5 [0,3; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3815
Raucherstatus									
Ja	6	5 (83,3)	2,1 [0,0; NE]	10	3 (30,0)	NE [NE; NE]	4,43	[1,08; 21,67]	0,0385*
Nein	26	18 (69,2)	0,5 [0,4; 9,9]	10	1 (10,0)	NE [NE; NE]	10,41	[2,14;187,53]	0,0012*
Interaktion p-Wert									0,4795
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	68 (60,2)	0,9 [0,5; 6,1]	86	15 (17,4)	NE [NE; NE]	4,70	[2,76; 8,55]	<0,0001*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	19 (20,4)	NE [NE; NE]	71	3 (4,2)	NE [NE; NE]	4,72	[1,60; 20,12]	0,0032*
Nein	24	2 (8,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	1,24	[0,12; 26,75]	0,8571
Interaktion p-Wert									0,3599
Lebermetastasen									
Ja	53	10 (18,9)	NE [NE; NE]	36	2 (5,6)	14,0 [14,0; NE]	3,30	[0,87; 21,49]	0,0830
Nein	64	11 (17,2)	NE [NE; NE]	50	2 (4,0)	NE [NE; NE]	4,20	[1,12; 27,16]	0,0314*
Interaktion p-Wert									0,8262
Region									
Asien	31	4 (12,9)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	16 (25,4)	NE [NE; NE]	52	4 (7,7)	NE [NE; NE]	3,11	[1,13; 10,90]	0,0268*
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	7,00	[1,36;128,10]	0,0159*
>=65	39	10 (25,6)	NE [NE; NE]	34	3 (8,8)	NE [NE; NE]	2,98	[0,91; 13,32]	0,0723
Interaktion p-Wert									0,4690
Ethnie									
Asiatisch	33	6 (18,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	12 (19,7)	NE [NE; NE]	48	4 (8,3)	NE [NE; NE]	2,26	[0,79; 8,11]	0,1341
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	5 (27,8)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	13 (16,5)	NE [NE; NE]	66	3 (4,5)	NE [NE; NE]	3,42	[1,10; 14,96]	0,0325*
Andere	20	3 (15,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	21 (17,9)	NE [NE; NE]	84	3 (3,6)	NE [NE; NE]	4,90	[1,68; 20,77]	0,0021*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	4 (15,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,72	[0,40; 53,22]	0,3284
Nein	91	17 (18,7)	NE [NE; NE]	68	3 (4,4)	NE [NE; NE]	4,14	[1,39; 17,76]	0,0088*
Interaktion p-Wert									0,7489
Menopausenstatus									
Postmenopausal (nur Frauen)	117	21 (17,9)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	3,78	[1,43; 12,97]	0,0055*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	7 (16,7)	NE [NE; NE]	35	1 (2,9)	NE [NE; NE]	5,68	[1,01;106,35]	0,0487*
Sekundär	75	14 (18,7)	NE [NE; NE]	51	3 (5,9)	NE [NE; NE]	3,10	[1,01; 13,46]	0,0480*
Interaktion p-Wert									0,6143
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	13 (22,4)	NE [NE; NE]	38	2 (5,3)	NE [NE; NE]	4,01	[1,10; 25,67]	0,0332*
Nein	59	8 (13,6)	NE [NE; NE]	48	2 (4,2)	NE [NE; NE]	3,29	[0,82; 21,82]	0,0960
Interaktion p-Wert									0,8574
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	21 (19,3)	NE [NE; NE]	73	3 (4,1)	NE [NE; NE]	4,69	[1,61; 19,89]	0,0029*
2 oder mehr	8	0	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	17 (19,5)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	5,76	[1,65; 36,36]	0,0038*
2 oder mehr	30	4 (13,3)	NE [NE; NE]	26	2 (7,7)	NE [NE; NE]	1,68	[0,33; 12,11]	0,5409
Interaktion p-Wert									0,2851
Hormonrezeptorstatus									
ER+/PR+	88	13 (14,8)	NE [NE; NE]	64	2 (3,1)	NE [NE; NE]	4,75	[1,31; 30,40]	0,0149*
ER+/PR-	26	7 (26,9)	NE [NE; NE]	22	2 (9,1)	NE [NE; NE]	2,60	[0,62; 17,61]	0,2027
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,5879
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	2 (7,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	21 (18,6)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	3,91	[1,49; 13,44]	0,0043*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	17 (18,3)	NE [NE; NE]	71	2 (2,8)	NE [NE; NE]	6,89	[1,97; 43,49]	0,0012*
Nein	24	7 (29,2)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	15 (28,3)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	9 (14,1)	NE [NE; NE]	50	2 (4,0)	NE [NE; NE]	3,61	[0,93; 23,74]	0,0652
Interaktion p-Wert									NC
Region									
Asien	31	13 (41,9)	NE [NE; NE]	19	1 (5,3)	NE [NE; NE]	9,93	[1,98;180,43]	0,0024*
USA, Kanada, Westeuropa, Australien, Israel	63	9 (14,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	7,76	[1,45;143,06]	0,0127*
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,8674
Alter bei Randomisierung (Jahre)									
<65	78	18 (23,1)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	6 (15,4)	NE [NE; NE]	34	2 (5,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	13 (39,4)	NE [NE; NE]	20	1 (5,0)	NE [NE; NE]	9,77	[1,94;177,55]	0,0026*
Weiß	61	8 (13,1)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	6,54	[1,20;121,38]	0,0272*
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,7873
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	19 (24,1)	NE [NE; NE]	66	2 (3,0)	NE [NE; NE]	8,80	[2,55; 55,22]	0,0001*
Andere	20	4 (20,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	24 (20,5)	NE [NE; NE]	84	2 (2,4)	NE [NE; NE]	9,39	[2,79; 58,41]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	9 (34,6)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	15 (16,5)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	5,93	[1,67; 37,66]	0,0037*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	24 (20,5)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	9,60	[2,85; 59,75]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	10 (23,8)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	14 (18,7)	NE [NE; NE]	51	2 (3,9)	NE [NE; NE]	5,03	[1,40; 32,02]	0,0104*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	15 (25,9)	NE [NE; NE]	38	1 (2,6)	NE [NE; NE]	11,13	[2,25;201,15]	0,0010*
Nein	59	9 (15,3)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	7,69	[1,44;141,81]	0,0130*
Interaktion p-Wert									0,8029
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	20 (18,3)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	7,19	[2,10; 45,02]	0,0006*
2 oder mehr	8	4 (50,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	14 (16,1)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	5,10	[1,42; 32,50]	0,0096*
2 oder mehr	30	10 (33,3)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	16 (18,2)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	12,48	[2,55;225,25]	0,0004*
ER+/PR-	26	7 (26,9)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	6,74	[1,20;126,10]	0,0281*
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,6799
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	8 (30,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	23 (20,4)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	9,50	[2,81; 59,21]	<0,0001*
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	81 (87,1)	0,3 [0,1; 0,4]	71	37 (52,1)	3,7 [1,3; NE]	2,91	[1,98; 4,35]	<0,0001*
Nein	24	20 (83,3)	0,4 [0,0; 1,3]	15	6 (40,0)	NE [NE; NE]	3,74	[1,59; 10,24]	0,0019*
Interaktion p-Wert									0,6130
Lebermetastasen									
Ja	53	44 (83,0)	0,3 [0,1; 0,5]	36	17 (47,2)	NE [NE; NE]	3,07	[1,79; 5,54]	<0,0001*
Nein	64	57 (89,1)	0,3 [0,1; 0,7]	50	26 (52,0)	4,2 [1,3; NE]	2,95	[1,87; 4,78]	<0,0001*
Interaktion p-Wert									0,9101
Region									
Asien	31	28 (90,3)	0,4 [0,2; 0,5]	19	8 (42,1)	NE [NE; NE]	3,84	[1,83; 9,07]	0,0002*
USA, Kanada, Westeuropa, Australien, Israel	63	59 (93,7)	0,1 [0,1; 0,2]	52	28 (53,8)	3,5 [1,0; NE]	3,79	[2,43; 6,06]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	14 (60,9)	2,8 [0,4; NE]	15	7 (46,7)	NE [NE; NE]	1,59	[0,66; 4,19]	0,3084
Interaktion p-Wert									0,2508
Alter bei Randomisierung (Jahre)									
<65	78	66 (84,6)	0,2 [0,1; 0,4]	52	24 (46,2)	4,4 [1,3; NE]	3,44	[2,18; 5,60]	<0,0001*
>=65	39	35 (89,7)	0,4 [0,1; 0,7]	34	19 (55,9)	1,9 [1,0; NE]	2,44	[1,41; 4,36]	0,0013*
Interaktion p-Wert									0,3607
Ethnie									
Asiatisch	33	30 (90,9)	0,3 [0,1; 0,5]	20	9 (45,0)	NE [NE; NE]	3,69	[1,82; 8,29]	0,0002*
Weiß	61	52 (85,2)	0,1 [0,1; 0,5]	48	28 (58,3)	2,8 [1,0; NE]	2,51	[1,60; 4,03]	<0,0001*
Andere	23	19 (82,6)	0,2 [0,1; 0,6]	18	6 (33,3)	NE [NE; NE]	4,20	[1,77; 11,54]	0,0008*
Interaktion p-Wert									0,4924

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	17 (94,4)	0,6 [0,0; 1,9]	9	6 (66,7)	0,9 [0,1; NE]	1,94	[0,81; 5,40]	0,1434
Viszeral	79	67 (84,8)	0,3 [0,1; 0,5]	66	32 (48,5)	3,7 [1,5; NE]	2,96	[1,95; 4,57]	<0,0001*
Andere	20	17 (85,0)	0,2 [0,1; 0,5]	9	4 (44,4)	NE [NE; NE]	4,67	[1,72; 16,29]	0,0017*
Interaktion p-Wert									0,4821
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	101 (86,3)	0,3 [0,1; 0,4]	84	42 (50,0)	3,7 [1,8; NE]	2,99	[2,10; 4,35]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	20 (76,9)	0,4 [0,1; 1,3]	18	12 (66,7)	0,8 [0,5; NE]	1,47	[0,73; 3,09]	0,2895
Nein	91	81 (89,0)	0,3 [0,1; 0,4]	68	31 (45,6)	4,4 [2,2; NE]	3,71	[2,47; 5,71]	<0,0001*
Interaktion p-Wert									0,0327*
Menopausenstatus									
Postmenopausal (nur Frauen)	117	101 (86,3)	0,3 [0,1; 0,4]	86	43 (50,0)	3,7 [1,8; NE]	3,00	[2,11; 4,34]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	36 (85,7)	0,3 [0,1; 1,0]	35	14 (40,0)	NE [NE; NE]	3,85	[2,12; 7,40]	<0,0001*
Sekundär	75	65 (86,7)	0,3 [0,1; 0,5]	51	29 (56,9)	3,3 [0,5; NE]	2,57	[1,67; 4,05]	<0,0001*
Interaktion p-Wert									0,2902
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	52 (89,7)	0,3 [0,1; 0,4]	38	19 (50,0)	4,2 [0,6; NE]	3,24	[1,94; 5,62]	<0,0001*
Nein	59	49 (83,1)	0,3 [0,1; 0,5]	48	24 (50,0)	3,7 [1,5; NE]	2,78	[1,72; 4,62]	<0,0001*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									0,6796
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	93 (85,3)	0,3 [0,1; 0,5]	73	36 (49,3)	4,2 [1,3; NE]	2,93	[2,01; 4,36]	<0,0001*
2 oder mehr	8	8 (100)	0,2 [0,0; 0,5]	13	7 (53,8)	3,7 [0,7; NE]	4,66	[1,65; 13,43]	0,0042*
Interaktion p-Wert									0,4035
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	77 (88,5)	0,3 [0,1; 0,4]	60	27 (45,0)	NE [NE; NE]	3,57	[2,33; 5,65]	<0,0001*
2 oder mehr	30	24 (80,0)	0,3 [0,1; 1,3]	26	16 (61,5)	1,9 [0,5; NE]	2,03	[1,08; 3,89]	0,0270*
Interaktion p-Wert									0,1524
Hormonrezeptorstatus									
ER+/PR+	88	76 (86,4)	0,3 [0,1; 0,5]	64	30 (46,9)	4,4 [1,9; NE]	3,21	[2,12; 4,98]	<0,0001*
ER+/PR-	26	22 (84,6)	0,2 [0,0; 0,5]	22	13 (59,1)	1,7 [0,5; NE]	2,37	[1,21; 4,85]	0,0121*
ER+/PR unbekannt	3	3 (100)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4667
Raucherstatus									
Ja	6	6 (100)	0,0 [0,0; NE]	10	4 (40,0)	3,7 [0,5; NE]	12,25	[3,38; 49,41]	0,0002*
Nein	26	24 (92,3)	0,4 [0,1; 1,0]	10	3 (30,0)	NE [NE; NE]	5,42	[1,87; 22,94]	0,0008*
Interaktion p-Wert									0,3742
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	98 (86,7)	0,3 [0,1; 0,4]	86	43 (50,0)	3,7 [1,8; NE]	3,05	[2,14; 4,42]	<0,0001*
Bilaterale Ovarektomie	4	3 (75,0)	1,7 [0,4; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	75 (80,6)	0,3 [0,1; 0,5]	71	15 (21,1)	NE [NE; NE]	6,49	[3,83; 11,78]	<0,0001*
Nein	24	15 (62,5)	1,0 [0,2;13,6]	15	4 (26,7)	NE [NE; NE]	3,57	[1,29; 12,51]	0,0126*
Interaktion p-Wert									0,3595
Lebermetastasen									
Ja	53	40 (75,5)	0,4 [0,1; 0,7]	36	7 (19,4)	NE [NE; NE]	6,29	[3,00; 15,40]	<0,0001*
Nein	64	50 (78,1)	0,3 [0,1; 1,3]	50	12 (24,0)	NE [NE; NE]	5,39	[2,97; 10,63]	<0,0001*
Interaktion p-Wert									0,7653
Region									
Asien	31	24 (77,4)	0,5 [0,3; 1,9]	19	3 (15,8)	NE [NE; NE]	7,24	[2,52; 30,48]	<0,0001*
USA, Kanada, Westeuropa, Australien, Israel	63	58 (92,1)	0,1 [0,1; 0,3]	52	12 (23,1)	NE [NE; NE]	8,65	[4,79; 16,98]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	8 (34,8)	NE [NE; NE]	15	4 (26,7)	NE [NE; NE]	1,56	[0,49; 5,84]	0,4601
Interaktion p-Wert									0,0718
Alter bei Randomisierung (Jahre)									
<65	78	59 (75,6)	0,3 [0,1; 0,5]	52	10 (19,2)	NE [NE; NE]	6,84	[3,66; 14,25]	<0,0001*
>=65	39	31 (79,5)	0,5 [0,2; 1,9]	34	9 (26,5)	NE [NE; NE]	4,45	[2,20; 9,94]	<0,0001*
Interaktion p-Wert									0,4008
Ethnie									
Asiatisch	33	26 (78,8)	0,5 [0,3; 1,6]	20	3 (15,0)	NE [NE; NE]	7,92	[2,78; 33,26]	<0,0001*
Weiß	61	47 (77,0)	0,3 [0,1; 0,7]	48	13 (27,1)	NE [NE; NE]	5,03	[2,80; 9,70]	<0,0001*
Andere	23	17 (73,9)	0,3 [0,1; 1,9]	18	3 (16,7)	NE [NE; NE]	7,05	[2,36; 30,25]	0,0002*
Interaktion p-Wert									0,7451
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	16 (88,9)	1,1 [0,1; 1,9]	9	1 (11,1)	NE [NE; NE]	12,82	[2,62;231,46]	0,0003*
Viszeral	79	59 (74,7)	0,4 [0,3; 0,7]	66	16 (24,2)	NE [NE; NE]	4,77	[2,81; 8,58]	<0,0001*
Andere	20	15 (75,0)	0,2 [0,1; 1,4]	9	1 (11,1)	NE [NE; NE]	15,73	[3,17;284,89]	<0,0001*
Interaktion p-Wert									0,2912
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	90 (76,9)	0,4 [0,2; 0,7]	84	18 (21,4)	NE [NE; NE]	5,90	[3,64; 10,13]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	14 (53,8)	3,9 [0,1; NE]	18	5 (27,8)	NE [NE; NE]	2,33	[0,89; 7,22]	0,0873
Nein	91	76 (83,5)	0,3 [0,1; 0,5]	68	14 (20,6)	NE [NE; NE]	7,40	[4,31; 13,69]	<0,0001*
Interaktion p-Wert									0,0687
Menopausenstatus									
Postmenopausal (nur Frauen)	117	90 (76,9)	0,4 [0,2; 0,7]	86	19 (22,1)	NE [NE; NE]	5,73	[3,57; 9,70]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	34 (81,0)	0,3 [0,1; 1,4]	35	7 (20,0)	NE [NE; NE]	6,61	[3,11; 16,28]	<0,0001*
Sekundär	75	56 (74,7)	0,4 [0,2; 0,7]	51	12 (23,5)	NE [NE; NE]	5,24	[2,91; 10,27]	<0,0001*
Interaktion p-Wert									0,6548
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	45 (77,6)	0,3 [0,2; 1,3]	38	8 (21,1)	NE [NE; NE]	6,13	[3,05; 14,08]	<0,0001*
Nein	59	45 (76,3)	0,4 [0,1; 0,8]	48	11 (22,9)	NE [NE; NE]	5,42	[2,91; 11,05]	<0,0001*
Interaktion p-Wert									0,8088
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	82 (75,2)	0,4 [0,2; 0,8]	73	18 (24,7)	NE [NE; NE]	4,91	[3,01; 8,45]	<0,0001*
2 oder mehr	8	8 (100)	0,2 [0,0; 0,8]	13	1 (7,7)	NE [NE; NE]	30,64	[5,58;570,79]	<0,0001*
Interaktion p-Wert									0,0441*
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	72 (82,8)	0,3 [0,1; 0,5]	60	14 (23,3)	NE [NE; NE]	6,20	[3,60; 11,49]	<0,0001*
2 oder mehr	30	18 (60,0)	1,0 [0,1; NE]	26	5 (19,2)	NE [NE; NE]	4,42	[1,76; 13,39]	0,0011*
Interaktion p-Wert									0,5680
Hormonrezeptorstatus									
ER+/PR+	88	67 (76,1)	0,3 [0,2; 1,0]	64	12 (18,8)	NE [NE; NE]	6,76	[3,79; 13,16]	<0,0001*
ER+/PR-	26	20 (76,9)	0,4 [0,1; 1,0]	22	7 (31,8)	10,3 [1,3; NE]	3,63	[1,60; 9,27]	0,0016*
ER+/PR unbekannt	3	3 (100)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,2580
Raucherstatus									
Ja	6	6 (100)	0,2 [0,0; NE]	10	2 (20,0)	NE [NE; NE]	19,25	[4,32;133,64]	<0,0001*
Nein	26	23 (88,5)	0,6 [0,2; 1,4]	10	2 (20,0)	NE [NE; NE]	7,62	[2,24; 47,60]	0,0003*
Interaktion p-Wert									0,4076
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	88 (77,9)	0,3 [0,2; 0,5]	86	19 (22,1)	NE [NE; NE]	5,85	[3,64; 9,92]	<0,0001*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Erbrechen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	22 (23,7)	NE [NE; NE]	71	5 (7,0)	NE [NE; NE]	3,10	[1,27; 9,30]	0,0118*
Nein	24	4 (16,7)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	2,50	[0,37; 48,83]	0,3743
Interaktion p-Wert									0,8610
Lebermetastasen									
Ja	53	14 (26,4)	NE [NE; NE]	36	3 (8,3)	19,3 [NE; NE]	2,90	[0,94; 12,60]	0,0651
Nein	64	12 (18,8)	NE [NE; NE]	50	3 (6,0)	NE [NE; NE]	2,94	[0,93; 12,91]	0,0678
Interaktion p-Wert									0,9885
Region									
Asien	31	3 (9,7)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	19 (30,2)	NE [NE; NE]	52	5 (9,6)	NE [NE; NE]	2,90	[1,16; 8,79]	0,0215*
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	2,96	[0,44; 57,84]	0,2872
Interaktion p-Wert									0,9878
Alter bei Randomisierung (Jahre)									
<65	78	17 (21,8)	NE [NE; NE]	52	2 (3,8)	NE [NE; NE]	5,31	[1,52; 33,57]	0,0062*
>=65	39	9 (23,1)	NE [NE; NE]	34	4 (11,8)	NE [NE; NE]	1,83	[0,60; 6,78]	0,2978
Interaktion p-Wert									0,2537
Ethnie									
Asiatisch	33	4 (12,1)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	16 (26,2)	NE [NE; NE]	48	6 (12,5)	NE [NE; NE]	2,02	[0,83; 5,63]	0,1255
Andere	23	6 (26,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Erbrechen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	1,55	[0,23; 30,43]	0,6852
Viszeral	79	17 (21,5)	NE [NE; NE]	66	4 (6,1)	NE [NE; NE]	3,24	[1,19; 11,29]	0,0194*
Andere	20	5 (25,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,5740
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	26 (22,2)	NE [NE; NE]	84	5 (6,0)	NE [NE; NE]	3,52	[1,47; 10,44]	0,0036*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	8 (30,8)	NE [NE; NE]	18	3 (16,7)	19,3 [19,3; NE]	1,73	[0,50; 7,91]	0,4013
Nein	91	18 (19,8)	NE [NE; NE]	68	3 (4,4)	NE [NE; NE]	4,18	[1,41; 17,89]	0,0078*
Interaktion p-Wert									0,3404
Menopausenstatus									
Postmenopausal (nur Frauen)	117	26 (22,2)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	2,99	[1,31; 8,04]	0,0079*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	11 (26,2)	NE [NE; NE]	35	2 (5,7)	NE [NE; NE]	4,66	[1,25; 30,13]	0,0197*
Sekundär	75	15 (20,0)	NE [NE; NE]	51	4 (7,8)	NE [NE; NE]	2,27	[0,82; 8,00]	0,1196
Interaktion p-Wert									0,4421
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	12 (20,7)	NE [NE; NE]	38	3 (7,9)	NE [NE; NE]	2,36	[0,75; 10,40]	0,1524
Nein	59	14 (23,7)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	3,70	[1,21; 16,08]	0,0202*
Interaktion p-Wert									0,6207
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Erbrechen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	26 (23,9)	NE [NE; NE]	73	5 (6,8)	NE [NE; NE]	3,35	[1,40; 9,93]	0,0053*
2 oder mehr	8	0	NE [NE; NE]	13	1 (7,7)	19,3 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	18 (20,7)	NE [NE; NE]	60	3 (5,0)	NE [NE; NE]	3,89	[1,31; 16,65]	0,0119*
2 oder mehr	30	8 (26,7)	NE [NE; NE]	26	3 (11,5)	19,3 [19,3; NE]	2,17	[0,63; 9,92]	0,2303
Interaktion p-Wert									0,5265
Hormonrezeptorstatus									
ER+/PR+	88	22 (25,0)	NE [NE; NE]	64	5 (7,8)	NE [NE; NE]	3,18	[1,30; 9,49]	0,0096*
ER+/PR-	26	4 (15,4)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	2,77	[0,41; 54,30]	0,3207
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9118
Raucherstatus									
Ja	6	2 (33,3)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	7 (26,9)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	26 (23,0)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	3,09	[1,36; 8,33]	0,0060*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	17 (18,3)	NE [NE; NE]	71	1 (1,4)	NE [NE; NE]	12,49	[2,55;225,49]	0,0004*
Nein	24	5 (20,8)	25,6 [25,6; NE]	15	1 (6,7)	NE [NE; NE]	3,31	[0,53; 63,37]	0,2189
Interaktion p-Wert									0,3876
Lebermetastasen									
Ja	53	12 (22,6)	25,6 [25,6; NE]	36	1 (2,8)	NE [NE; NE]	7,85	[1,54;143,14]	0,0090*
Nein	64	10 (15,6)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	7,58	[1,44;139,34]	0,0127*
Interaktion p-Wert									0,9813
Region									
Asien	31	11 (35,5)	25,3 [25,3; NE]	19	1 (5,3)	NE [NE; NE]	7,66	[1,49;140,13]	0,0108*
USA, Kanada, Westeuropa, Australien, Israel	63	11 (17,5)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	8,52	[1,65;156,02]	0,0068*
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,9425
Alter bei Randomisierung (Jahre)									
<65	78	15 (19,2)	25,6 [25,3; NE]	52	1 (1,9)	NE [NE; NE]	9,66	[1,95;174,78]	0,0024*
>=65	39	7 (17,9)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	6,12	[1,08;114,58]	0,0392*
Interaktion p-Wert									0,7592
Ethnie									
Asiatisch	33	11 (33,3)	25,3 [25,3; NE]	20	1 (5,0)	NE [NE; NE]	7,48	[1,45;136,87]	0,0120*
Weiß	61	6 (9,8)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	4,30	[0,73; 81,47]	0,1159
Andere	23	5 (21,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,7140
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	15 (19,0)	NE [NE; NE]	66	1 (1,5)	NE [NE; NE]	12,09	[2,44;219,00]	0,0006*
Andere	20	6 (30,0)	25,3 [3,5; NE]	9	1 (11,1)	NE [NE; NE]	2,92	[0,50; 55,19]	0,2647
Interaktion p-Wert									0,3552
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	22 (18,8)	NE [NE; NE]	84	2 (2,4)	NE [NE; NE]	7,72	[2,26; 48,26]	0,0003*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	4 (15,4)	25,6 [25,6; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	18 (19,8)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	6,83	[1,96; 43,02]	0,0011*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	22 (18,8)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	7,89	[2,31; 49,37]	0,0003*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	6 (14,3)	25,6 [25,6; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	16 (21,3)	NE [NE; NE]	51	2 (3,9)	NE [NE; NE]	5,37	[1,51; 34,10]	0,0066*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	14 (24,1)	NE [NE; NE]	38	1 (2,6)	NE [NE; NE]	9,56	[1,92;173,24]	0,0027*
Nein	59	8 (13,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	6,03	[1,10;112,04]	0,0367*
Interaktion p-Wert									0,7568
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.8 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	19 (17,4)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	6,08	[1,75; 38,29]	0,0024*
2 oder mehr	8	3 (37,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	17 (19,5)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	5,90	[1,68; 37,28]	0,0033*
2 oder mehr	30	5 (16,7)	25,6 [25,6; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	13 (14,8)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	9,28	[1,84;168,54]	0,0035*
ER+/PR-	26	9 (34,6)	25,3 [0,6; NE]	22	1 (4,5)	NE [NE; NE]	7,74	[1,44;143,32]	0,0136*
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9029
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	8 (30,8)	25,6 [25,3; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	22 (19,5)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	8,19	[2,40; 51,25]	0,0002*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Uebelkeit
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	34 (36,6)	NE [NE; NE]	71	12 (16,9)	NE [NE; NE]	2,14	[1,14; 4,32]	0,0175*
Nein	24	10 (41,7)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	7,39	[1,42;135,66]	0,0137*
Interaktion p-Wert									0,2012
Lebermetastasen									
Ja	53	23 (43,4)	8,2 [5,4; NE]	36	5 (13,9)	NE [NE; NE]	3,29	[1,35; 9,79]	0,0071*
Nein	64	21 (32,8)	NE [NE; NE]	50	8 (16,0)	NE [NE; NE]	2,04	[0,94; 4,92]	0,0729
Interaktion p-Wert									0,4576
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	1 (5,3)	NE [NE; NE]	3,61	[0,62; 68,28]	0,1714
USA, Kanada, Westeuropa, Australien, Israel	63	34 (54,0)	5,6 [1,0; NE]	52	12 (23,1)	NE [NE; NE]	2,49	[1,32; 5,02]	0,0042*
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,7320
Alter bei Randomisierung (Jahre)									
<65	78	27 (34,6)	NE [NE; NE]	52	10 (19,2)	NE [NE; NE]	1,85	[0,92; 4,02]	0,0838
>=65	39	17 (43,6)	NE [NE; NE]	34	3 (8,8)	NE [NE; NE]	4,98	[1,67; 21,36]	0,0026*
Interaktion p-Wert									0,1528
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	1 (5,0)	NE [NE; NE]	4,11	[0,73; 76,93]	0,1192
Weiß	61	28 (45,9)	8,3 [4,4; NE]	48	10 (20,8)	NE [NE; NE]	2,34	[1,18; 5,07]	0,0147*
Andere	23	9 (39,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	3,66	[0,94; 24,04]	0,0629
Interaktion p-Wert									0,7877
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Uebelkeit
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	7 (38,9)	21,4 [1,8; NE]	9	4 (44,4)	NE [NE; NE]	0,63	[0,19; 2,43]	0,4785
Viszeral	79	28 (35,4)	NE [NE; NE]	66	8 (12,1)	NE [NE; NE]	2,96	[1,41; 6,96]	0,0033*
Andere	20	9 (45,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,0483*
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	44 (37,6)	NE [NE; NE]	84	12 (14,3)	NE [NE; NE]	2,70	[1,47; 5,36]	0,0010*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	9 (34,6)	21,4 [5,4; NE]	18	5 (27,8)	NE [NE; NE]	1,09	[0,38; 3,56]	0,8724
Nein	91	35 (38,5)	NE [NE; NE]	68	8 (11,8)	NE [NE; NE]	3,48	[1,70; 8,09]	0,0004*
Interaktion p-Wert									0,0971
Menopausenstatus									
Postmenopausal (nur Frauen)	117	44 (37,6)	NE [NE; NE]	86	13 (15,1)	NE [NE; NE]	2,55	[1,41; 4,94]	0,0015*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	12 (28,6)	21,4 [21,4; NE]	35	2 (5,7)	NE [NE; NE]	5,02	[1,37; 32,26]	0,0125*
Sekundär	75	32 (42,7)	NE [NE; NE]	51	11 (21,6)	NE [NE; NE]	2,04	[1,06; 4,24]	0,0327*
Interaktion p-Wert									0,2530
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	22 (37,9)	NE [NE; NE]	38	7 (18,4)	NE [NE; NE]	2,12	[0,95; 5,37]	0,0672
Nein	59	22 (37,3)	21,4 [5,6; NE]	48	6 (12,5)	NE [NE; NE]	3,04	[1,31; 8,26]	0,0084*
Interaktion p-Wert									0,5690
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.9 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Uebelkeit
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	42 (38,5)	21,4 [8,2; NE]	73	12 (16,4)	NE [NE; NE]	2,41	[1,31; 4,79]	0,0041*
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	3,08	[0,29; 66,36]	0,3407
Interaktion p-Wert									0,8445
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	33 (37,9)	NE [NE; NE]	60	8 (13,3)	NE [NE; NE]	2,99	[1,45; 6,98]	0,0022*
2 oder mehr	30	11 (36,7)	21,4 [5,4; NE]	26	5 (19,2)	NE [NE; NE]	1,83	[0,67; 5,82]	0,2473
Interaktion p-Wert									0,4667
Hormonrezeptorstatus									
ER+/PR+	88	32 (36,4)	NE [NE; NE]	64	11 (17,2)	NE [NE; NE]	2,22	[1,15; 4,60]	0,0163*
ER+/PR-	26	10 (38,5)	NE [NE; NE]	22	2 (9,1)	NE [NE; NE]	4,26	[1,12; 27,78]	0,0322*
ER+/PR unbekannt	3	2 (66,7)	8,3 [0,8; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4217
Raucherstatus									
Ja	6	3 (50,0)	8,2 [0,0; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	8 (30,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	42 (37,2)	NE [NE; NE]	86	13 (15,1)	NE [NE; NE]	2,51	[1,38; 4,87]	0,0020*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Dysgeusie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	8 (8,6)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	5 (9,4)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	5 (7,8)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	1 (3,2)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	9 (14,3)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	6 (7,7)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	4 (10,3)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	2 (6,1)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	6 (9,8)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	2 (8,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Dysgeusie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	7 (8,9)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	10 (8,5)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	8 (8,8)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	10 (8,5)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	5 (11,9)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	5 (6,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	4 (6,9)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	6 (10,2)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.10 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Dysgeusie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	10 (9,2)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	8 (9,2)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	10 (11,4)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	4 (15,4)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	10 (8,8)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	35 (37,6)	15,7 [7,2;18,6]	71	12 (16,9)	13,0 [10,8; NE]	1,70	[0,90; 3,44]	0,1017
Nein	24	10 (41,7)	13,9 [4,4; NE]	15	3 (20,0)	NE [NE; NE]	2,85	[0,86; 12,85]	0,0884
Interaktion p-Wert									0,4788
Lebermetastasen									
Ja	53	16 (30,2)	17,3 [9,1; NE]	36	8 (22,2)	NE [NE; NE]	0,91	[0,39; 2,26]	0,8273
Nein	64	29 (45,3)	13,9 [6,2; NE]	50	7 (14,0)	19,3 [10,8; NE]	3,23	[1,49; 8,04]	0,0021*
Interaktion p-Wert									0,0368*
Region									
Asien	31	17 (54,8)	6,7 [4,4; NE]	19	3 (15,8)	NE [NE; NE]	3,66	[1,22; 15,72]	0,0184*
USA, Kanada, Westeuropa, Australien, Israel	63	26 (41,3)	10,1 [6,4;20,5]	52	9 (17,3)	13,0 [7,2; NE]	1,72	[0,83; 3,91]	0,1489
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	3 (20,0)	NE [NE; NE]	0,50	[0,07; 3,06]	0,4496
Interaktion p-Wert									0,1766
Alter bei Randomisierung (Jahre)									
<65	78	28 (35,9)	13,9 [7,2; NE]	52	8 (15,4)	19,3 [7,2; NE]	1,99	[0,94; 4,69]	0,0718
>=65	39	17 (43,6)	17,3 [6,4;20,5]	34	7 (20,6)	NE [NE; NE]	1,88	[0,81; 4,87]	0,1462
Interaktion p-Wert									0,9258
Ethnie									
Asiatisch	33	18 (54,5)	10,1 [4,4;15,7]	20	4 (20,0)	NE [NE; NE]	2,72	[1,01; 9,47]	0,0474*
Weiß	61	20 (32,8)	17,3 [9,1; NE]	48	9 (18,8)	19,3 [10,8; NE]	1,61	[0,75; 3,73]	0,2271
Andere	23	7 (30,4)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,62	[0,39; 11,00]	0,5319
Interaktion p-Wert									0,7185

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	9 (50,0)	6,4 [5,8; NE]	9	1 (11,1)	NE [NE; NE]	3,19	[0,59; 59,12]	0,2026
Viszeral	79	25 (31,6)	17,3 [13,9; NE]	66	13 (19,7)	19,3 [10,8; NE]	1,34	[0,69; 2,71]	0,3909
Andere	20	11 (55,0)	5,3 [3,8; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,3913
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	45 (38,5)	13,9 [9,1;18,6]	84	14 (16,7)	NE [NE; NE]	2,03	[1,14; 3,85]	0,0155*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	9 (34,6)	NE [NE; NE]	18	4 (22,2)	19,3 [19,3; NE]	1,45	[0,47; 5,37]	0,5318
Nein	91	36 (39,6)	13,9 [9,1;18,6]	68	11 (16,2)	NE [NE; NE]	2,10	[1,10; 4,34]	0,0237*
Interaktion p-Wert									0,5981
Menopausenstatus									
Postmenopausal (nur Frauen)	117	45 (38,5)	13,9 [9,1;18,6]	86	15 (17,4)	19,3 [10,8; NE]	1,93	[1,09; 3,59]	0,0223*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	20 (47,6)	10,1 [5,7; NE]	35	7 (20,0)	NE [NE; NE]	2,47	[1,08; 6,38]	0,0315*
Sekundär	75	25 (33,3)	17,3 [9,1; NE]	51	8 (15,7)	13,0 [10,8; NE]	1,66	[0,78; 3,95]	0,1974
Interaktion p-Wert									0,5093
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	26 (44,8)	13,9 [6,7;18,6]	38	7 (18,4)	13,0 [7,2; NE]	1,92	[0,87; 4,82]	0,1090
Nein	59	19 (32,2)	20,5 [9,1; NE]	48	8 (16,7)	NE [NE; NE]	1,86	[0,84; 4,52]	0,1297

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.11 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									0,9583
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	43 (39,4)	13,9 [9,1;18,6]	73	12 (16,4)	19,3 [10,8; NE]	2,13	[1,16; 4,25]	0,0142*
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	3 (23,1)	NE [NE; NE]	0,77	[0,10; 4,66]	0,7732
Interaktion p-Wert									0,2874
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	35 (40,2)	13,9 [7,2;18,6]	60	8 (13,3)	NE [NE; NE]	2,66	[1,29; 6,18]	0,0066*
2 oder mehr	30	10 (33,3)	NE [NE; NE]	26	7 (26,9)	19,3 [4,7; NE]	1,07	[0,41; 2,95]	0,8944
Interaktion p-Wert									0,1491
Hormonrezeptorstatus									
ER+/PR+	88	30 (34,1)	13,9 [9,1; NE]	64	11 (17,2)	NE [NE; NE]	1,90	[0,98; 3,97]	0,0596
ER+/PR-	26	13 (50,0)	6,7 [3,8; NE]	22	4 (18,2)	NE [NE; NE]	1,81	[0,63; 6,48]	0,2851
ER+/PR unbekannt	3	2 (66,7)	17,3 [6,4; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9435
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	2 (20,0)	19,3 [13,0; NE]	NC	[NC]	NC
Nein	26	12 (46,2)	13,9 [6,4; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	45 (39,8)	13,9 [9,1;18,6]	86	15 (17,4)	19,3 [10,8; NE]	1,99	[1,13; 3,70]	0,0164*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	43 (46,2)	9,4 [5,5; NE]	71	12 (16,9)	NE [NE; NE]	2,73	[1,49; 5,43]	0,0009*
Nein	24	9 (37,5)	NE [NE; NE]	15	3 (20,0)	NE [NE; NE]	2,10	[0,63; 9,49]	0,2390
Interaktion p-Wert									0,7280
Lebermetastasen									
Ja	53	24 (45,3)	6,9 [4,6; NE]	36	9 (25,0)	NE [NE; NE]	1,67	[0,80; 3,81]	0,1749
Nein	64	28 (43,8)	10,2 [4,4; NE]	50	6 (12,0)	NE [NE; NE]	3,93	[1,74; 10,51]	0,0006*
Interaktion p-Wert									0,1476
Region									
Asien	31	14 (45,2)	NE [NE; NE]	19	2 (10,5)	NE [NE; NE]	4,89	[1,37; 31,17]	0,0119*
USA, Kanada, Westeuropa, Australien, Israel	63	30 (47,6)	9,4 [5,3; NE]	52	10 (19,2)	NE [NE; NE]	2,39	[1,21; 5,17]	0,0113*
Lateinamerika, Osteuropa und Russland	23	8 (34,8)	13,5 [4,6; NE]	15	3 (20,0)	NE [NE; NE]	1,85	[0,53; 8,43]	0,3458
Interaktion p-Wert									0,5744
Alter bei Randomisierung (Jahre)									
<65	78	33 (42,3)	10,2 [5,7; NE]	52	7 (13,5)	NE [NE; NE]	3,03	[1,42; 7,46]	0,0031*
>=65	39	19 (48,7)	13,9 [1,3; NE]	34	8 (23,5)	NE [NE; NE]	2,36	[1,07; 5,73]	0,0329*
Interaktion p-Wert									0,6758
Ethnie									
Asiatisch	33	15 (45,5)	NE [NE; NE]	20	2 (10,0)	NE [NE; NE]	5,14	[1,45; 32,61]	0,0085*
Weiß	61	30 (49,2)	8,2 [4,4;13,9]	48	9 (18,8)	NE [NE; NE]	2,75	[1,36; 6,16]	0,0040*
Andere	23	7 (30,4)	NE [NE; NE]	18	4 (22,2)	NE [NE; NE]	1,13	[0,34; 4,32]	0,8486
Interaktion p-Wert									0,2725

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	7 (38,9)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	3,43	[0,61; 64,32]	0,1826
Viszeral	79	34 (43,0)	13,5 [5,5; NE]	66	11 (16,7)	NE [NE; NE]	2,57	[1,35; 5,33]	0,0037*
Andere	20	11 (55,0)	6,2 [0,5; NE]	9	2 (22,2)	10,3 [1,3; NE]	3,14	[0,84; 20,30]	0,0932
Interaktion p-Wert									0,9455
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	52 (44,4)	10,2 [5,5; NE]	84	14 (16,7)	NE [NE; NE]	2,73	[1,56; 5,12]	0,0003*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	7 (26,9)	NE [NE; NE]	18	4 (22,2)	NE [NE; NE]	0,97	[0,29; 3,72]	0,9633
Nein	91	45 (49,5)	9,4 [5,3; NE]	68	11 (16,2)	NE [NE; NE]	3,34	[1,79; 6,80]	<0,0001*
Interaktion p-Wert									0,0967
Menopausenstatus									
Postmenopausal (nur Frauen)	117	52 (44,4)	10,2 [5,5; NE]	86	15 (17,4)	NE [NE; NE]	2,60	[1,50; 4,79]	0,0005*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	14 (33,3)	NE [NE; NE]	35	6 (17,1)	NE [NE; NE]	1,75	[0,70; 4,97]	0,2358
Sekundär	75	38 (50,7)	6,9 [4,4;13,5]	51	9 (17,6)	NE [NE; NE]	3,15	[1,60; 6,95]	0,0006*
Interaktion p-Wert									0,3452
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	28 (48,3)	6,2 [4,6; NE]	38	6 (15,8)	NE [NE; NE]	3,24	[1,44; 8,68]	0,0035*
Nein	59	24 (40,7)	13,5 [9,4; NE]	48	9 (18,8)	NE [NE; NE]	2,15	[1,03; 4,89]	0,0410*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.12 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									0,4852
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	49 (45,0)	10,2 [5,5; NE]	73	12 (16,4)	NE [NE; NE]	2,80	[1,54; 5,53]	0,0005*
2 oder mehr	8	3 (37,5)	NE [NE; NE]	13	3 (23,1)	NE [NE; NE]	1,62	[0,30; 8,75]	0,5574
Interaktion p-Wert									0,5330
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	43 (49,4)	9,4 [4,4; NE]	60	10 (16,7)	NE [NE; NE]	3,25	[1,70; 6,86]	0,0002*
2 oder mehr	30	9 (30,0)	NE [NE; NE]	26	5 (19,2)	NE [NE; NE]	1,32	[0,46; 4,32]	0,6128
Interaktion p-Wert									0,1826
Hormonrezeptorstatus									
ER+/PR+	88	38 (43,2)	13,5 [5,7; NE]	64	10 (15,6)	NE [NE; NE]	2,95	[1,53; 6,26]	0,0009*
ER+/PR-	26	11 (42,3)	NE [NE; NE]	22	5 (22,7)	10,3 [10,3; NE]	1,67	[0,60; 5,32]	0,3329
ER+/PR unbekannt	3	3 (100)	5,3 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3870
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	0,89	[0,04; 9,44]	0,9268
Nein	26	10 (38,5)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	4,29	[0,82; 78,81]	0,0922
Interaktion p-Wert									0,3065
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	50 (44,2)	13,5 [5,5; NE]	86	15 (17,4)	NE [NE; NE]	2,62	[1,51; 4,84]	0,0004*
Bilaterale Ovarektomie	4	2 (50,0)	6,1 [5,3; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	15 (16,1)	NE [NE; NE]	71	2 (2,8)	NE [NE; NE]	5,55	[1,56; 35,27]	0,0056*
Nein	24	5 (20,8)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	3,28	[0,53; 62,90]	0,2219
Interaktion p-Wert									0,6995
Lebermetastasen									
Ja	53	12 (22,6)	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	8,09	[1,59;147,50]	0,0077*
Nein	64	8 (12,5)	NE [NE; NE]	50	2 (4,0)	NE [NE; NE]	3,03	[0,76; 20,09]	0,1232
Interaktion p-Wert									0,4388
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	10 (15,9)	NE [NE; NE]	52	2 (3,8)	NE [NE; NE]	3,80	[0,996; 24,84]	0,0508
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	2,70	[0,40; 52,84]	0,3317
Interaktion p-Wert									0,8041
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	7,13	[1,39;130,42]	0,0146*
>=65	39	9 (23,1)	NE [NE; NE]	34	2 (5,9)	NE [NE; NE]	3,97	[1,02; 26,05]	0,0465*
Interaktion p-Wert									0,6459
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	9 (14,8)	NE [NE; NE]	48	2 (4,2)	NE [NE; NE]	3,41	[0,88; 22,38]	0,0795
Andere	23	4 (17,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,70	[0,39; 52,98]	0,3360
Interaktion p-Wert									0,8649
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	16 (20,3)	NE [NE; NE]	66	2 (3,0)	NE [NE; NE]	6,73	[1,91; 42,59]	0,0015*
Andere	20	2 (10,0)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	0,92	[0,09; 19,70]	0,9432
Interaktion p-Wert									0,1994
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	20 (17,1)	NE [NE; NE]	84	3 (3,6)	NE [NE; NE]	4,71	[1,61; 20,03]	0,0030*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	1,25	[0,12; 26,81]	0,8560
Nein	91	18 (19,8)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	6,78	[1,95; 42,69]	0,0012*
Interaktion p-Wert									0,2672
Menopausenstatus									
Postmenopausal (nur Frauen)	117	20 (17,1)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	4,82	[1,65; 20,49]	0,0025*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	3 (8,6)	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	17 (22,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	9 (15,5)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	11 (18,6)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	3,03	[0,94; 13,42]	0,0636
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.1.13 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	19 (17,4)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	6,28	[1,82; 39,42]	0,0018*
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	1,60	[0,06; 40,36]	0,7418
Interaktion p-Wert									0,3973
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	17 (19,5)	NE [NE; NE]	60	1 (1,7)	NE [NE; NE]	11,75	[2,41;211,74]	0,0006*
2 oder mehr	30	3 (10,0)	NE [NE; NE]	26	2 (7,7)	NE [NE; NE]	1,22	[0,20; 9,29]	0,8247
Interaktion p-Wert									0,0872
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	64	3 (4,7)	NE [NE; NE]	3,35	[1,09; 14,53]	0,0335*
ER+/PR-	26	6 (23,1)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	3 (11,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	20 (17,7)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	5,00	[1,71; 21,26]	0,0019*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	6 (100)	0,0 [0,0; NE]	3	3 (100)	0,5 [0,0; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,1 [0,0; NE]	3	3 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	7 (100)	0,1 [0,0; 0,9]	3	3 (100)	0,0 [0,0; NE]	0,61	[0,15; 2,97]	0,5043
Nein	4	4 (100)	0,0 [0,0; NE]	3	3 (100)	0,0 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	11 (100)	0,0 [0,0; 0,4]	6	6 (100)	0,0 [0,0; NE]	1,21	[0,44; 3,88]	0,7196
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	10 (100)	0,0 [0,0; 0,4]	3	3 (100)	0,0 [NE; NE]	0,32	[0,08; 1,58]	0,1479
>=65	1	1 (100)	0,0 [NE; NE]	3	3 (100)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	11 (100)	0,0 [0,0; 0,4]	6	6 (100)	0,0 [0,0; NE]	1,21	[0,44; 3,88]	0,7196
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	10 (100)	0,0 [0,0; 0,4]	5	5 (100)	0,0 [0,0; NE]	0,59	[0,19; 1,95]	0,3633
Andere	0	0	NE	1	1 (100)	1,3 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	11 (100)	0,0 [0,0; 0,4]	6	6 (100)	0,0 [0,0; NE]	1,21	[0,44; 3,88]	0,7196
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	5 (100)	0,1 [0,0; NE]	1	1 (100)	0,5 [NE; NE]	NC	[NC]	NC
Nein	6	6 (100)	0,0 [0,0; NE]	5	5 (100)	0,0 [0,0; NE]	1,11	[0,31; 4,34]	0,8771
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	11 (100)	0,0 [0,0; 0,4]	6	6 (100)	0,0 [0,0; NE]	1,21	[0,44; 3,88]	0,7196
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	3 (100)	0,9 [0,0; NE]	3	3 (100)	0,0 [NE; NE]	NC	[NC]	NC
Sekundär	8	8 (100)	0,0 [0,0; 0,1]	3	3 (100)	0,5 [0,0; NE]	5,39	[0,94;102,34]	0,0603
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	7 (100)	0,1 [0,0; 0,9]	6	6 (100)	0,0 [0,0; NE]	1,01	[0,32; 3,43]	0,9889
Nein	4	4 (100)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	10 (100)	0,0 [0,0; 0,4]	5	5 (100)	0,0 [0,0; NE]	1,43	[0,47; 5,23]	0,5428
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	6 (100)	0,0 [0,0; NE]	4	4 (100)	0,0 [0,0; NE]	1,29	[0,34; 6,13]	0,7185
2 oder mehr	5	5 (100)	0,1 [0,0; NE]	2	2 (100)	0,3 [0,0; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	8 (100)	0,0 [0,0; 0,4]	4	4 (100)	0,0 [NE; NE]	0,31	[0,07; 1,35]	0,1135
ER+/PR-	3	3 (100)	0,0 [0,0; NE]	2	2 (100)	0,9 [0,5; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,0 [0,0; NE]	2	2 (100)	0,9 [0,5; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	10 (100)	0,0 [0,0; 0,4]	5	5 (100)	0,0 [0,0; NE]	1,43	[0,47; 5,23]	0,5428
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	5 (83,3)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,4 [0,4; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	6 (85,7)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	9 (81,8)	0,4 [0,3; 7,8]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	8 (80,0)	0,4 [0,3; 7,8]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	9 (81,8)	0,4 [0,3; 7,8]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	9 (90,0)	0,4 [0,3; 0,5]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Metastasiert	11	9 (81,8)	0,4 [0,3; 7,8]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	5 (100)	0,4 [0,3; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	0,4 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	9 (81,8)	0,4 [0,3; 7,8]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	8 (100)	0,4 [0,3; 0,4]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	5 (71,4)	0,4 [0,3; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,4 [0,3; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	8 (80,0)	0,4 [0,3; 7,8]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,4 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	6	4 (66,7)	0,4 [0,3; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	5 (100)	0,4 [0,3; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	8 (100)	0,4 [0,3; 0,4]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,4 [0,3; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	8 (80,0)	0,4 [0,3; 7,8]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,4 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Proteinurie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	2 (66,7)	2,9 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	3 (100)	2,6 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	2 (66,7)	2,6 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	1 (100)	2,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Proteinurie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	3 (60,0)	2,9 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	2 (66,7)	2,9 [2,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	3 (60,0)	2,9 [0,0; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	3 (75,0)	2,8 [0,0; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Proteinurie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	3 (60,0)	2,9 [0,0; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	0,2 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,1 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,1 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,4 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	0,1 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	0,1 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	0,1 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	0,2 [0,1; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Metastasiert	11	8 (72,7)	0,1 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	0,5 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	0,1 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	0,1 [0,1; 0,7]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	0,7 [0,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,1 [0,1; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	0,2 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	6	4 (66,7)	0,5 [0,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	0,1 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	0,2 [0,1; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	0,1 [0,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,1 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	0,2 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	0,3 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,1 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,3 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,4 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	0,2 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	0,3 [0,1; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	0,5 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	0,2 [0,1; 0,7]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	0,7 [0,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,2 [0,1; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	0,3 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	0,5 [0,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	0,1 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	0,3 [0,1; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	0,1 [0,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	0,3 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alaninaminotransferase erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	2 (66,7)	0,0 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	2 (66,7)	0,0 [0,0; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	3 (100)	0,0 [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	3 (60,0)	0,0 [0,0; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alaninaminotransferase erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	3 (60,0)	0,0 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	2 (66,7)	0,0 [0,0; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alaninaminotransferase erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	3 (75,0)	0,0 [0,0; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alkalische Phosphatase im Blut erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	1 (100)	2,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alkalische Phosphatase im Blut erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first PT: Alkalische Phosphatase im Blut erhoeht
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	19 (20,4)	NE [NE; NE]	71	6 (8,5)	NE [NE; NE]	2,01	[0,84; 5,55]	0,1215
Nein	24	4 (16,7)	33,3 [10,6; NE]	15	2 (13,3)	NE [NE; NE]	0,92	[0,15; 7,02]	0,9311
Interaktion p-Wert									0,4596
Lebermetastasen									
Ja	53	6 (11,3)	NE [NE; NE]	36	5 (13,9)	NE [NE; NE]	0,60	[0,18; 2,11]	0,4125
Nein	64	17 (26,6)	33,3 [NE; NE]	50	3 (6,0)	NE [NE; NE]	3,91	[1,30; 16,86]	0,0132*
Interaktion p-Wert									0,0283*
Region									
Asien	31	8 (25,8)	NE [NE; NE]	19	1 (5,3)	NE [NE; NE]	4,43	[0,81; 82,33]	0,0932
USA, Kanada, Westeuropa, Australien, Israel	63	11 (17,5)	33,3 [20,5; NE]	52	4 (7,7)	NE [NE; NE]	1,65	[0,55; 6,07]	0,3843
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	3 (20,0)	NE [NE; NE]	0,89	[0,20; 4,53]	0,8783
Interaktion p-Wert									0,4233
Alter bei Randomisierung (Jahre)									
<65	78	14 (17,9)	NE [NE; NE]	52	5 (9,6)	NE [NE; NE]	1,51	[0,57; 4,71]	0,4172
>=65	39	9 (23,1)	33,3 [20,5; NE]	34	3 (8,8)	NE [NE; NE]	2,19	[0,63; 10,02]	0,2253
Interaktion p-Wert									0,6635
Ethnie									
Asiatisch	33	9 (27,3)	NE [NE; NE]	20	1 (5,0)	NE [NE; NE]	5,00	[0,94; 92,38]	0,0618
Weiß	61	11 (18,0)	33,3 [20,5; NE]	48	5 (10,4)	NE [NE; NE]	1,36	[0,48; 4,38]	0,5674
Andere	23	3 (13,0)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	0,89	[0,15; 6,81]	0,9001
Interaktion p-Wert									0,3639
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	5 (27,8)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	2,27	[0,36; 43,78]	0,4173
Viszeral	79	12 (15,2)	33,3 [20,5; NE]	66	6 (9,1)	NE [NE; NE]	1,30	[0,49; 3,78]	0,6083
Andere	20	6 (30,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,6289
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	23 (19,7)	33,3 [NE; NE]	84	7 (8,3)	NE [NE; NE]	1,94	[0,86; 4,93]	0,1121
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	5 (19,2)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,52	[0,33; 10,61]	0,6096
Nein	91	18 (19,8)	33,3 [20,5; NE]	68	6 (8,8)	NE [NE; NE]	1,80	[0,74; 5,02]	0,1997
Interaktion p-Wert									0,8589
Menopausenstatus									
Postmenopausal (nur Frauen)	117	23 (19,7)	33,3 [NE; NE]	86	8 (9,3)	NE [NE; NE]	1,73	[0,80; 4,17]	0,1709
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	7 (16,7)	NE [NE; NE]	35	2 (5,7)	NE [NE; NE]	2,49	[0,60; 16,75]	0,2233
Sekundär	75	16 (21,3)	33,3 [NE; NE]	51	6 (11,8)	NE [NE; NE]	1,45	[0,58; 4,08]	0,4372
Interaktion p-Wert									0,5541
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	12 (20,7)	NE [NE; NE]	38	2 (5,3)	NE [NE; NE]	3,28	[0,89; 21,13]	0,0781
Nein	59	11 (18,6)	33,3 [20,5; NE]	48	6 (12,5)	NE [NE; NE]	1,20	[0,44; 3,55]	0,7189
Interaktion p-Wert									0,2568
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	20 (18,3)	33,3 [NE; NE]	73	8 (11,0)	NE [NE; NE]	1,33	[0,60; 3,26]	0,4910
2 oder mehr	8	3 (37,5)	10,6 [0,2; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	16 (18,4)	33,3 [20,5; NE]	60	6 (10,0)	NE [NE; NE]	1,43	[0,58; 4,05]	0,4480
2 oder mehr	30	7 (23,3)	NE [NE; NE]	26	2 (7,7)	NE [NE; NE]	2,81	[0,68; 18,87]	0,1635
Interaktion p-Wert									0,4618
Hormonrezeptorstatus									
ER+/PR+	88	20 (22,7)	33,3 [20,5; NE]	64	7 (10,9)	NE [NE; NE]	1,84	[0,81; 4,72]	0,1524
ER+/PR-	26	3 (11,5)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	1,74	[0,22; 35,46]	0,6168
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,9661
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	6 (23,1)	33,3 [20,5; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	23 (20,4)	33,3 [NE; NE]	86	8 (9,3)	NE [NE; NE]	1,79	[0,82; 4,31]	0,1464
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	5 (5,4)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	1 (4,2)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	1 (1,9)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	5 (7,8)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	3 (9,7)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	3 (4,8)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	2 (2,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	4 (10,3)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	4 (12,1)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	2 (8,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	3 (3,8)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	6 (5,1)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	4 (4,4)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	6 (5,1)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	3 (4,0)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	3 (5,2)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	3 (5,1)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUE SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	4 (3,7)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	3 (3,4)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	3 (10,0)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	6 (6,8)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	2 (7,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	6 (5,3)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	2 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	2 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	3,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	2 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	3,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.3.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	6 (6,5)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	4 (7,5)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	4 (6,3)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	1 (3,2)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	5 (7,9)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	2 (2,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	6 (15,4)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	1 (3,0)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	4 (6,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	6 (7,6)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	8 (6,8)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	1 (3,8)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	91	7 (7,7)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	8 (6,8)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	5 (6,7)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	4 (6,9)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	4 (6,8)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	7 (6,4)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	7 (8,0)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	1 (3,3)	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	6 (6,8)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	1 (3,8)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	3 (11,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	8 (7,1)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.4.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	40 (43,0)	12,5 [4,7; NE]	71	10 (14,1)	NE [NE; NE]	3,02	[1,57; 6,40]	0,0006*
Nein	24	10 (41,7)	25,6 [7,6; NE]	15	4 (26,7)	NE [NE; NE]	1,75	[0,58; 6,36]	0,3301
Interaktion p-Wert									0,4364
Lebermetastasen									
Ja	53	21 (39,6)	25,6 [7,6; NE]	36	8 (22,2)	NE [NE; NE]	1,65	[0,76; 3,98]	0,2155
Nein	64	29 (45,3)	12,5 [4,7; NE]	50	6 (12,0)	NE [NE; NE]	3,99	[1,78; 10,67]	0,0004*
Interaktion p-Wert									0,1456
Region									
Asien	31	15 (48,4)	25,6 [0,4; NE]	19	4 (21,1)	NE [NE; NE]	2,56	[0,93; 9,00]	0,0706
USA, Kanada, Westeuropa, Australien, Israel	63	25 (39,7)	12,5 [6,2; NE]	52	6 (11,5)	NE [NE; NE]	3,26	[1,42; 8,79]	0,0041*
Lateinamerika, Osteuropa und Russland	23	10 (43,5)	10,6 [1,9; NE]	15	4 (26,7)	NE [NE; NE]	1,79	[0,60; 6,53]	0,3075
Interaktion p-Wert									0,7296
Alter bei Randomisierung (Jahre)									
<65	78	30 (38,5)	25,6 [9,4; NE]	52	10 (19,2)	NE [NE; NE]	1,82	[0,92; 3,94]	0,0861
>=65	39	20 (51,3)	8,2 [0,4; NE]	34	4 (11,8)	NE [NE; NE]	5,36	[2,02; 18,45]	0,0004*
Interaktion p-Wert									0,0901
Ethnie									
Asiatisch	33	16 (48,5)	25,6 [0,4; NE]	20	4 (20,0)	NE [NE; NE]	2,73	[1,001; 9,56]	0,0498*
Weiß	61	24 (39,3)	NE [NE; NE]	48	8 (16,7)	NE [NE; NE]	2,32	[1,09; 5,52]	0,0288*
Andere	23	10 (43,5)	10,0 [0,6; NE]	18	2 (11,1)	NE [NE; NE]	3,69	[0,97; 24,05]	0,0565
Interaktion p-Wert									0,8606
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	9 (50,0)	12,5 [1,0; NE]	9	1 (11,1)	NE [NE; NE]	4,49	[0,84; 82,91]	0,0851
Viszeral	79	31 (39,2)	25,6 [8,2; NE]	66	11 (16,7)	NE [NE; NE]	2,33	[1,21; 4,87]	0,0110*
Andere	20	10 (50,0)	10,0 [0,4; NE]	9	1 (11,1)	NE [NE; NE]	5,22	[0,999; 95,75]	0,0502
Interaktion p-Wert									0,6370
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	50 (42,7)	12,5 [8,2; NE]	84	13 (15,5)	NE [NE; NE]	2,79	[1,56; 5,37]	0,0003*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	10 (38,5)	25,6 [4,7; NE]	18	5 (27,8)	NE [NE; NE]	1,16	[0,41; 3,74]	0,7821
Nein	91	40 (44,0)	12,5 [6,2; NE]	68	9 (13,2)	NE [NE; NE]	3,52	[1,79; 7,75]	0,0001*
Interaktion p-Wert									0,1034
Menopausenstatus									
Postmenopausal (nur Frauen)	117	50 (42,7)	12,5 [8,2; NE]	86	14 (16,3)	NE [NE; NE]	2,65	[1,50; 4,99]	0,0005*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	14 (33,3)	25,6 [10,0; NE]	35	2 (5,7)	NE [NE; NE]	5,76	[1,61; 36,71]	0,0049*
Sekundär	75	36 (48,0)	8,2 [2,8; NE]	51	12 (23,5)	NE [NE; NE]	2,06	[1,10; 4,15]	0,0227*
Interaktion p-Wert									0,1794
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	23 (39,7)	NE [NE; NE]	38	7 (18,4)	NE [NE; NE]	2,10	[0,95; 5,31]	0,0690
Nein	59	27 (45,8)	10,0 [3,0; NE]	48	7 (14,6)	NE [NE; NE]	3,28	[1,51; 8,20]	0,0020*
Interaktion p-Wert									0,4630
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	46 (42,2)	25,6 [7,6; NE]	73	13 (17,8)	NE [NE; NE]	2,36	[1,31; 4,56]	0,0036*
2 oder mehr	8	4 (50,0)	10,6 [0,2; NE]	13	1 (7,7)	NE [NE; NE]	7,63	[1,13;149,25]	0,0365*
Interaktion p-Wert									0,2711
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	38 (43,7)	12,5 [4,2; NE]	60	9 (15,0)	NE [NE; NE]	3,05	[1,54; 6,73]	0,0009*
2 oder mehr	30	12 (40,0)	10,6 [7,6; NE]	26	5 (19,2)	NE [NE; NE]	1,90	[0,70; 5,99]	0,2105
Interaktion p-Wert									0,4724
Hormonrezeptorstatus									
ER+/PR+	88	40 (45,5)	25,6 [4,2; NE]	64	7 (10,9)	NE [NE; NE]	4,54	[2,17; 11,09]	<0,0001*
ER+/PR-	26	9 (34,6)	NE [NE; NE]	22	7 (31,8)	10,6 [1,4; NE]	0,90	[0,33; 2,52]	0,8301
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,0131*
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	1,52	[0,06; 38,58]	0,7669
Nein	26	12 (46,2)	25,6 [0,4; NE]	10	2 (20,0)	NE [NE; NE]	2,66	[0,72; 17,12]	0,1545
Interaktion p-Wert									0,7295
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	48 (42,5)	25,6 [8,2; NE]	86	14 (16,3)	NE [NE; NE]	2,62	[1,48; 4,94]	0,0007*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	13 (14,0)	NE [NE; NE]	71	1 (1,4)	NE [NE; NE]	10,68	[2,13;193,94]	0,0016*
Nein	24	6 (25,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	7 (13,2)	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	NC	[NC]	NC
Nein	64	12 (18,8)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	9 (29,0)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	8 (12,7)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	6 (7,7)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
>=65	39	13 (33,3)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	10 (30,3)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	4 (6,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	5 (21,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	12 (15,2)	NE [NE; NE]	66	1 (1,5)	NE [NE; NE]	10,86	[2,14;197,81]	0,0017*
Andere	20	5 (25,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	19 (16,2)	NE [NE; NE]	84	1 (1,2)	NE [NE; NE]	14,88	[3,09;267,20]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	3 (11,5)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	16 (17,6)	NE [NE; NE]	68	1 (1,5)	NE [NE; NE]	13,14	[2,68;237,27]	0,0003*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	19 (16,2)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	15,23	[3,16;273,57]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	4 (9,5)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	15 (20,0)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	11,36	[2,30;205,48]	0,0009*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	8 (13,8)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	11 (18,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	9,89	[1,92;180,69]	0,0032*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	16 (14,7)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	11,58	[2,37;209,09]	0,0007*
2 oder mehr	8	3 (37,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	15 (17,2)	NE [NE; NE]	60	1 (1,7)	NE [NE; NE]	11,35	[2,30;205,27]	0,0009*
2 oder mehr	30	4 (13,3)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	11,08	[2,23;200,68]	0,0011*
ER+/PR-	26	5 (19,2)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	8 (30,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	19 (16,8)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	15,82	[3,28;284,20]	<0,0001*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	5 (5,4)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	3 (5,7)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	4 (6,3)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	5 (16,1)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	2 (3,2)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	2 (2,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	5 (12,8)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	5 (15,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	5 (6,3)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	2 (10,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	7 (6,0)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	5 (5,5)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	7 (6,0)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	2 (4,8)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	5 (6,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	4 (6,9)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	3 (5,1)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	5 (4,6)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	5 (5,7)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	4 (4,5)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	3 (11,5)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	4 (15,4)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	7 (6,2)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	18 (19,4)	NE [NE; NE]	71	1 (1,4)	NE [NE; NE]	12,79	[2,63;230,23]	0,0003*
Nein	24	5 (20,8)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	3,17	[0,51; 60,72]	0,2372
Interaktion p-Wert									0,3656
Lebermetastasen									
Ja	53	11 (20,8)	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	6,97	[1,35;127,40]	0,0163*
Nein	64	12 (18,8)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	8,82	[1,73;160,76]	0,0051*
Interaktion p-Wert									0,8728
Region									
Asien	31	7 (22,6)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	11 (17,5)	NE [NE; NE]	52	2 (3,8)	NE [NE; NE]	4,12	[1,09; 26,78]	0,0349*
Lateinamerika, Osteuropa und Russland	23	5 (21,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	15 (19,2)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	8 (20,5)	NE [NE; NE]	34	2 (5,9)	NE [NE; NE]	3,88	[0,97; 25,69]	0,0556
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	13 (21,3)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	9,91	[1,97;180,01]	0,0025*
Andere	23	3 (13,0)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,08	[0,26; 42,23]	0,5053
Interaktion p-Wert									0,3271

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	14 (17,7)	NE [NE; NE]	66	1 (1,5)	NE [NE; NE]	11,45	[2,30;207,53]	0,0009*
Andere	20	5 (25,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	23 (19,7)	NE [NE; NE]	84	1 (1,2)	NE [NE; NE]	15,59	[3,28;278,96]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	4 (15,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,39	[0,35; 46,72]	0,4006
Nein	91	19 (20,9)	NE [NE; NE]	68	1 (1,5)	NE [NE; NE]	13,70	[2,84;246,32]	0,0002*
Interaktion p-Wert									0,2672
Menopausenstatus									
Postmenopausal (nur Frauen)	117	23 (19,7)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	7,97	[2,35; 49,73]	0,0002*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	5 (11,9)	NE [NE; NE]	35	1 (2,9)	NE [NE; NE]	3,65	[0,59; 70,01]	0,1803
Sekundär	75	18 (24,0)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	12,00	[2,47;216,00]	0,0004*
Interaktion p-Wert									0,4368
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	11 (19,0)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	12 (20,3)	NE [NE; NE]	48	2 (4,2)	NE [NE; NE]	4,81	[1,31; 30,97]	0,0155*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	109	21 (19,3)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	6,70	[1,96; 41,94]	0,0010*
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	18 (20,7)	NE [NE; NE]	60	1 (1,7)	NE [NE; NE]	12,01	[2,48;216,27]	0,0004*
2 oder mehr	30	5 (16,7)	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	3,82	[0,62; 73,26]	0,1637
Interaktion p-Wert									0,4535
Hormonrezeptorstatus									
ER+/PR+	88	18 (20,5)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	13,32	[2,75;239,87]	0,0002*
ER+/PR-	26	4 (15,4)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	2,75	[0,40; 54,05]	0,3240
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3140
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	5 (19,2)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	23 (20,4)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	8,25	[2,43; 51,50]	0,0002*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	15 (16,1)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	8 (15,1)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	9 (14,1)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	6,63	[1,24;122,35]	0,0239*
Interaktion p-Wert									NC
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	9 (14,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	6,78	[1,26;125,50]	0,0228*
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	6 (15,4)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	6 (18,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	8 (13,1)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	9 (11,4)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	4 (20,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	17 (14,5)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	91	15 (16,5)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	17 (14,5)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	12,09	[2,48;218,12]	0,0005*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	4 (9,5)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	13 (17,3)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	9,37	[1,86;170,13]	0,0033*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	7 (12,1)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	10 (16,9)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	8,04	[1,53;147,64]	0,0098*
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first G>=3 PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	16 (14,7)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	10,32	[2,10;186,34]	0,0015*
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	15 (17,2)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	2 (7,7)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	5 (19,2)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	17 (15,0)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	12,53	[2,57;226,05]	0,0004*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	3 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	4 (36,4)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	4 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	4 (36,4)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	4 (40,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	4 (36,4)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	0,5 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	1 (16,7)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	4 (36,4)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	4 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	2 (28,6)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	3 (30,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	1 (16,7)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	0,5 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	3 (37,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	2 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	3 (30,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.5.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	37 (39,8)	NE [NE; NE]	71	5 (7,0)	NE [NE; NE]	6,71	[2,89; 19,53]	<0,0001*
Nein	24	9 (37,5)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	6,58	[1,24;121,39]	0,0239*
Interaktion p-Wert									0,9867
Lebermetastasen									
Ja	53	25 (47,2)	6,5 [0,5; NE]	36	2 (5,6)	14,0 [14,0; NE]	10,33	[3,07; 64,18]	<0,0001*
Nein	64	21 (32,8)	NE [NE; NE]	50	4 (8,0)	NE [NE; NE]	4,71	[1,79; 16,15]	0,0010*
Interaktion p-Wert									0,3783
Region									
Asien	31	18 (58,1)	0,5 [0,4; NE]	19	1 (5,3)	NE [NE; NE]	15,82	[3,26;284,66]	<0,0001*
USA, Kanada, Westeuropa, Australien, Israel	63	24 (38,1)	NE [NE; NE]	52	5 (9,6)	14,0 [10,1; NE]	4,43	[1,83; 13,17]	0,0005*
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,2145
Alter bei Randomisierung (Jahre)									
<65	78	30 (38,5)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	23,86	[5,12;424,93]	<0,0001*
>=65	39	16 (41,0)	NE [NE; NE]	34	5 (14,7)	NE [NE; NE]	3,23	[1,26; 9,89]	0,0132*
Interaktion p-Wert									0,0416*
Ethnie									
Asiatisch	33	20 (60,6)	0,5 [0,4; NE]	20	1 (5,0)	NE [NE; NE]	18,97	[3,95;340,51]	<0,0001*
Weiß	61	20 (32,8)	NE [NE; NE]	48	5 (10,4)	NE [NE; NE]	3,39	[1,37; 10,19]	0,0069*
Andere	23	6 (26,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,0850
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	6 (33,3)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	33 (41,8)	NE [NE; NE]	66	5 (7,6)	NE [NE; NE]	6,46	[2,76; 18,89]	<0,0001*
Andere	20	7 (35,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	46 (39,3)	NE [NE; NE]	84	5 (6,0)	NE [NE; NE]	7,77	[3,39; 22,42]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	13 (50,0)	2,1 [0,4; NE]	18	1 (5,6)	NE [NE; NE]	12,00	[2,39;217,96]	0,0008*
Nein	91	33 (36,3)	NE [NE; NE]	68	5 (7,4)	NE [NE; NE]	5,64	[2,40; 16,48]	<0,0001*
Interaktion p-Wert									0,4805
Menopausenstatus									
Postmenopausal (nur Frauen)	117	46 (39,3)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	6,65	[3,07; 17,40]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	17 (40,5)	NE [NE; NE]	35	1 (2,9)	NE [NE; NE]	17,63	[3,62;317,65]	<0,0001*
Sekundär	75	29 (38,7)	NE [NE; NE]	51	5 (9,8)	NE [NE; NE]	4,50	[1,90; 13,25]	0,0003*
Interaktion p-Wert									0,1797
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	29 (50,0)	6,5 [0,5; NE]	38	3 (7,9)	NE [NE; NE]	7,71	[2,73; 32,20]	<0,0001*
Nein	59	17 (28,8)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	5,28	[1,77; 22,62]	0,0017*
Interaktion p-Wert									0,6653
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	42 (38,5)	NE [NE; NE]	73	5 (6,8)	NE [NE; NE]	6,64	[2,88; 19,22]	<0,0001*
2 oder mehr	8	4 (50,0)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	7,60	[1,12;148,74]	0,0371*
Interaktion p-Wert									0,9103
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	32 (36,8)	NE [NE; NE]	60	4 (6,7)	NE [NE; NE]	6,34	[2,51; 21,29]	<0,0001*
2 oder mehr	30	14 (46,7)	NE [NE; NE]	26	2 (7,7)	NE [NE; NE]	7,76	[2,17; 49,45]	0,0007*
Interaktion p-Wert									0,8246
Hormonrezeptorstatus									
ER+/PR+	88	31 (35,2)	NE [NE; NE]	64	3 (4,7)	NE [NE; NE]	8,76	[3,13; 36,52]	<0,0001*
ER+/PR-	26	13 (50,0)	4,8 [0,4; NE]	22	3 (13,6)	NE [NE; NE]	4,47	[1,44; 19,57]	0,0082*
ER+/PR unbekannt	3	2 (66,7)	0,5 [0,4; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,4481
Raucherstatus									
Ja	6	3 (50,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	10 (38,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	45 (39,8)	NE [NE; NE]	86	6 (7,0)	NE [NE; NE]	6,75	[3,11; 17,67]	<0,0001*
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	14 (15,1)	NE [NE; NE]	71	5 (7,0)	NE [NE; NE]	1,56	[0,59; 4,89]	0,3820
Nein	24	4 (16,7)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	1,34	[0,26; 9,67]	0,7337
Interaktion p-Wert									0,8782
Lebermetastasen									
Ja	53	8 (15,1)	NE [NE; NE]	36	4 (11,1)	NE [NE; NE]	0,94	[0,29; 3,54]	0,9150
Nein	64	10 (15,6)	NE [NE; NE]	50	3 (6,0)	NE [NE; NE]	2,17	[0,66; 9,69]	0,2136
Interaktion p-Wert									0,3485
Region									
Asien	31	7 (22,6)	NE [NE; NE]	19	1 (5,3)	NE [NE; NE]	3,63	[0,64; 67,93]	0,1616
USA, Kanada, Westeuropa, Australien, Israel	63	10 (15,9)	NE [NE; NE]	52	5 (9,6)	NE [NE; NE]	1,13	[0,39; 3,68]	0,8234
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	0,70	[0,03; 17,72]	0,8021
Interaktion p-Wert									0,5026
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	3 (5,8)	NE [NE; NE]	1,85	[0,57; 8,24]	0,3206
>=65	39	7 (17,9)	NE [NE; NE]	34	4 (11,8)	NE [NE; NE]	1,30	[0,39; 4,96]	0,6773
Interaktion p-Wert									0,6907
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	2 (10,0)	NE [NE; NE]	1,72	[0,41; 11,56]	0,4810
Weiß	61	6 (9,8)	NE [NE; NE]	48	4 (8,3)	NE [NE; NE]	0,94	[0,27; 3,70]	0,9278
Andere	23	5 (21,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,73	[0,43; 52,66]	0,3140
Interaktion p-Wert									0,6527
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	0,29	[0,01; 7,45]	0,3988
Viszeral	79	12 (15,2)	NE [NE; NE]	66	5 (7,6)	NE [NE; NE]	1,69	[0,62; 5,35]	0,3096
Andere	20	5 (25,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,2631
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	18 (15,4)	NE [NE; NE]	84	6 (7,1)	NE [NE; NE]	1,70	[0,71; 4,71]	0,2474
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	3 (11,5)	NE [NE; NE]	18	3 (16,7)	NE [NE; NE]	0,52	[0,10; 2,83]	0,4310
Nein	91	15 (16,5)	NE [NE; NE]	68	4 (5,9)	NE [NE; NE]	2,24	[0,81; 7,88]	0,1280
Interaktion p-Wert									0,1436
Menopausenstatus									
Postmenopausal (nur Frauen)	117	18 (15,4)	NE [NE; NE]	86	7 (8,1)	NE [NE; NE]	1,49	[0,64; 3,86]	0,3615
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	6 (14,3)	NE [NE; NE]	35	3 (8,6)	NE [NE; NE]	1,29	[0,34; 6,16]	0,7130
Sekundär	75	12 (16,0)	NE [NE; NE]	51	4 (7,8)	NE [NE; NE]	1,62	[0,56; 5,81]	0,3912
Interaktion p-Wert									0,8081
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	10 (17,2)	NE [NE; NE]	38	2 (5,3)	NE [NE; NE]	2,46	[0,64; 16,12]	0,2055
Nein	59	8 (13,6)	NE [NE; NE]	48	5 (10,4)	NE [NE; NE]	1,09	[0,36; 3,61]	0,8825
Interaktion p-Wert									0,3834
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	16 (14,7)	NE [NE; NE]	73	6 (8,2)	NE [NE; NE]	1,42	[0,58; 3,97]	0,4602
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	2,62	[0,25; 56,63]	0,4160
Interaktion p-Wert									0,6326
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	14 (16,1)	NE [NE; NE]	60	3 (5,0)	NE [NE; NE]	2,60	[0,85; 11,33]	0,1002
2 oder mehr	30	4 (13,3)	NE [NE; NE]	26	4 (15,4)	NE [NE; NE]	0,64	[0,15; 2,73]	0,5343
Interaktion p-Wert									0,1345
Hormonrezeptorstatus									
ER+/PR+	88	10 (11,4)	NE [NE; NE]	64	3 (4,7)	NE [NE; NE]	2,09	[0,64; 9,35]	0,2346
ER+/PR-	26	7 (26,9)	NE [NE; NE]	22	4 (18,2)	NE [NE; NE]	0,85	[0,25; 3,36]	0,8080
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,3249
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	5 (19,2)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	18 (15,9)	NE [NE; NE]	86	7 (8,1)	NE [NE; NE]	1,54	[0,66; 3,98]	0,3254
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	15 (16,1)	NE [NE; NE]	71	3 (4,2)	NE [NE; NE]	3,69	[1,21; 15,94]	0,0195*
Nein	24	5 (20,8)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	3,30	[0,53; 63,23]	0,2197
Interaktion p-Wert									0,9310
Lebermetastasen									
Ja	53	12 (22,6)	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	8,14	[1,60;148,29]	0,0075*
Nein	64	8 (12,5)	NE [NE; NE]	50	3 (6,0)	NE [NE; NE]	2,01	[0,58; 9,17]	0,2826
Interaktion p-Wert									0,2283
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	10 (15,9)	NE [NE; NE]	52	3 (5,8)	NE [NE; NE]	2,52	[0,76; 11,29]	0,1344
Lateinamerika, Osteuropa und Russland	23	4 (17,4)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	2,72	[0,40; 53,14]	0,3288
Interaktion p-Wert									0,9534
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	7,16	[1,39;130,82]	0,0144*
>=65	39	9 (23,1)	NE [NE; NE]	34	3 (8,8)	NE [NE; NE]	2,61	[0,78; 11,80]	0,1249
Interaktion p-Wert									0,3915
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	9 (14,8)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	2,26	[0,67; 10,18]	0,1971
Andere	23	4 (17,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,73	[0,40; 53,64]	0,3290
Interaktion p-Wert									0,8821
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	16 (20,3)	NE [NE; NE]	66	3 (4,5)	NE [NE; NE]	4,47	[1,48; 19,23]	0,0060*
Andere	20	2 (10,0)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	0,92	[0,09; 19,77]	0,9456
Interaktion p-Wert									0,2858
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	20 (17,1)	NE [NE; NE]	84	4 (4,8)	NE [NE; NE]	3,53	[1,33; 12,14]	0,0094*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	1,25	[0,12; 26,88]	0,8542
Nein	91	18 (19,8)	NE [NE; NE]	68	3 (4,4)	NE [NE; NE]	4,51	[1,52; 19,25]	0,0047*
Interaktion p-Wert									0,3775
Menopausenstatus									
Postmenopausal (nur Frauen)	117	20 (17,1)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	3,61	[1,36; 12,42]	0,0081*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	3 (8,6)	NE [NE; NE]	0,77	[0,14; 4,18]	0,7514
Sekundär	75	17 (22,7)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	11,72	[2,40;211,08]	0,0006*
Interaktion p-Wert									0,0234*
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	9 (15,5)	NE [NE; NE]	38	1 (2,6)	NE [NE; NE]	5,81	[1,09;107,23]	0,0374*
Nein	59	11 (18,6)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	2,93	[0,91; 12,98]	0,0724
Interaktion p-Wert									0,5661
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	19 (17,4)	NE [NE; NE]	73	3 (4,1)	NE [NE; NE]	4,17	[1,42; 17,77]	0,0073*
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	1,60	[0,06; 40,45]	0,7407
Interaktion p-Wert									0,5387
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	17 (19,5)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	5,85	[1,67; 36,91]	0,0034*
2 oder mehr	30	3 (10,0)	NE [NE; NE]	26	2 (7,7)	NE [NE; NE]	1,23	[0,20; 9,32]	0,8221
Interaktion p-Wert									0,1892
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	64	4 (6,3)	NE [NE; NE]	2,50	[0,89; 8,83]	0,0826
ER+/PR-	26	6 (23,1)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	3 (11,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	20 (17,7)	NE [NE; NE]	86	4 (4,7)	NE [NE; NE]	3,74	[1,41; 12,89]	0,0063*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	2 (2,2)	NE [NE; NE]	71	2 (2,8)	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	2 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	64	2 (3,1)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	1 (3,2)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	2 (2,6)	NE [NE; NE]	52	2 (3,8)	19,3 [19,3; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	1 (3,0)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	2 (4,2)	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	1 (1,3)	NE [NE; NE]	66	3 (4,5)	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	2 (1,7)	NE [NE; NE]	84	3 (3,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	91	2 (2,2)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	2 (1,7)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	1 (2,4)	NE [NE; NE]	35	2 (5,7)	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	1 (1,3)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	1 (1,7)	NE [NE; NE]	48	3 (6,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	2 (1,8)	NE [NE; NE]	73	3 (4,1)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	2 (2,3)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	2 (2,3)	NE [NE; NE]	64	3 (4,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	2 (1,8)	NE [NE; NE]	86	3 (3,5)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	75 (80,6)	0,3 [0,1; 0,5]	71	15 (21,1)	NE [NE; NE]	6,49	[3,83; 11,78]	<0,0001*
Nein	24	15 (62,5)	1,0 [0,2;13,6]	15	4 (26,7)	NE [NE; NE]	3,57	[1,29; 12,51]	0,0126*
Interaktion p-Wert									0,3595
Lebermetastasen									
Ja	53	40 (75,5)	0,4 [0,1; 0,7]	36	7 (19,4)	NE [NE; NE]	6,29	[3,00; 15,40]	<0,0001*
Nein	64	50 (78,1)	0,3 [0,1; 1,3]	50	12 (24,0)	NE [NE; NE]	5,39	[2,97; 10,63]	<0,0001*
Interaktion p-Wert									0,7653
Region									
Asien	31	24 (77,4)	0,5 [0,3; 1,9]	19	3 (15,8)	NE [NE; NE]	7,24	[2,52; 30,48]	<0,0001*
USA, Kanada, Westeuropa, Australien, Israel	63	58 (92,1)	0,1 [0,1; 0,3]	52	12 (23,1)	NE [NE; NE]	8,65	[4,79; 16,98]	<0,0001*
Lateinamerika, Osteuropa und Russland	23	8 (34,8)	NE [NE; NE]	15	4 (26,7)	NE [NE; NE]	1,56	[0,49; 5,84]	0,4601
Interaktion p-Wert									0,0718
Alter bei Randomisierung (Jahre)									
<65	78	59 (75,6)	0,3 [0,1; 0,5]	52	10 (19,2)	NE [NE; NE]	6,84	[3,66; 14,25]	<0,0001*
>=65	39	31 (79,5)	0,5 [0,2; 1,9]	34	9 (26,5)	NE [NE; NE]	4,45	[2,20; 9,94]	<0,0001*
Interaktion p-Wert									0,4008
Ethnie									
Asiatisch	33	26 (78,8)	0,5 [0,3; 1,6]	20	3 (15,0)	NE [NE; NE]	7,92	[2,78; 33,26]	<0,0001*
Weiß	61	47 (77,0)	0,3 [0,1; 0,7]	48	13 (27,1)	NE [NE; NE]	5,03	[2,80; 9,70]	<0,0001*
Andere	23	17 (73,9)	0,3 [0,1; 1,9]	18	3 (16,7)	NE [NE; NE]	7,05	[2,36; 30,25]	0,0002*
Interaktion p-Wert									0,7451
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	16 (88,9)	1,1 [0,1; 1,9]	9	1 (11,1)	NE [NE; NE]	12,82	[2,62;231,46]	0,0003*
Viszeral	79	59 (74,7)	0,4 [0,3; 0,7]	66	16 (24,2)	NE [NE; NE]	4,77	[2,81; 8,58]	<0,0001*
Andere	20	15 (75,0)	0,2 [0,1; 1,4]	9	1 (11,1)	NE [NE; NE]	15,73	[3,17;284,89]	<0,0001*
Interaktion p-Wert									0,2912
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	90 (76,9)	0,4 [0,2; 0,7]	84	18 (21,4)	NE [NE; NE]	5,90	[3,64; 10,13]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	14 (53,8)	3,9 [0,1; NE]	18	5 (27,8)	NE [NE; NE]	2,33	[0,89; 7,22]	0,0873
Nein	91	76 (83,5)	0,3 [0,1; 0,5]	68	14 (20,6)	NE [NE; NE]	7,40	[4,31; 13,69]	<0,0001*
Interaktion p-Wert									0,0687
Menopausenstatus									
Postmenopausal (nur Frauen)	117	90 (76,9)	0,4 [0,2; 0,7]	86	19 (22,1)	NE [NE; NE]	5,73	[3,57; 9,70]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	34 (81,0)	0,3 [0,1; 1,4]	35	7 (20,0)	NE [NE; NE]	6,61	[3,11; 16,28]	<0,0001*
Sekundär	75	56 (74,7)	0,4 [0,2; 0,7]	51	12 (23,5)	NE [NE; NE]	5,24	[2,91; 10,27]	<0,0001*
Interaktion p-Wert									0,6548
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	45 (77,6)	0,3 [0,2; 1,3]	38	8 (21,1)	NE [NE; NE]	6,13	[3,05; 14,08]	<0,0001*
Nein	59	45 (76,3)	0,4 [0,1; 0,8]	48	11 (22,9)	NE [NE; NE]	5,42	[2,91; 11,05]	<0,0001*
Interaktion p-Wert									0,8088
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	82 (75,2)	0,4 [0,2; 0,8]	73	18 (24,7)	NE [NE; NE]	4,91	[3,01; 8,45]	<0,0001*
2 oder mehr	8	8 (100)	0,2 [0,0; 0,8]	13	1 (7,7)	NE [NE; NE]	30,64	[5,58;570,79]	<0,0001*
Interaktion p-Wert									0,0441*
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	72 (82,8)	0,3 [0,1; 0,5]	60	14 (23,3)	NE [NE; NE]	6,20	[3,60; 11,49]	<0,0001*
2 oder mehr	30	18 (60,0)	1,0 [0,1; NE]	26	5 (19,2)	NE [NE; NE]	4,42	[1,76; 13,39]	0,0011*
Interaktion p-Wert									0,5680
Hormonrezeptorstatus									
ER+/PR+	88	67 (76,1)	0,3 [0,2; 1,0]	64	12 (18,8)	NE [NE; NE]	6,76	[3,79; 13,16]	<0,0001*
ER+/PR-	26	20 (76,9)	0,4 [0,1; 1,0]	22	7 (31,8)	10,3 [1,3; NE]	3,63	[1,60; 9,27]	0,0016*
ER+/PR unbekannt	3	3 (100)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,2580
Raucherstatus									
Ja	6	6 (100)	0,2 [0,0; NE]	10	2 (20,0)	NE [NE; NE]	19,25	[4,32;133,64]	<0,0001*
Nein	26	23 (88,5)	0,6 [0,2; 1,4]	10	2 (20,0)	NE [NE; NE]	7,62	[2,24; 47,60]	0,0003*
Interaktion p-Wert									0,4076
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	88 (77,9)	0,3 [0,2; 0,5]	86	19 (22,1)	NE [NE; NE]	5,85	[3,64; 9,92]	<0,0001*
Bilaterale Ovarektomie	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	4 (4,3)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	1 (4,2)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	2 (3,8)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	3 (4,7)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	2 (3,2)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	3 (13,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	1 (1,3)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	4 (10,3)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	4 (17,4)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	3 (3,8)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	5 (4,3)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	5 (5,5)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	5 (4,3)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	1 (2,4)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	4 (5,3)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	4 (6,8)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	5 (4,6)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	5 (5,7)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	4 (4,5)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	1 (3,8)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	4 (3,5)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	24 (25,8)	NE [NE; NE]	71	1 (1,4)	NE [NE; NE]	18,02	[3,80;322,28]	<0,0001*
Nein	24	7 (29,2)	25,6 [8,2; NE]	15	1 (6,7)	NE [NE; NE]	4,76	[0,85; 89,05]	0,0811
Interaktion p-Wert									0,3806
Lebermetastasen									
Ja	53	17 (32,1)	25,6 [8,2; NE]	36	1 (2,8)	NE [NE; NE]	11,54	[2,36;208,12]	0,0007*
Nein	64	14 (21,9)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	10,77	[2,16;195,33]	0,0014*
Interaktion p-Wert									0,9623
Region									
Asien	31	13 (41,9)	25,6 [0,5; NE]	19	1 (5,3)	NE [NE; NE]	9,81	[1,95;178,33]	0,0026*
USA, Kanada, Westeuropa, Australien, Israel	63	17 (27,0)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	13,40	[2,74;241,80]	0,0002*
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,8310
Alter bei Randomisierung (Jahre)									
<65	78	18 (23,1)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	11,70	[2,41;210,67]	0,0005*
>=65	39	13 (33,3)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	11,91	[2,36;216,55]	0,0009*
Interaktion p-Wert									0,9905
Ethnie									
Asiatisch	33	14 (42,4)	25,6 [0,5; NE]	20	1 (5,0)	NE [NE; NE]	10,16	[2,04;184,12]	0,0020*
Weiß	61	10 (16,4)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	7,38	[1,41;135,55]	0,0140*
Andere	23	7 (30,4)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,8289
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	3 (16,7)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	21 (26,6)	NE [NE; NE]	66	1 (1,5)	NE [NE; NE]	17,97	[3,75;322,19]	<0,0001*
Andere	20	7 (35,0)	NE [NE; NE]	9	1 (11,1)	NE [NE; NE]	3,74	[0,66; 69,85]	0,1504
Interaktion p-Wert									0,3061
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	31 (26,5)	NE [NE; NE]	84	2 (2,4)	NE [NE; NE]	11,14	[3,36; 68,90]	<0,0001*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	8 (30,8)	25,6 [6,2; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	23 (25,3)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	9,30	[2,75; 57,97]	<0,0001*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	31 (26,5)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	11,38	[3,43; 70,39]	<0,0001*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	9 (21,4)	25,6 [12,8; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	22 (29,3)	NE [NE; NE]	51	2 (3,9)	NE [NE; NE]	7,92	[2,33; 49,48]	0,0002*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	21 (36,2)	NE [NE; NE]	38	1 (2,6)	NE [NE; NE]	14,51	[3,03;260,31]	<0,0001*
Nein	59	10 (16,9)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	7,79	[1,49;143,00]	0,0111*
Interaktion p-Wert									0,6732
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	27 (24,8)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	8,99	[2,69; 55,84]	<0,0001*
2 oder mehr	8	4 (50,0)	9,3 [0,3; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	22 (25,3)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	8,16	[2,40; 50,98]	0,0002*
2 oder mehr	30	9 (30,0)	25,6 [8,2; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	20 (22,7)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	14,66	[3,06;263,32]	<0,0001*
ER+/PR-	26	10 (38,5)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	9,13	[1,73;167,98]	0,0058*
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									0,7472
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	1,97	[0,08; 49,91]	0,6337
Nein	26	9 (34,6)	25,6 [9,3; NE]	10	1 (10,0)	NE [NE; NE]	3,67	[0,68; 67,77]	0,1461
Interaktion p-Wert									0,7239
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	31 (27,4)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	11,81	[3,57; 73,08]	<0,0001*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	6 (54,5)	0,4 [0,3; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	5 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	6 (54,5)	0,4 [0,3; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	6 (60,0)	0,4 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	6 (54,5)	0,4 [0,3; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	0,4 [0,3; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	3 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	6 (54,5)	0,4 [0,3; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	6 (75,0)	0,4 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	3 (42,9)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,4 [0,3; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	5 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,4 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	3 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	0,4 [0,3; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	0,4 [0,3; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	5 (83,3)	0,4 [0,3; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	5 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,4 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	3,8 [0,2; NE]	3	2 (66,7)	1,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	1 (14,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	2,0 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	4 (40,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	3 (30,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	3 (50,0)	3,8 [0,0; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	4 (36,4)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	2 (66,7)	1,5 [0,0; NE]	NC	[NC]	NC
Sekundär	8	3 (37,5)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	3 (42,9)	NE [NE; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	3 (50,0)	3,8 [0,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	3 (37,5)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	2 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	4 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	6 (100)	0,0 [0,0; NE]	3	2 (66,7)	1,8 [1,0; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	4 (57,1)	1,4 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	3	2 (66,7)	1,8 [0,5; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	5 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,0 [NE; NE]	3	2 (66,7)	1,8 [0,5; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	6 (60,0)	1,2 [0,0; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	2 (40,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	1,2 [0,0; NE]	5	3 (60,0)	1,8 [0,5; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	6 (54,5)	1,4 [0,0; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	2 (66,7)	1,0 [0,5; NE]	NC	[NC]	NC
Sekundär	8	5 (62,5)	0,5 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	3 (42,9)	NE [NE; NE]	6	3 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,0 [0,0; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	6 (60,0)	1,2 [0,0; NE]	5	3 (60,0)	1,8 [0,5; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	1,2 [0,0; NE]	4	3 (75,0)	1,4 [0,5; NE]	NC	[NC]	NC
2 oder mehr	5	2 (40,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	4 (50,0)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	1,4 [0,0; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	3 (50,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	6 (60,0)	1,2 [0,0; NE]	5	3 (60,0)	1,8 [0,5; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	1 (100)	2,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	4 (66,7)	0,3 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	0,1 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	5 (71,4)	0,3 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	3 (75,0)	0,4 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	7 (70,0)	0,2 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	7 (70,0)	0,3 [0,1; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	4 (80,0)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	4 (66,7)	0,5 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	8 (72,7)	0,3 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	7 (87,5)	0,2 [0,1; 0,7]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	4 (57,1)	0,7 [0,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
Nein	4	4 (100)	0,2 [0,1; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	7 (70,0)	0,3 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	4 (66,7)	0,5 [0,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	4 (80,0)	0,1 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	6 (75,0)	0,3 [0,1; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	2 (66,7)	0,1 [0,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	6 (100)	0,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	7 (70,0)	0,3 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	1 (14,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	1 (10,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	1 (100)	0,0 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	2 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	2 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	2 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	2 (28,6)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	3 (30,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	3 (30,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	3 (60,0)	2,2 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	3 (27,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	3 (37,5)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	2 (50,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	2,2 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	3 (60,0)	2,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	1 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	2 (33,3)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	2,2 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	10 (10,8)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	3 (12,5)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	6 (11,3)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	7 (10,9)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	6 (9,5)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	4 (5,1)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	9 (23,1)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	7 (21,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	3 (4,9)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	8 (10,1)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	3 (15,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	13 (11,1)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	3 (11,5)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	10 (11,0)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	13 (11,1)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	10 (13,3)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	6 (10,3)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	7 (11,9)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	11 (10,1)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	10 (11,5)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	3 (10,0)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	9 (10,2)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	4 (15,4)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	4 (15,4)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	13 (11,5)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	0	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	0	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	0	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	0	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	0	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	0	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	0	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	0	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	0	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	2 (2,2)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	1 (1,9)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	1 (1,6)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	2 (3,2)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	2 (5,1)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	1 (1,3)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	2 (1,7)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	2 (2,2)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	2 (1,7)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	2 (2,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	1 (1,7)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	2 (1,8)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	2 (2,3)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	1 (3,8)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	2 (1,8)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	1 (1,1)	NE [NE; NE]	71	2 (2,8)	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	2 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	64	1 (1,6)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	1 (1,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	2 (3,0)	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	1 (0,9)	NE [NE; NE]	84	2 (2,4)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	1 (1,1)	NE [NE; NE]	68	2 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	1 (0,9)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	1 (1,3)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	2 (4,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	1 (0,9)	NE [NE; NE]	73	2 (2,7)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	1 (1,1)	NE [NE; NE]	60	2 (3,3)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	2 (3,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	1 (0,9)	NE [NE; NE]	86	2 (2,3)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	15 (16,1)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	8 (15,1)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	9 (14,1)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	6,63	[1,24;122,35]	0,0239*
Interaktion p-Wert									NC
Region									
Asien	31	6 (19,4)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	9 (14,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	6,78	[1,26;125,50]	0,0228*
Lateinamerika, Osteuropa und Russland	23	2 (8,7)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	11 (14,1)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	6 (15,4)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	6 (18,2)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	8 (13,1)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	3 (13,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	4 (22,2)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	9 (11,4)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	4 (20,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	17 (14,5)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	91	15 (16,5)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	17 (14,5)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	12,09	[2,48;218,12]	0,0005*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	4 (9,5)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	13 (17,3)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	9,37	[1,86;170,13]	0,0033*
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	7 (12,1)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	10 (16,9)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	8,04	[1,53;147,64]	0,0098*
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	16 (14,7)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	10,32	[2,10;186,34]	0,0015*
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	15 (17,2)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	14 (15,9)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	2 (7,7)	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	1 (33,3)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	1 (16,7)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	5 (19,2)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	17 (15,0)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	12,53	[2,57;226,05]	0,0004*
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	2 (2,2)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	1 (1,9)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	1 (1,6)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	1 (1,3)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	1 (2,6)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	1 (1,3)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	2 (1,7)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	2 (2,2)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	2 (1,7)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	2 (2,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	1 (1,7)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	2 (1,8)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	2 (2,3)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	1 (3,8)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	1 (0,9)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	1 (1,1)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	2 (8,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	3 (5,7)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	0	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	1 (3,2)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	3 (7,7)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	1 (3,0)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	3 (3,8)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	3 (2,6)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	1 (1,1)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	3 (2,6)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	3 (4,0)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	2 (3,4)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	1 (1,7)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	2 (1,8)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	1 (1,1)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	2 (7,7)	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	1 (3,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	3 (2,7)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	2 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	1 (14,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	2 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	1 (16,7)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	2 (18,2)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	2 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	1 (16,7)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	2 (25,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	2 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	1 (14,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	1 (10,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	1 (12,5)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	1 (12,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	1 (10,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	1 (16,7)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	1 (12,5)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	1 (14,3)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	1 (16,7)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	1 (12,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	5 (5,4)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	1 (1,9)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	4 (6,3)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	2 (6,5)	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	3 (4,8)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	2 (2,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	3 (7,7)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	3 (9,1)	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	2 (8,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	2 (11,1)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	2 (2,5)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	5 (4,3)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	2 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	3 (3,3)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	5 (4,3)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	3 (7,1)	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	2 (2,7)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	3 (5,2)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	2 (3,4)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.1 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	4 (3,7)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	1 (12,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	3 (3,4)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	2 (6,7)	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	5 (5,7)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	1 (3,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	5 (4,4)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	0	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	0	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	0	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	0	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	0	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	0	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.2 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	0	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	0	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	0	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	1 (1,1)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	1 (1,6)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	1 (2,6)	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	1 (5,6)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	1 (0,9)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	1 (1,1)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	1 (0,9)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	1 (1,3)	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	0	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	1 (1,7)	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.3 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	1 (0,9)	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	1 (1,1)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	1 (0,9)	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	1 (1,1)	NE [NE; NE]	71	1 (1,4)	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	1 (2,8)	NE [NE; NE]	NC	[NC]	NC
Nein	64	1 (1,6)	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	1 (1,6)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	1 (1,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	1 (1,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	1 (1,5)	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	1 (0,9)	NE [NE; NE]	84	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	1 (1,1)	NE [NE; NE]	68	1 (1,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	1 (0,9)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	1 (1,3)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.4 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	1 (0,9)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	1 (1,1)	NE [NE; NE]	60	1 (1,7)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	1 (1,1)	NE [NE; NE]	64	1 (1,6)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	1 (0,9)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	5 (5,4)	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	1 (1,9)	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	4 (6,3)	NE [NE; NE]	50	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	4 (6,3)	NE [NE; NE]	52	1 (1,9)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	1 (4,3)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	4 (5,1)	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	1 (2,6)	NE [NE; NE]	34	1 (2,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	4 (6,6)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Andere	23	1 (4,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	3 (16,7)	25,2 [25,2; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	1 (1,3)	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	1 (5,0)	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	5 (4,3)	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Nein	91	5 (5,5)	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	5 (4,3)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	5 (6,7)	NE [NE; NE]	51	1 (2,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	1 (1,7)	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	4 (6,8)	NE [NE; NE]	48	1 (2,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.5 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	5 (4,6)	NE [NE; NE]	73	1 (1,4)	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	5 (5,7)	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	1 (3,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	5 (5,7)	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	1 (4,5)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	1 (3,8)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	5 (4,4)	NE [NE; NE]	86	1 (1,2)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	0	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	0	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	0	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	0	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	0	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	0	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.6 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	0	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	0	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	0	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	93	0	NE [NE; NE]	71	0	NE [NE; NE]	NC	[NC]	NC
Nein	24	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	53	0	NE [NE; NE]	36	0	NE [NE; NE]	NC	[NC]	NC
Nein	64	0	NE [NE; NE]	50	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	31	0	NE [NE; NE]	19	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	63	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	23	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	78	0	NE [NE; NE]	52	0	NE [NE; NE]	NC	[NC]	NC
>=65	39	0	NE [NE; NE]	34	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	33	0	NE [NE; NE]	20	0	NE [NE; NE]	NC	[NC]	NC
Weiß	61	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Andere	23	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	18	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	79	0	NE [NE; NE]	66	0	NE [NE; NE]	NC	[NC]	NC
Andere	20	0	NE [NE; NE]	9	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Lokal fortgeschritte	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Metastasiert	117	0	NE [NE; NE]	84	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	26	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Nein	91	0	NE [NE; NE]	68	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	117	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	42	0	NE [NE; NE]	35	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	75	0	NE [NE; NE]	51	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	58	0	NE [NE; NE]	38	0	NE [NE; NE]	NC	[NC]	NC
Nein	59	0	NE [NE; NE]	48	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.1.7 CAPItello-291 (Global B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=86)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
1	109	0	NE [NE; NE]	73	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	87	0	NE [NE; NE]	60	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	30	0	NE [NE; NE]	26	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	88	0	NE [NE; NE]	64	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	26	0	NE [NE; NE]	22	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	3	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	6	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Nein	26	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	0	NE [NE; NE]	86	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	1 (16,7)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	1 (14,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	1 (10,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	1 (20,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	1 (12,5)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	1 (25,0)	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.1 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	1 (12,5)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	1 (16,7)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	1 (10,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.2 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.3 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.4 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Infektiöse Lungenentzündung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.5 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.6 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	6	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	7	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	10	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Viszeral	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Andere	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasiert	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	5	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	6	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	11	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	8	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	7	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
Nein	4	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
1	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
1	6	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
2 oder mehr	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

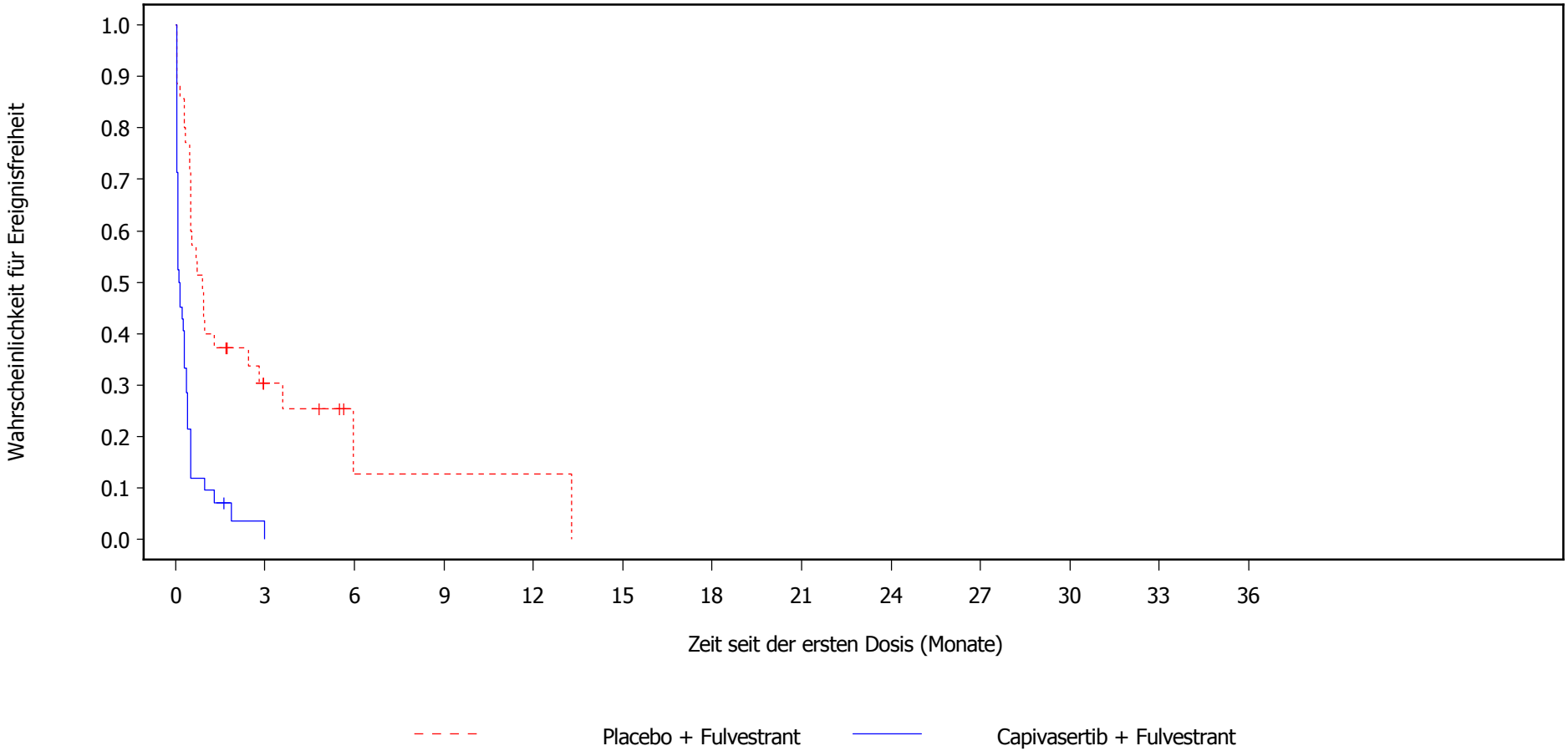
Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.2.7 CAPItello-291 (China B2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	8	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	3	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	6	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Figure 4.4.1.1.1 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE for Endokrine Resistenz=Primär
Altered Safety Analysis Set, DCO 27MAR2023

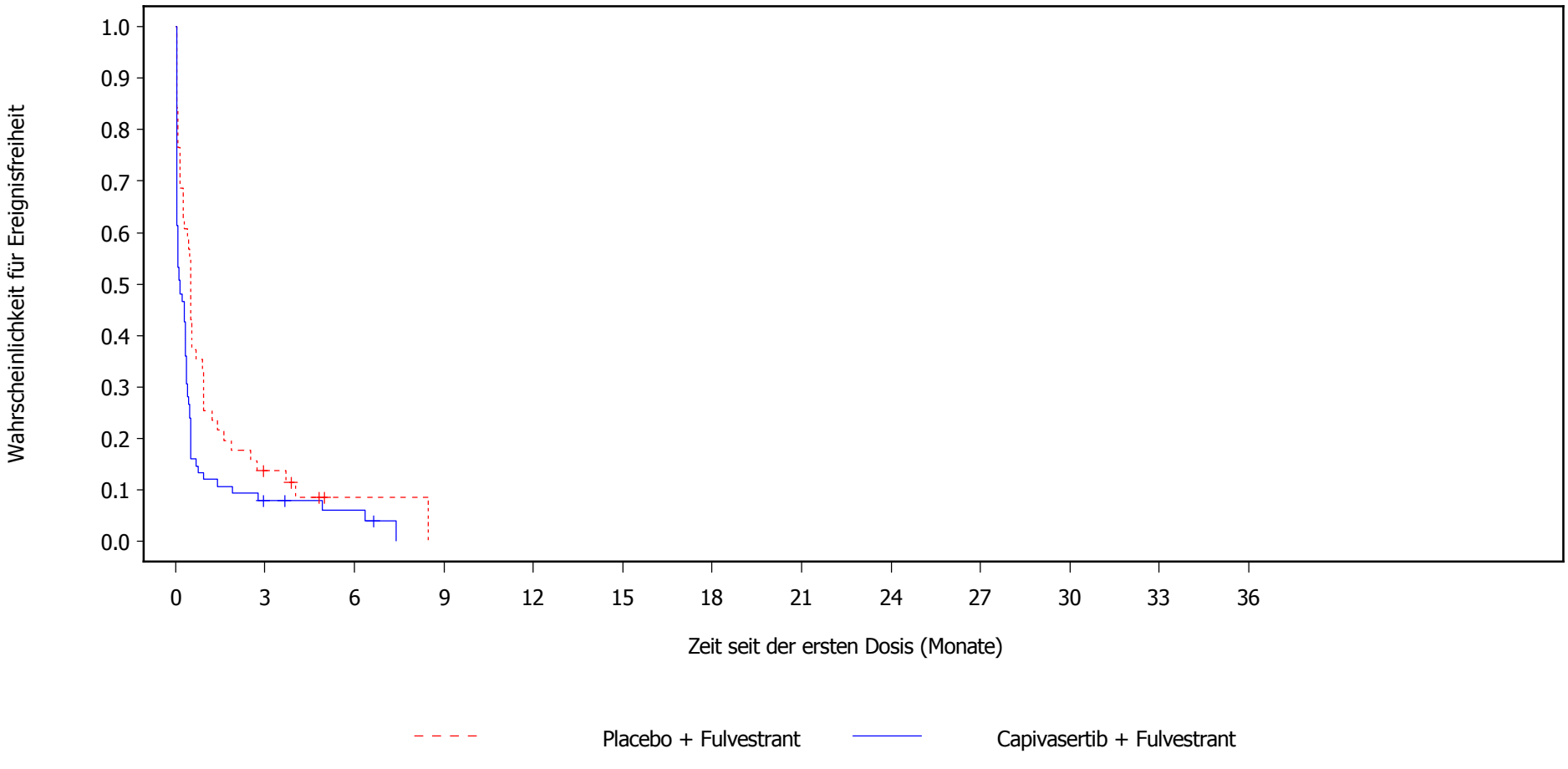


Anzahl an Patienten unter Risiko:

42	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
35	6	1	1	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.2 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE for Endokrine Resistenz=Sekundär
Altered Safety Analysis Set, DCO 27MAR2023

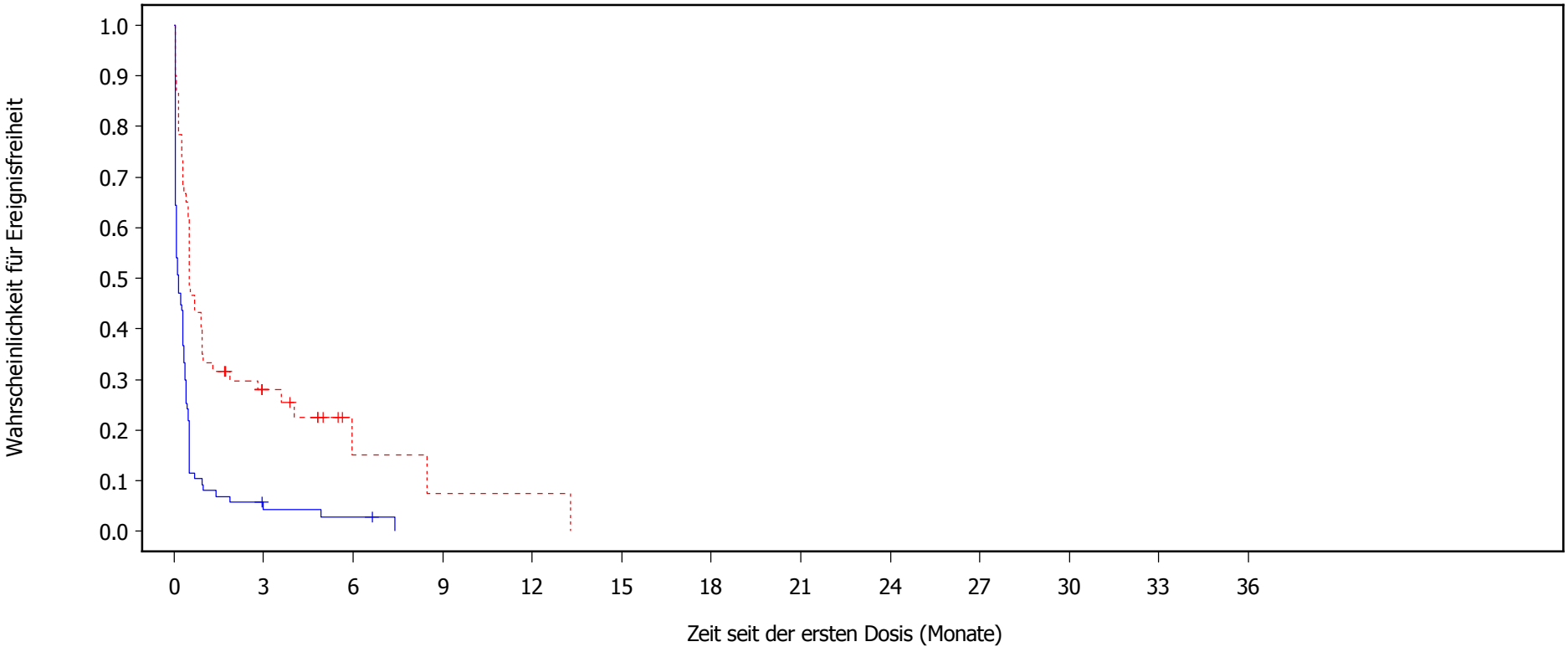


Anzahl an Patienten unter Risiko:

75	5	3	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
51	6	1	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.3 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE for Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endokrine oder Chemotherapie)=1
Altered Safety Analysis Set, DCO 27MAR2023

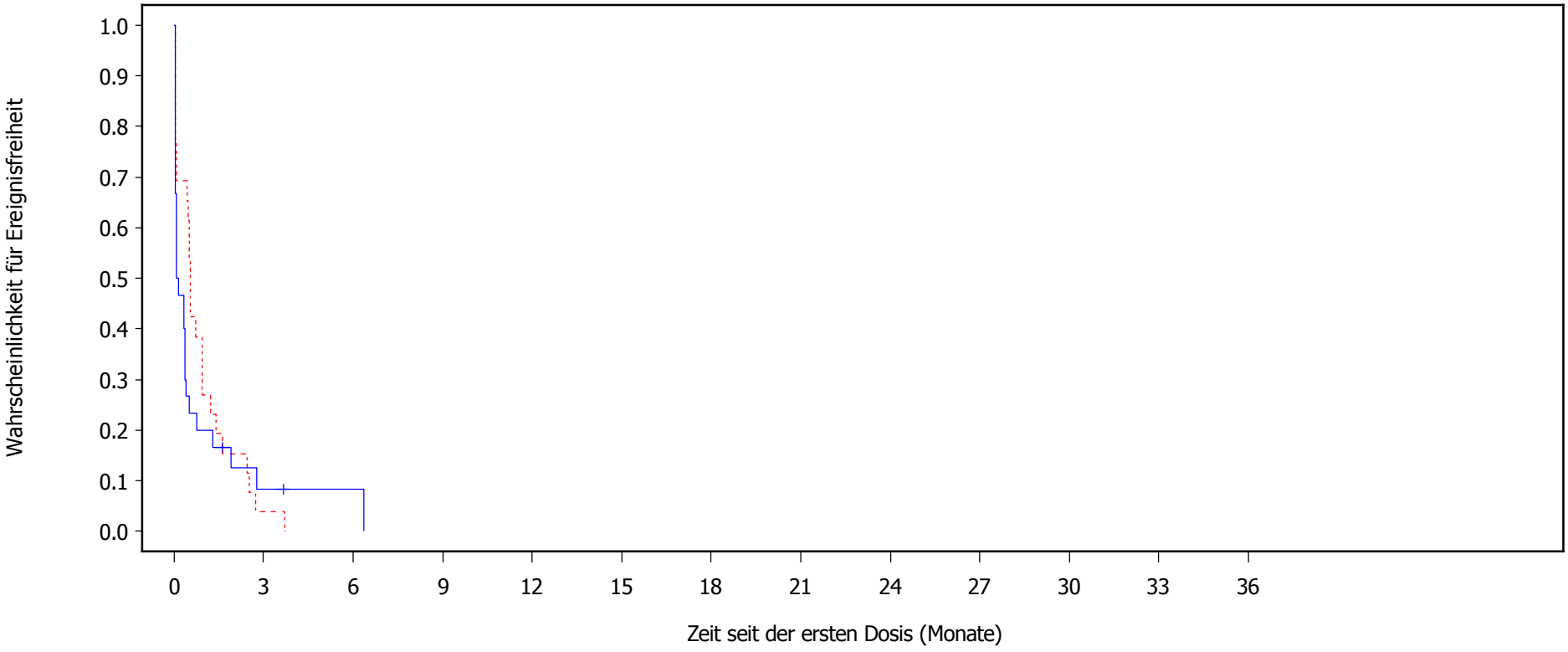


Anzahl an Patienten unter Risiko:

87	3	2	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
60	11	2	1	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.4 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE for Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endokrine oder Chemotherapie)=2 oder mehr
Altered Safety Analysis Set, DCO 27MAR2023

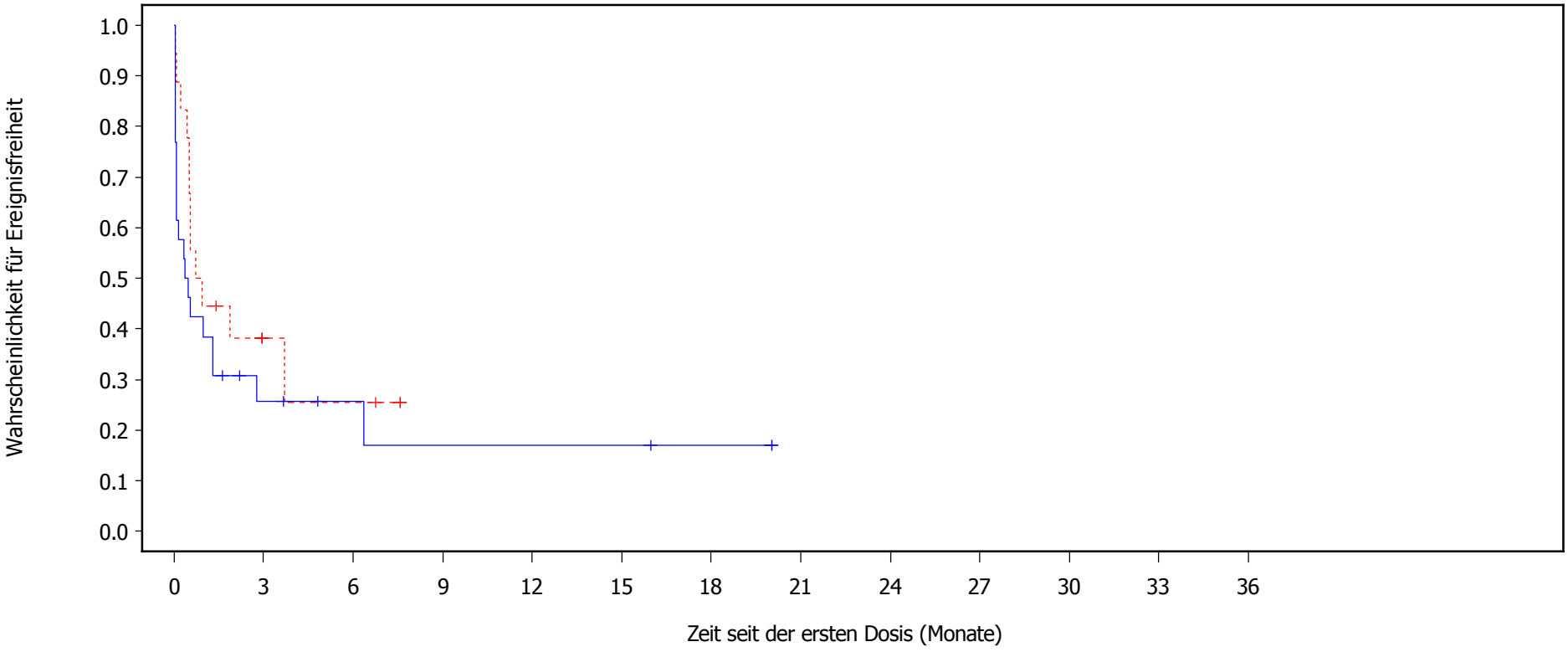


Anzahl an Patienten unter Risiko:

30	2	1	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
26	1	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.5 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SOC: Erkrankungen des Gastrointestinaltrakts for Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting=Ja
Altered Safety Analysis Set, DCO 27MAR2023

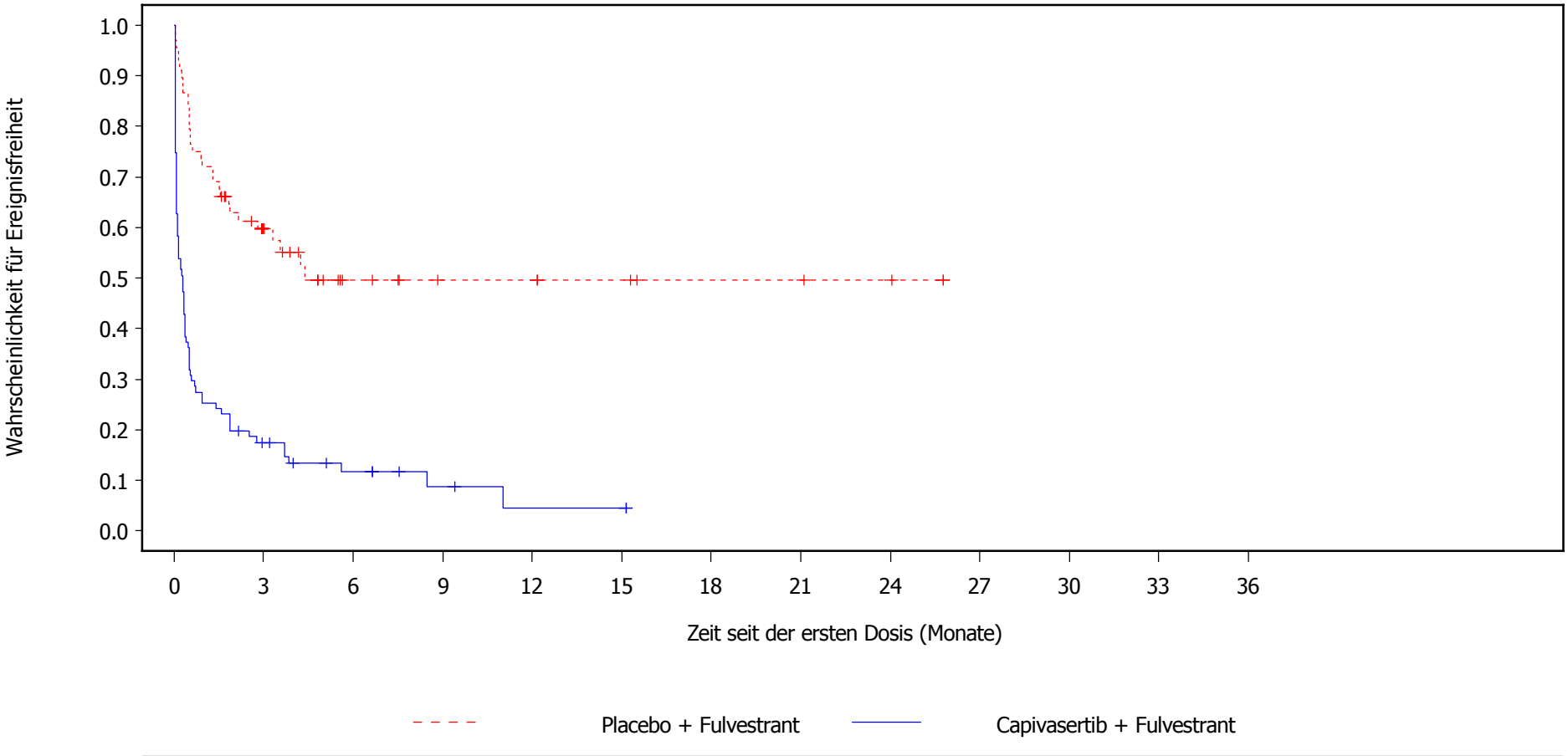


Anzahl an Patienten unter Risiko:

26	5	3	2	2	2	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	3	2	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.6 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SOC: Erkrankungen des Gastrointestinaltrakts for Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting=Nein
Altered Safety Analysis Set, DCO 27MAR2023

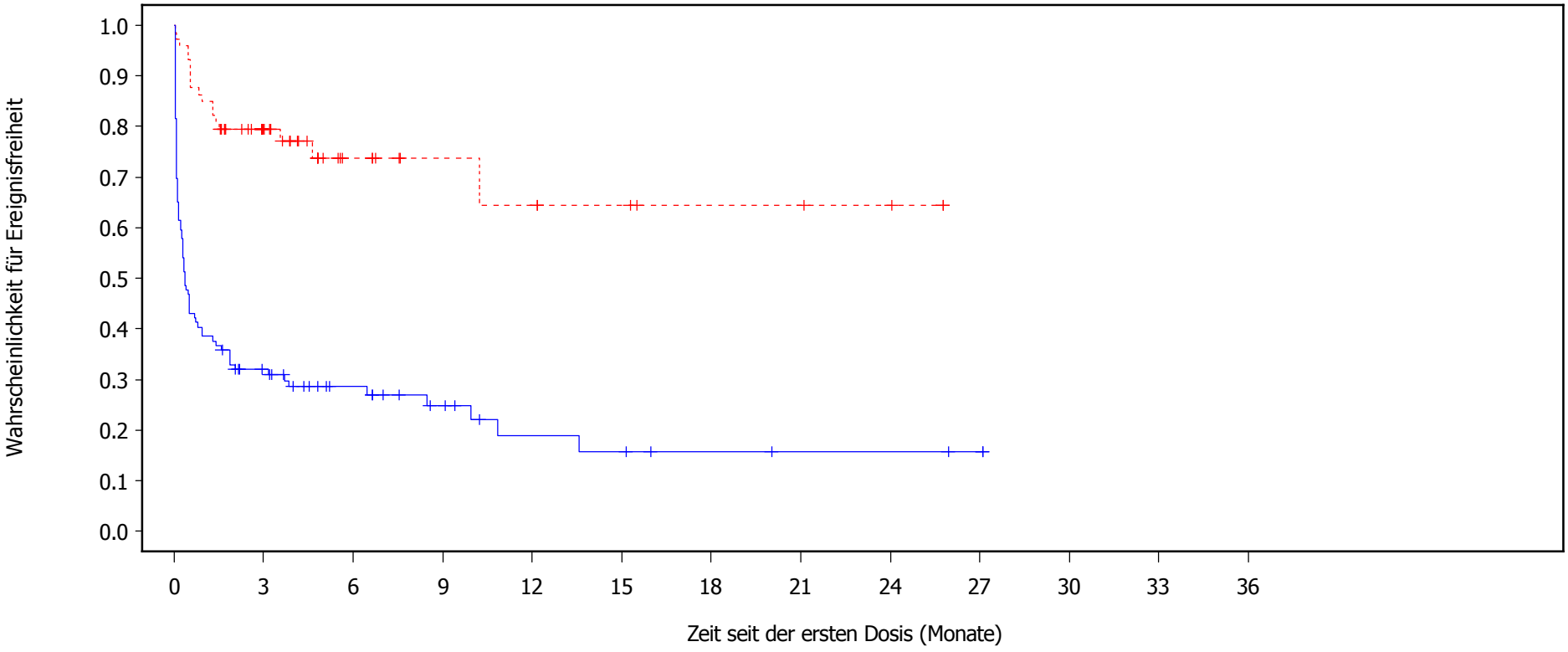


Anzahl an Patienten unter Risiko:

91	14	7	3	1	1	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
68	27	11	7	7	5	3	3	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.7 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of PT: Diarrhoe for Vorherige endokrine Therapielinien im lokal fortgeschrittenen (inoperable) oder metastasierten Setting=1
Altered Safety Analysis Set, DCO 27MAR2023

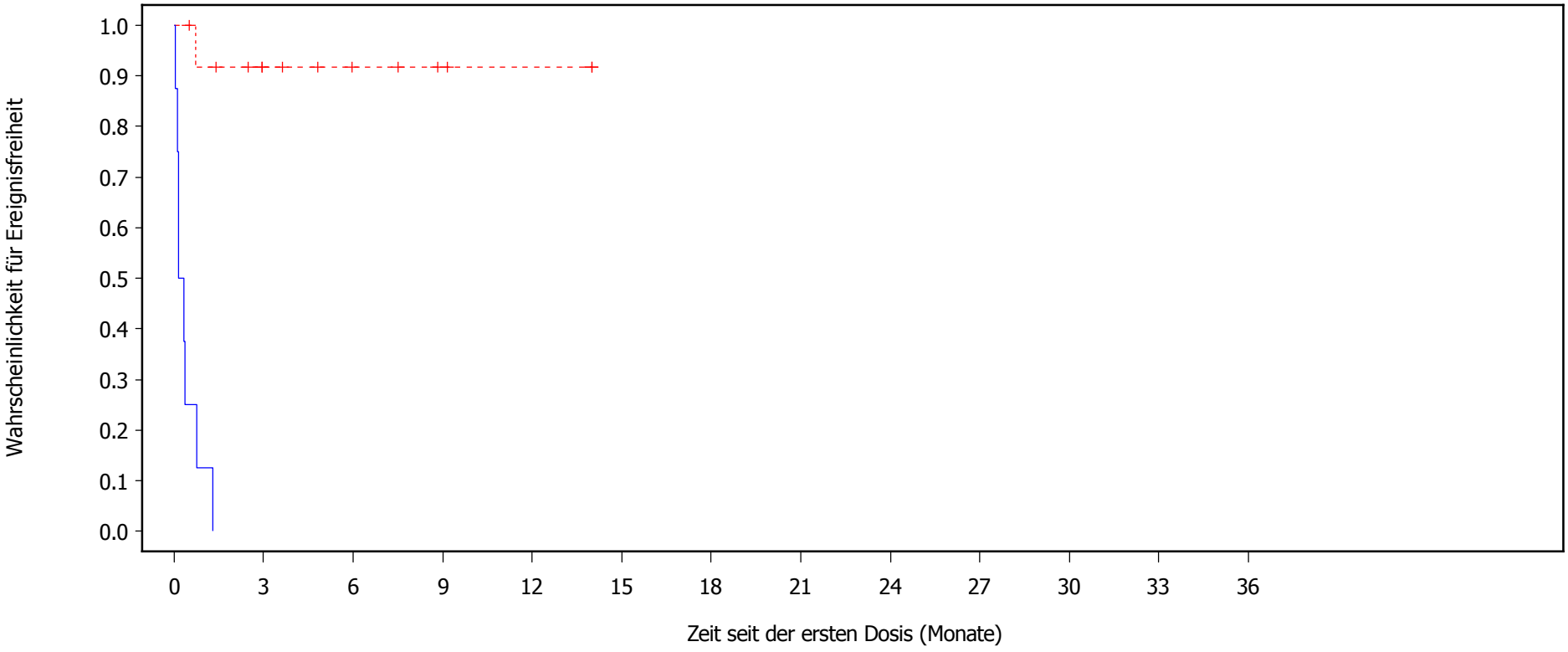


Anzahl an Patienten unter Risiko:

109	30	18	11	6	5	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
73	37	13	8	7	5	3	3	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.8 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of PT: Diarrhoe for Vorherige endokrine Therapielinien im lokal fortgeschrittenen (inoperable) oder metastasierten Setting=2 oder mehr
Altered Safety Analysis Set, DCO 27MAR2023

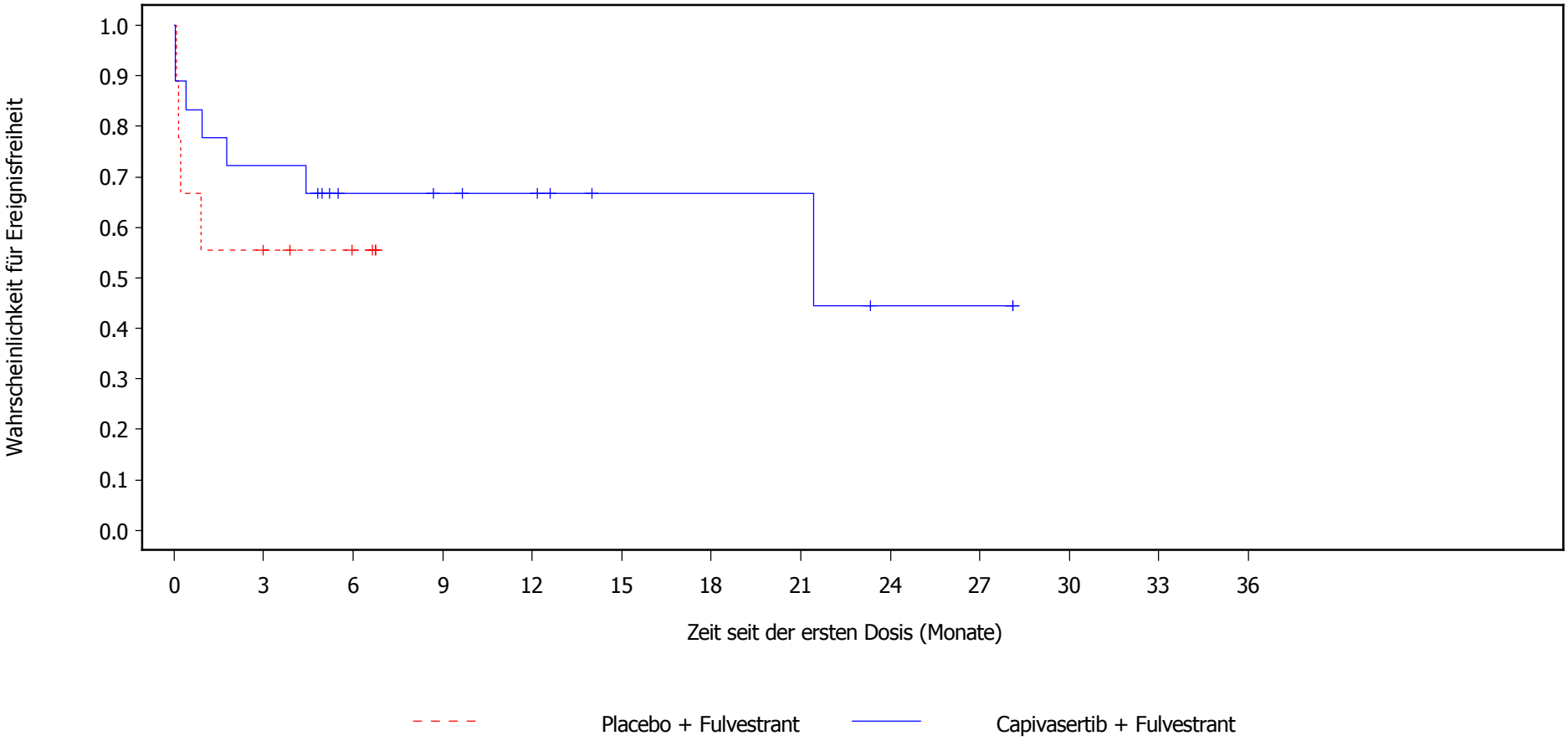


Anzahl an Patienten unter Risiko:

8	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
13	7	4	2	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.9 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of PT: Uebelkeit for Metastasenlokalisation=Nur Knochen
Altered Safety Analysis Set, DCO 27MAR2023

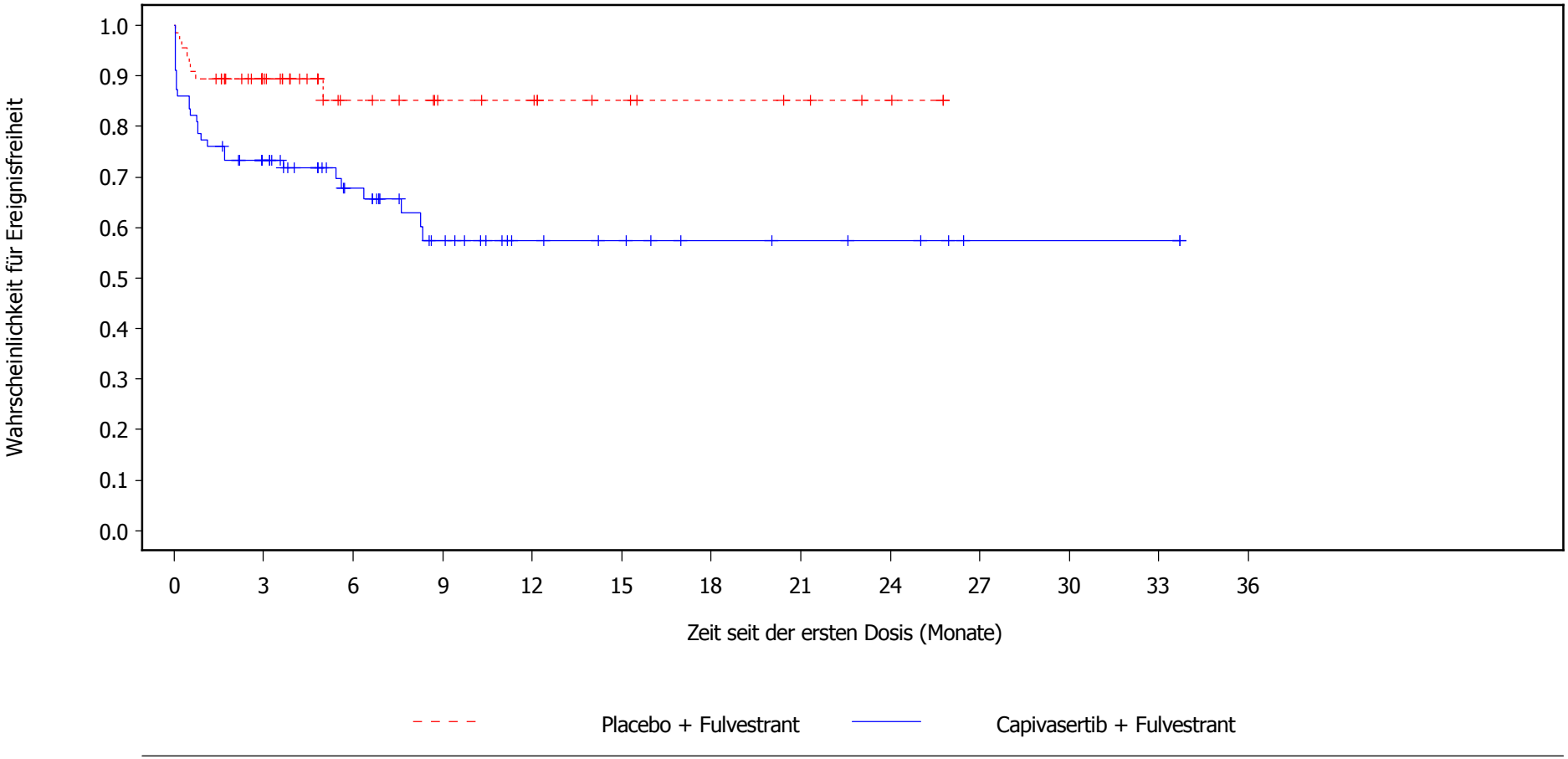


Anzahl an Patienten unter Risiko:

18	13	8	7	6	3	3	3	1	1	0	0	0	Capivasertib + Fulvestrant
9	4	2	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.10 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of PT: Uebelkeit for Metastasenlokalisation=Viszeral
Altered Safety Analysis Set, DCO 27MAR2023

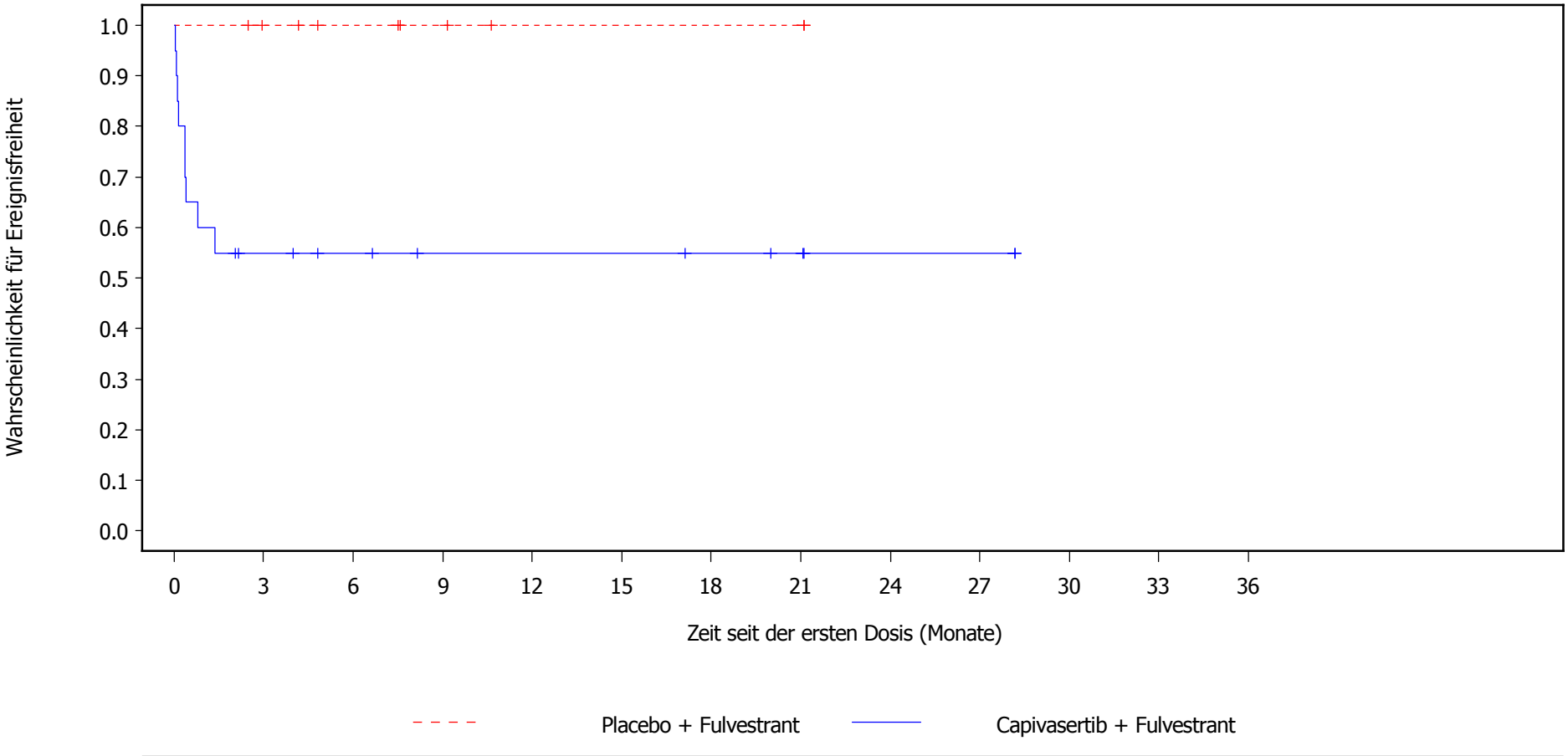


Anzahl an Patienten unter Risiko:

79	49	32	19	11	9	6	5	4	1	1	1	0	Capivasertib + Fulvestrant
66	36	17	12	11	7	5	4	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.11 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of PT: Uebelkeit for Metastasenlokalisation=Andere
Altered Safety Analysis Set, DCO 27MAR2023

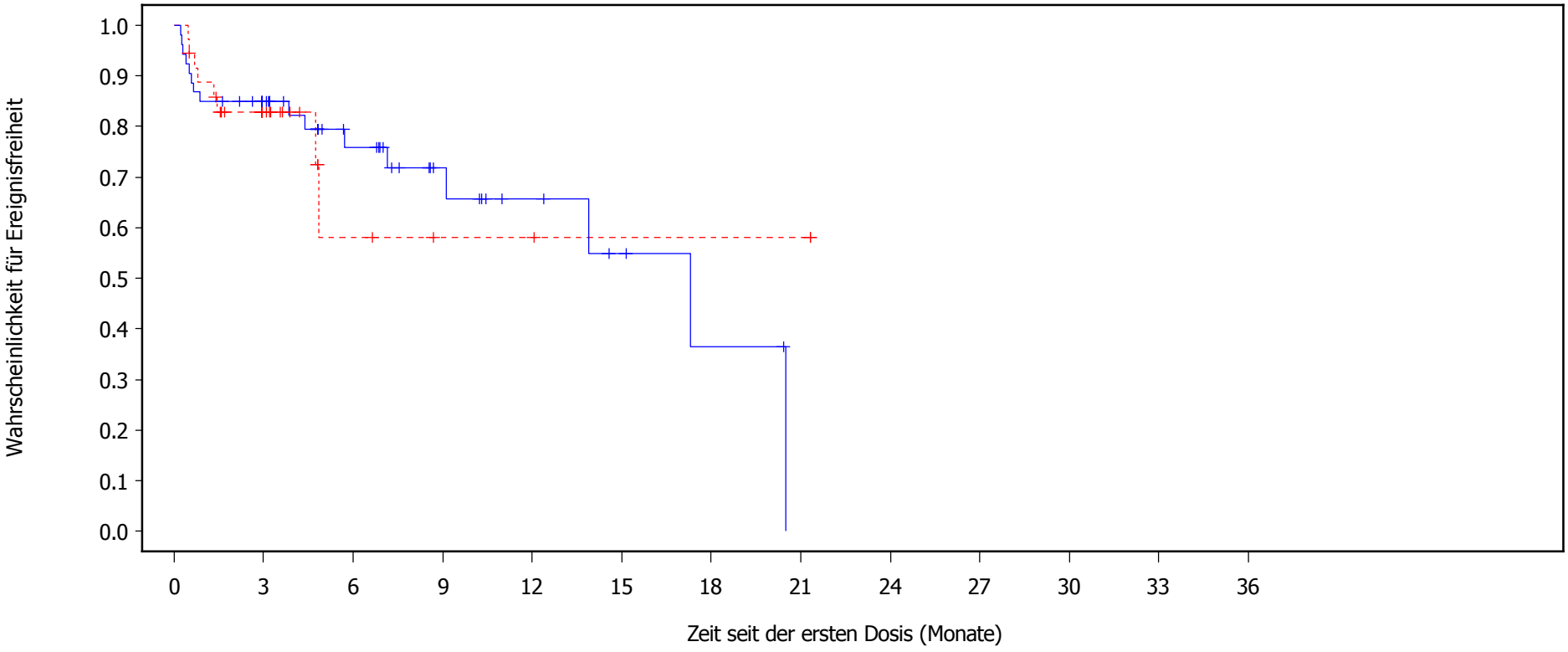


Anzahl an Patienten unter Risiko:

20	9	7	5	5	5	4	3	1	1	0	0	0	Capivasertib + Fulvestrant
9	7	5	3	1	1	1	1	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.12 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SOC: Infektionen und parasitaere Erkrankungen for Lebermetastasen=Ja
Altered Safety Analysis Set, DCO 27MAR2023

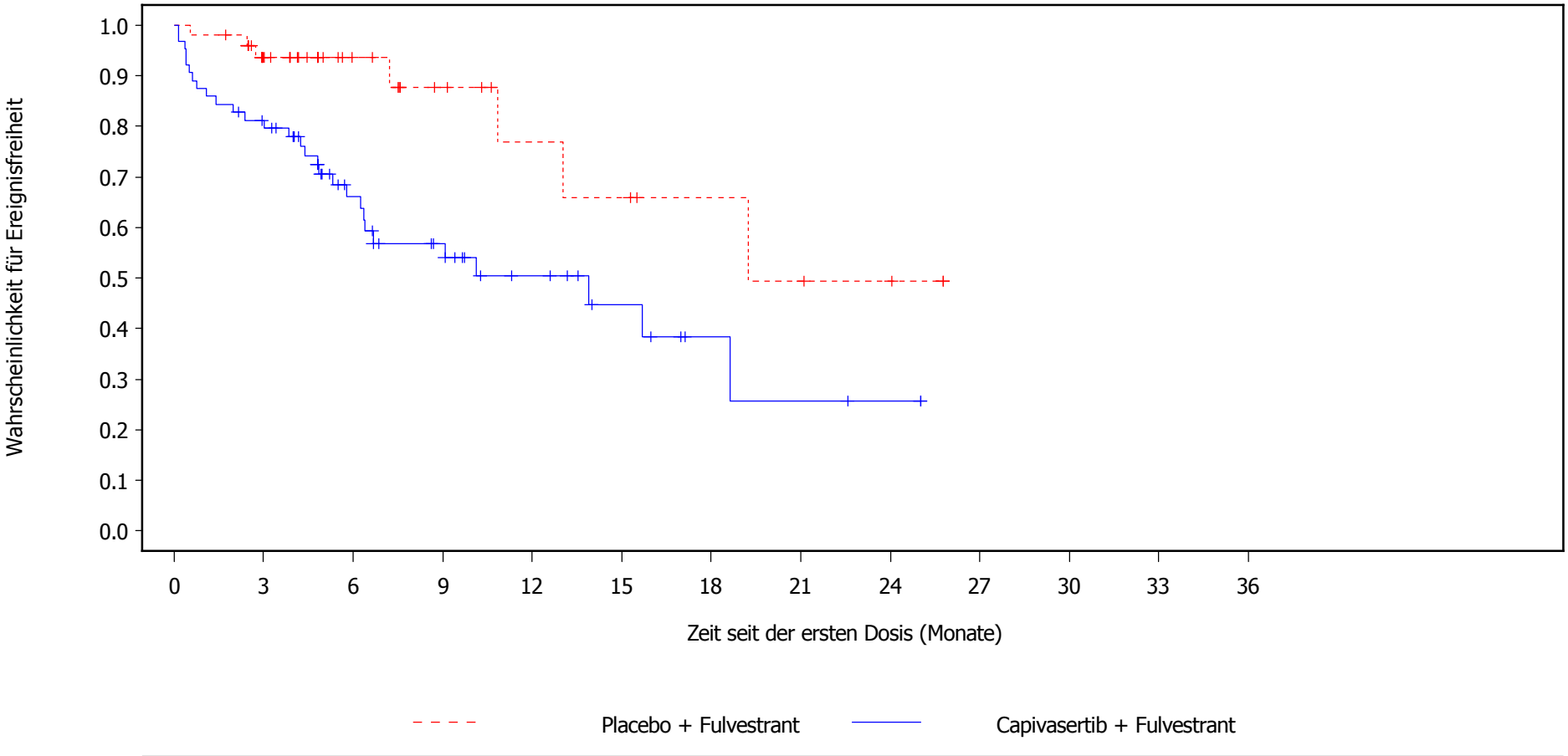


Anzahl an Patienten unter Risiko:

53	36	22	12	7	4	2	0	0	0	0	0	0	Capivasertib + Fulvestrant
36	15	4	2	2	1	1	1	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.1.13 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SOC: Infektionen und parasitaere Erkrankungen for Lebermetastasen=Nein
Altered Safety Analysis Set, DCO 27MAR2023

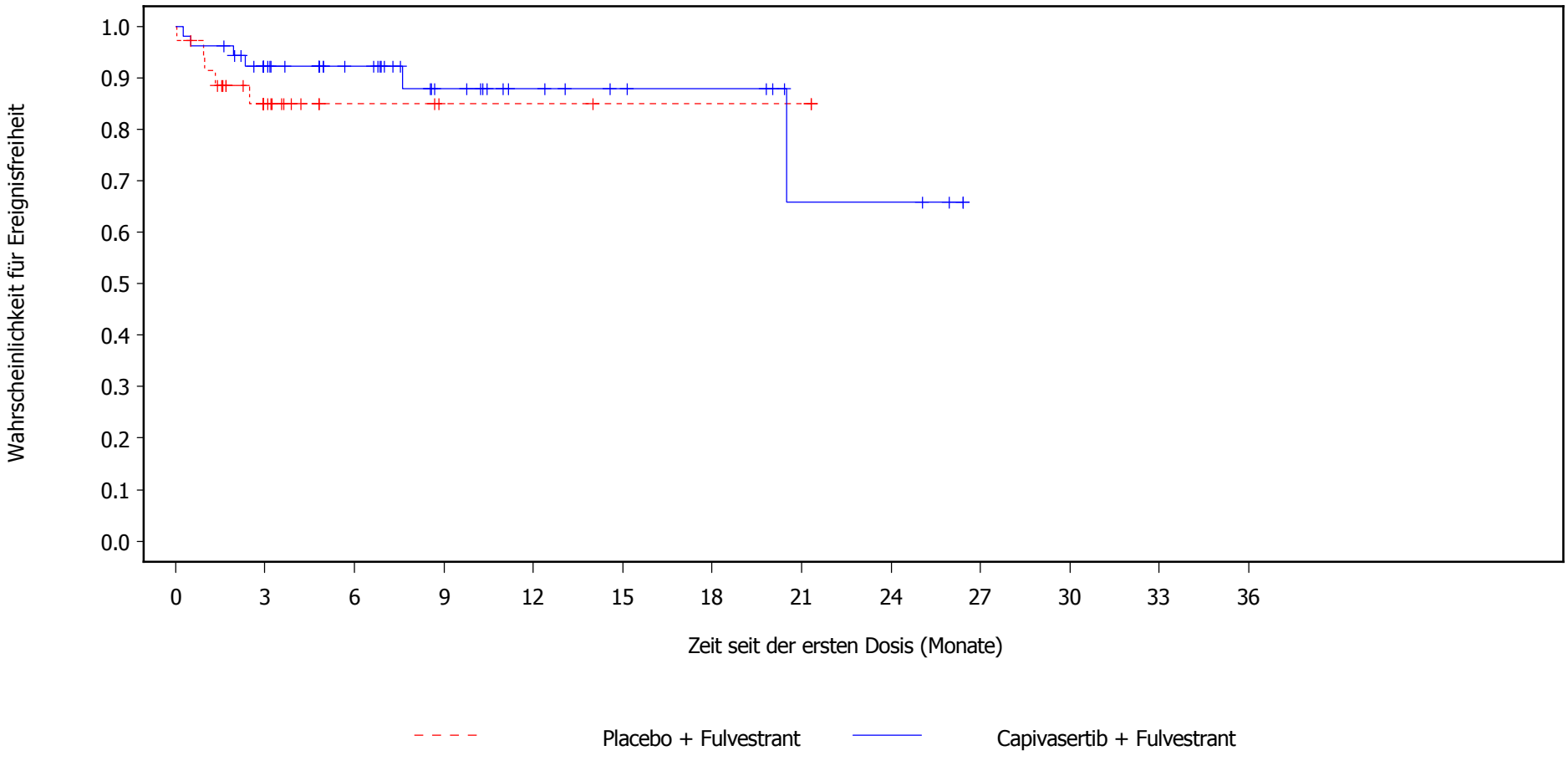


Anzahl an Patienten unter Risiko:

64	50	29	20	12	7	3	2	1	0	0	0	0	Capivasertib + Fulvestrant
50	35	17	11	7	6	4	3	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.2.1.1 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SUE for Lebermetastasen=Ja
Altered Safety Analysis Set, DCO 27MAR2023

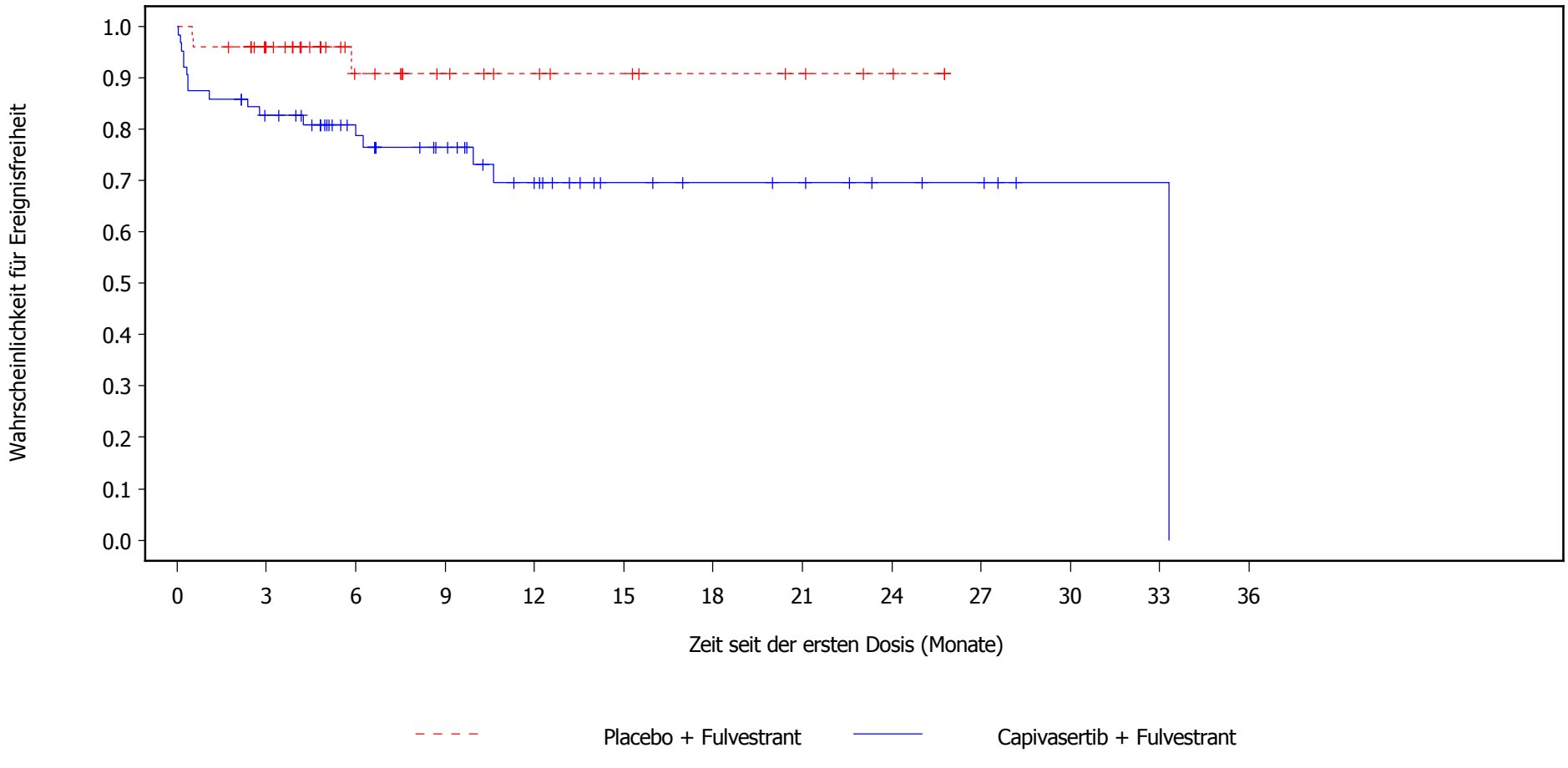


Anzahl an Patienten unter Risiko:

53	39	28	17	11	8	7	3	3	0	0	0	0	Capivasertib + Fulvestrant
36	13	4	2	2	1	1	1	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.2.1.2 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of SUE for Lebermetastasen=Nein
Altered Safety Analysis Set, DCO 27MAR2023

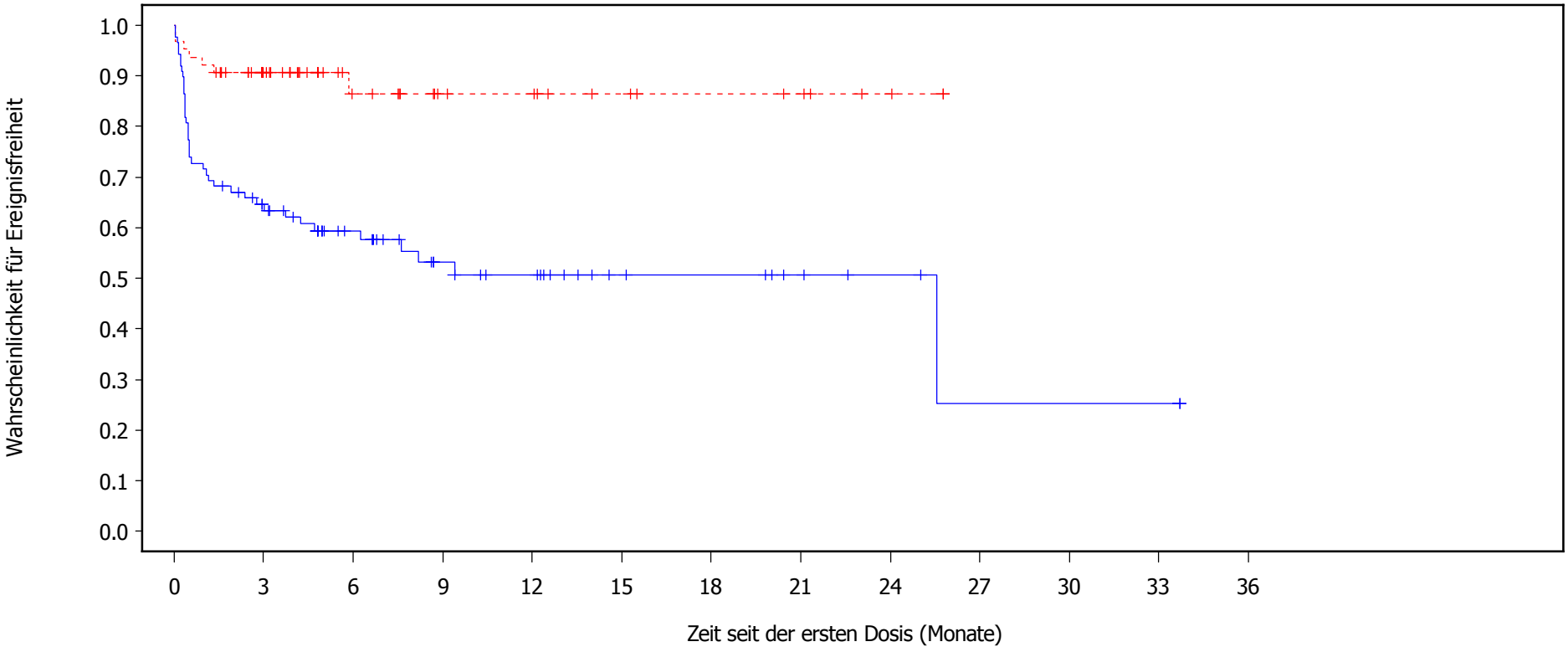


Anzahl an Patienten unter Risiko:

64	50	36	27	18	11	9	8	5	4	1	1	0	Capivasertib + Fulvestrant
50	36	17	12	9	7	5	4	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.4.1.1 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE mit CTCAE Grad >=3 for Hormonrezeptorstatus=ER+/PR+
Altered Safety Analysis Set, DCO 27MAR2023

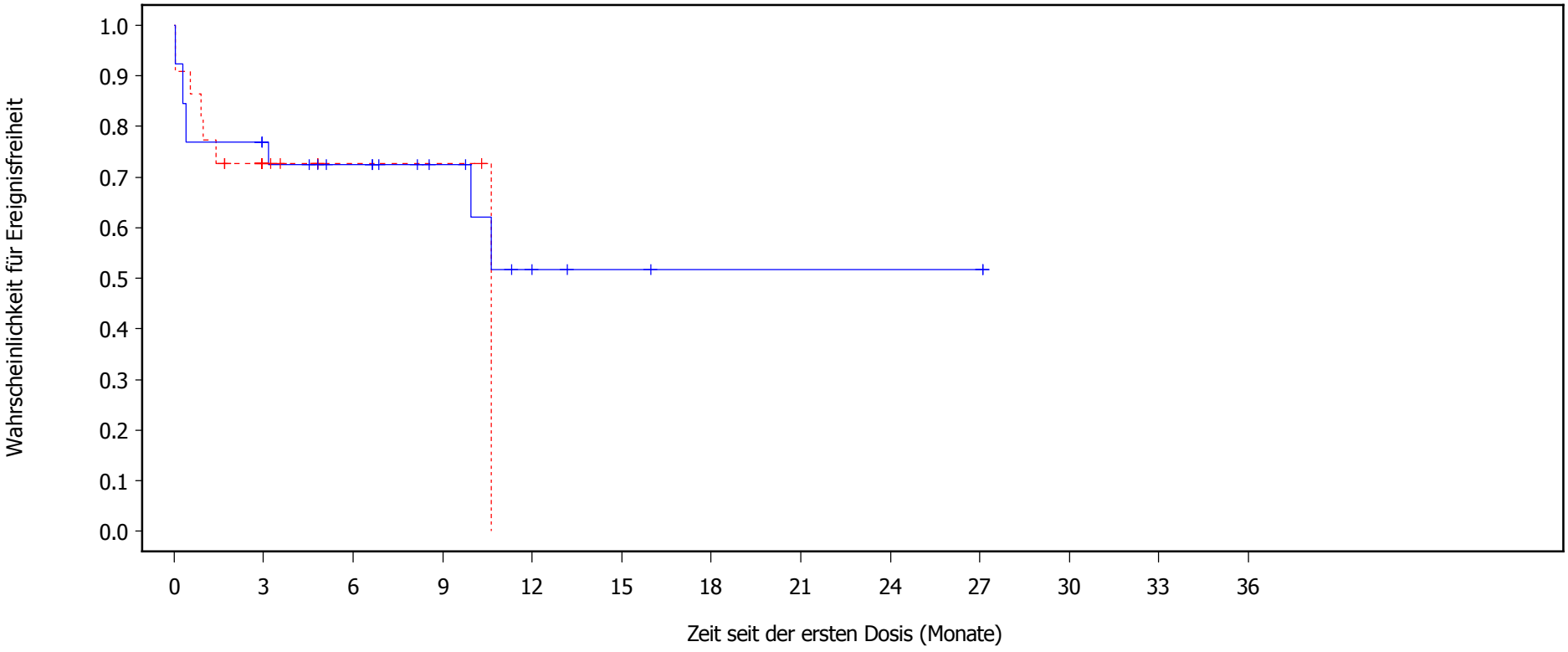


Anzahl an Patienten unter Risiko:

88	52	33	21	17	9	8	5	3	1	1	1	0	Capivasertib + Fulvestrant
64	42	20	13	12	8	6	5	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.4.1.2 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE mit CTCAE Grad >=3 for Hormonrezeptorstatus=ER+/PR-
Altered Safety Analysis Set, DCO 27MAR2023

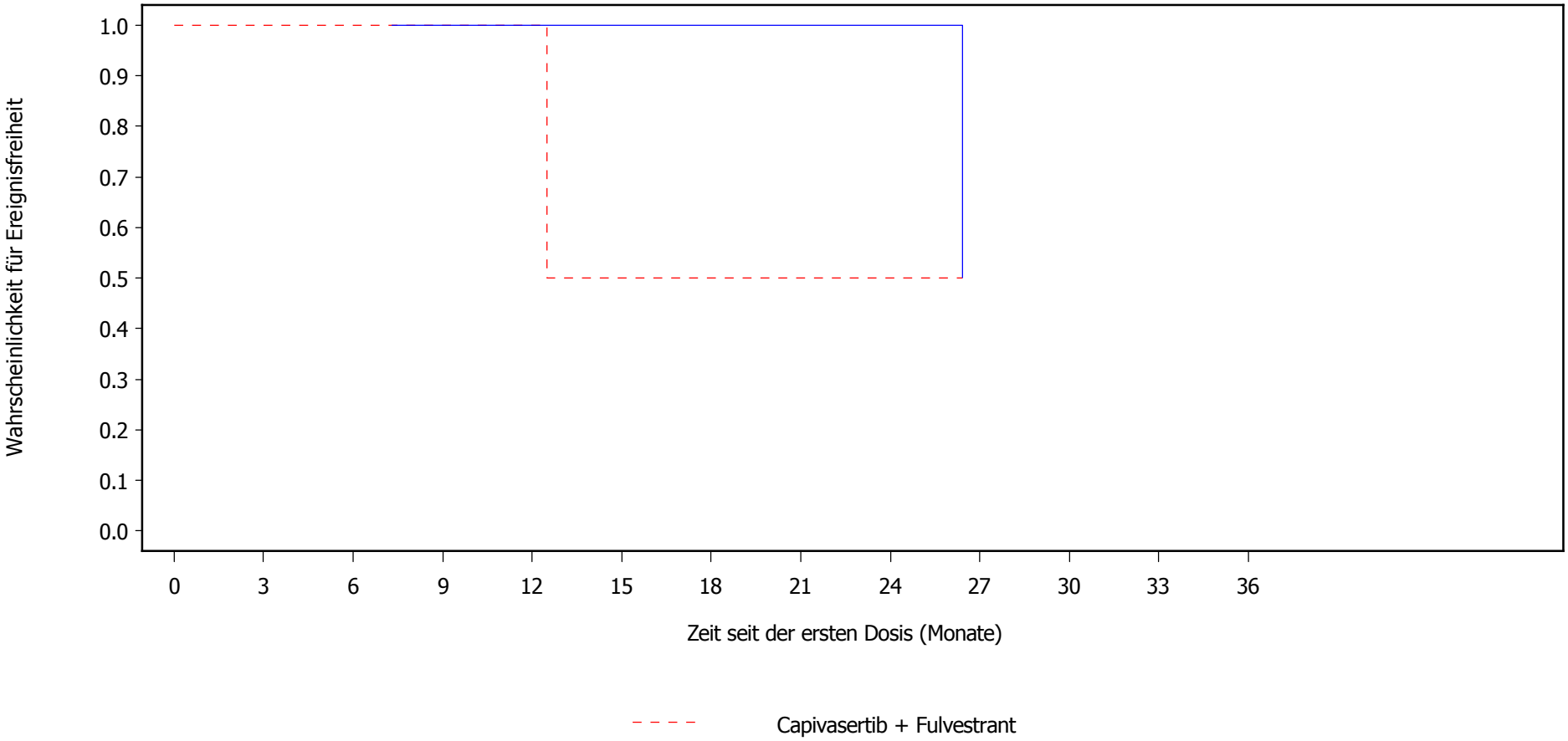


Anzahl an Patienten unter Risiko:

26	17	13	8	3	2	1	1	1	1	0	0	0	Capivasertib + Fulvestrant
22	6	2	2	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.4.1.3 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UE mit CTCAE Grad >=3 for Hormonrezeptorstatus=ER+/PR unbekannt
Altered Safety Analysis Set, DCO 27MAR2023

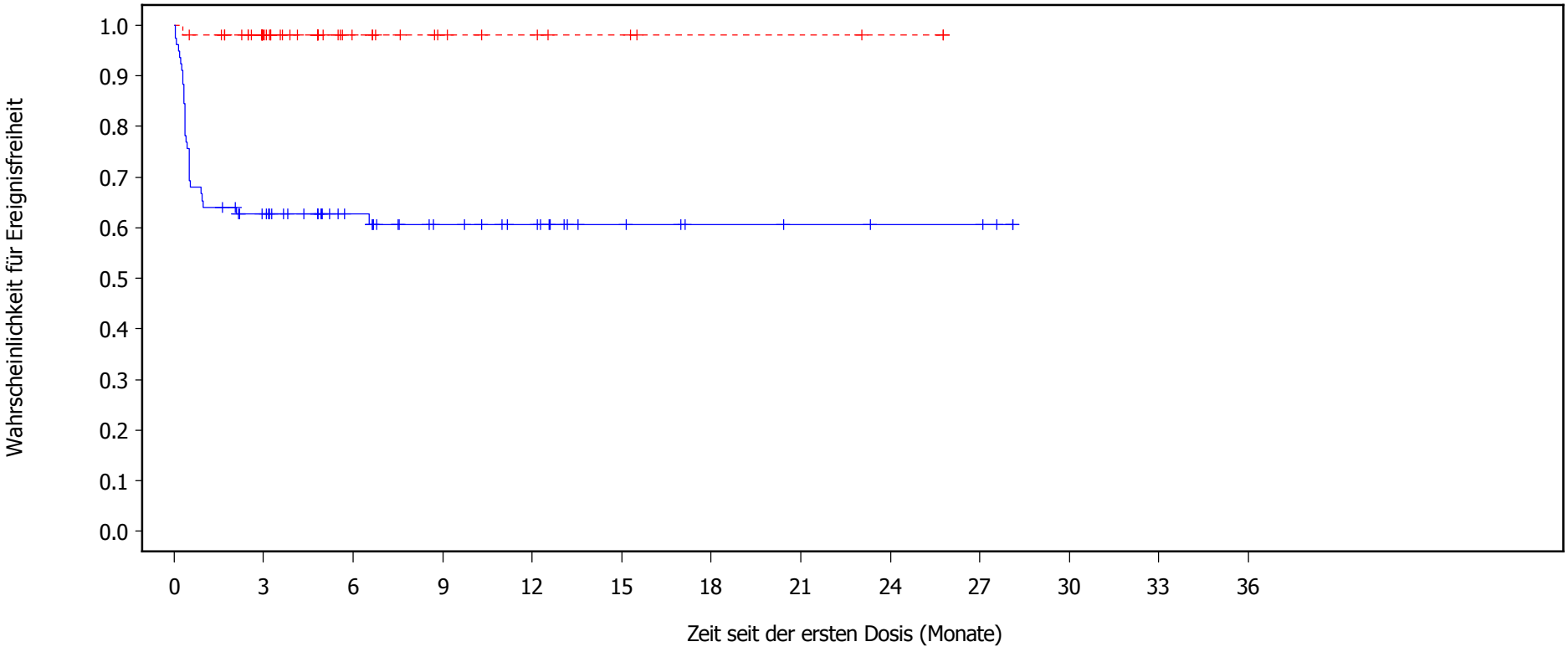


Anzahl an Patienten unter Risiko:

3	3	3	2	2	1	1	1	1	0	0	0	0	Capivasertib + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.1 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Ausschlag for Alter bei Randomisierung (Jahre)=<65
Altered Safety Analysis Set, DCO 27MAR2023

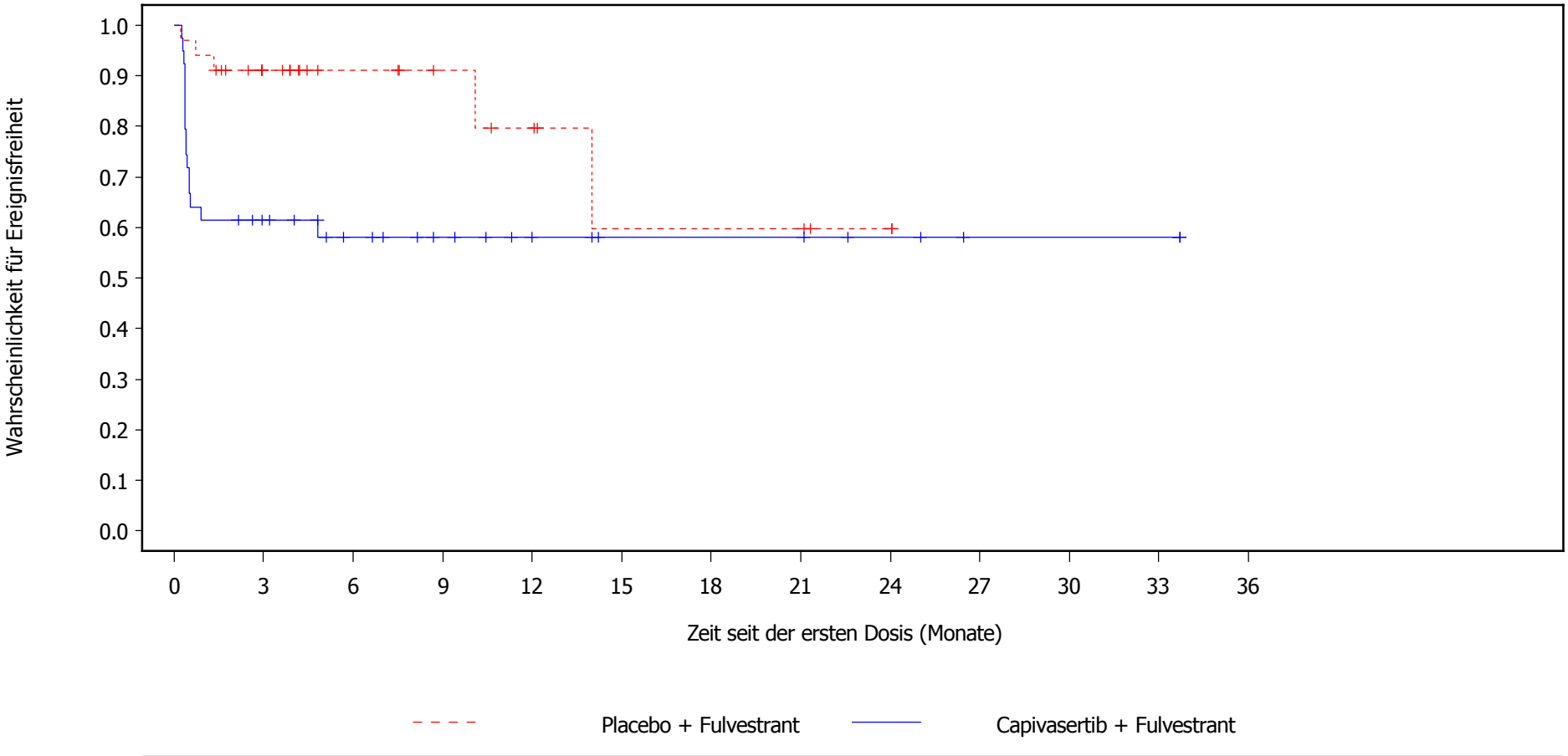


Anzahl an Patienten unter Risiko:

78	44	28	19	15	8	5	4	3	3	0	0	0	Capivasertib + Fulvestrant
52	34	14	8	6	4	2	2	1	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.2 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Ausschlag for Alter bei Randomisierung (Jahre)=>=65
Altered Safety Analysis Set, DCO 27MAR2023

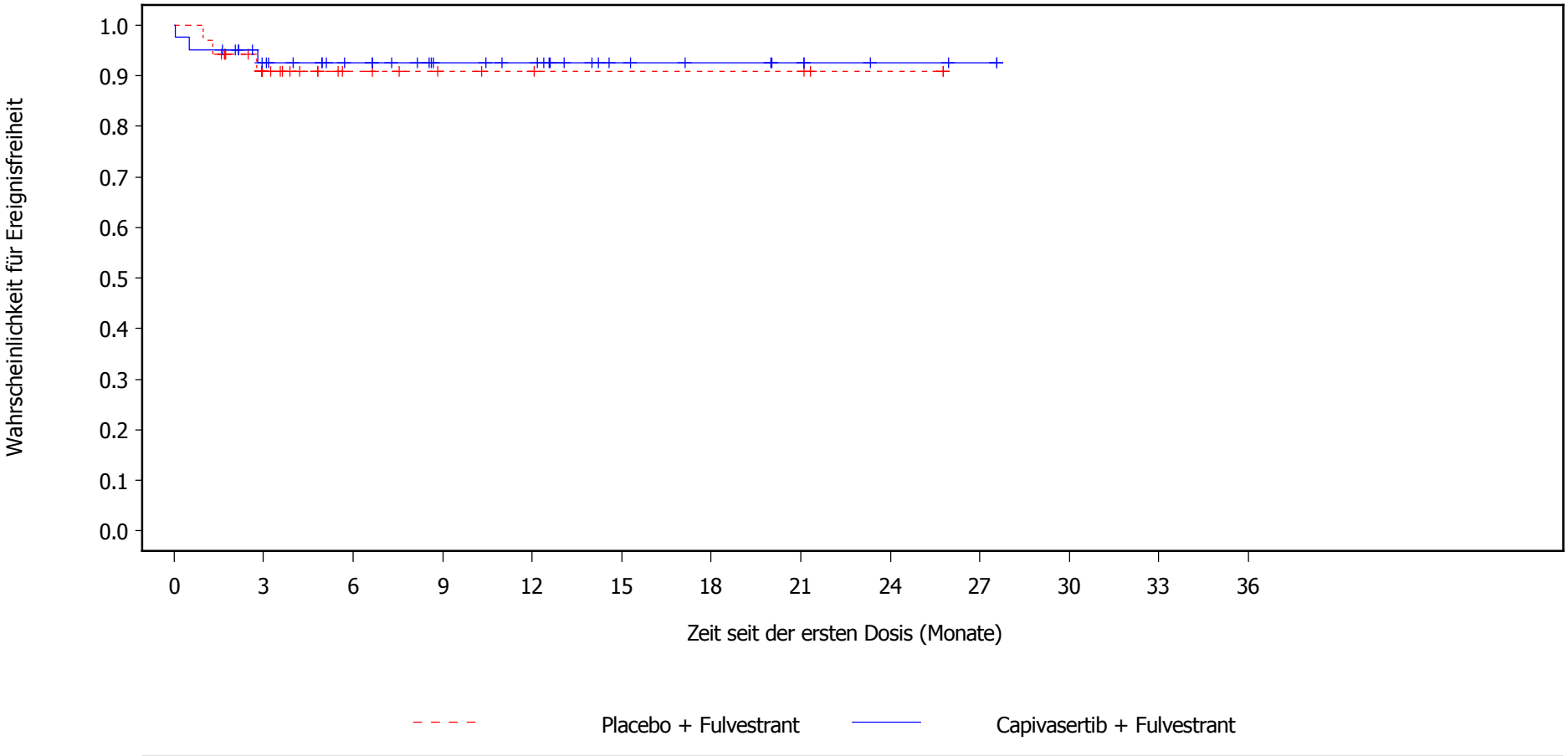


Anzahl an Patienten unter Risiko:

39	21	15	11	7	5	5	5	3	1	1	1	0	Capivasertib + Fulvestrant
34	20	11	8	6	3	3	3	1	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.3 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Hyperglykämie for Endokrine Resistenz=Primär
Altered Safety Analysis Set, DCO 27MAR2023

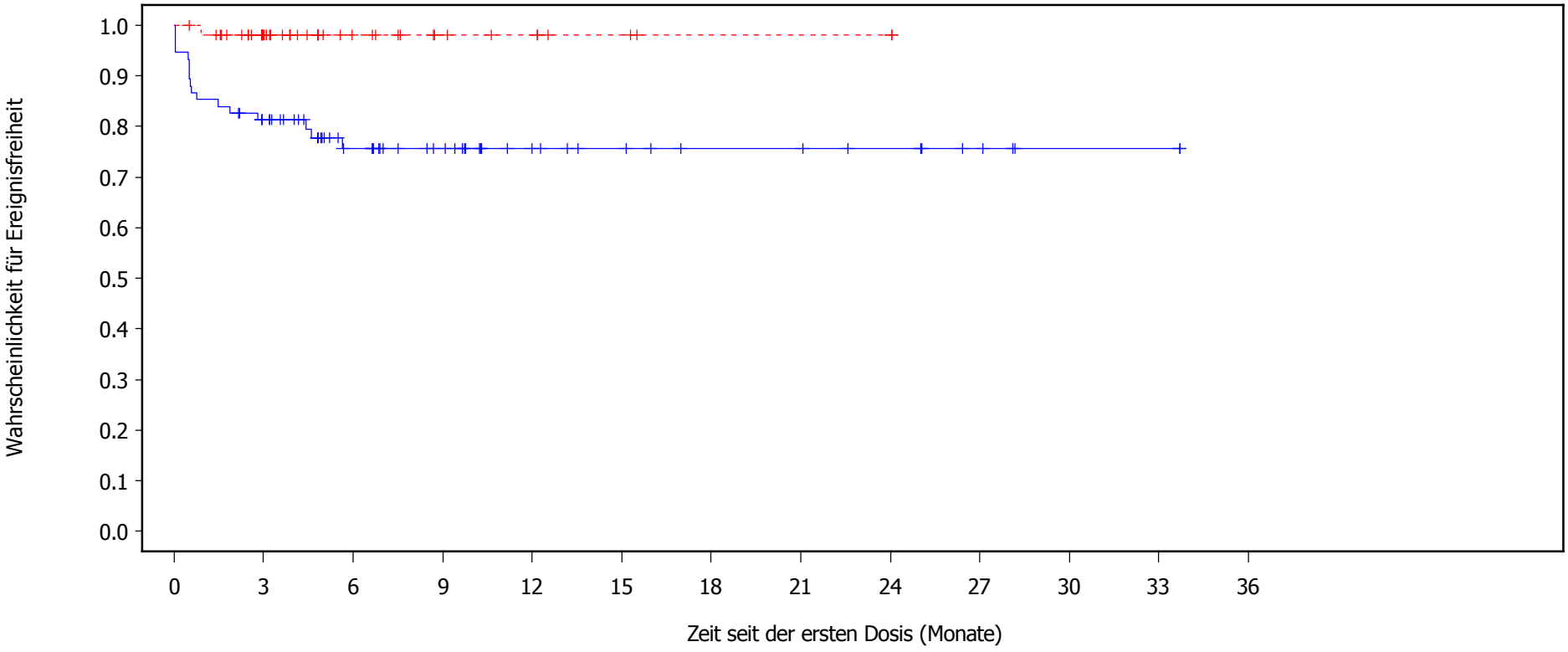


Anzahl an Patienten unter Risiko:

42	33	26	19	17	9	7	5	2	1	0	0	0	Capivasertib + Fulvestrant
35	17	8	5	4	3	3	3	1	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.4 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Hyperglykämie for Endokrine Resistenz=Sekundär
Altered Safety Analysis Set, DCO 27MAR2023

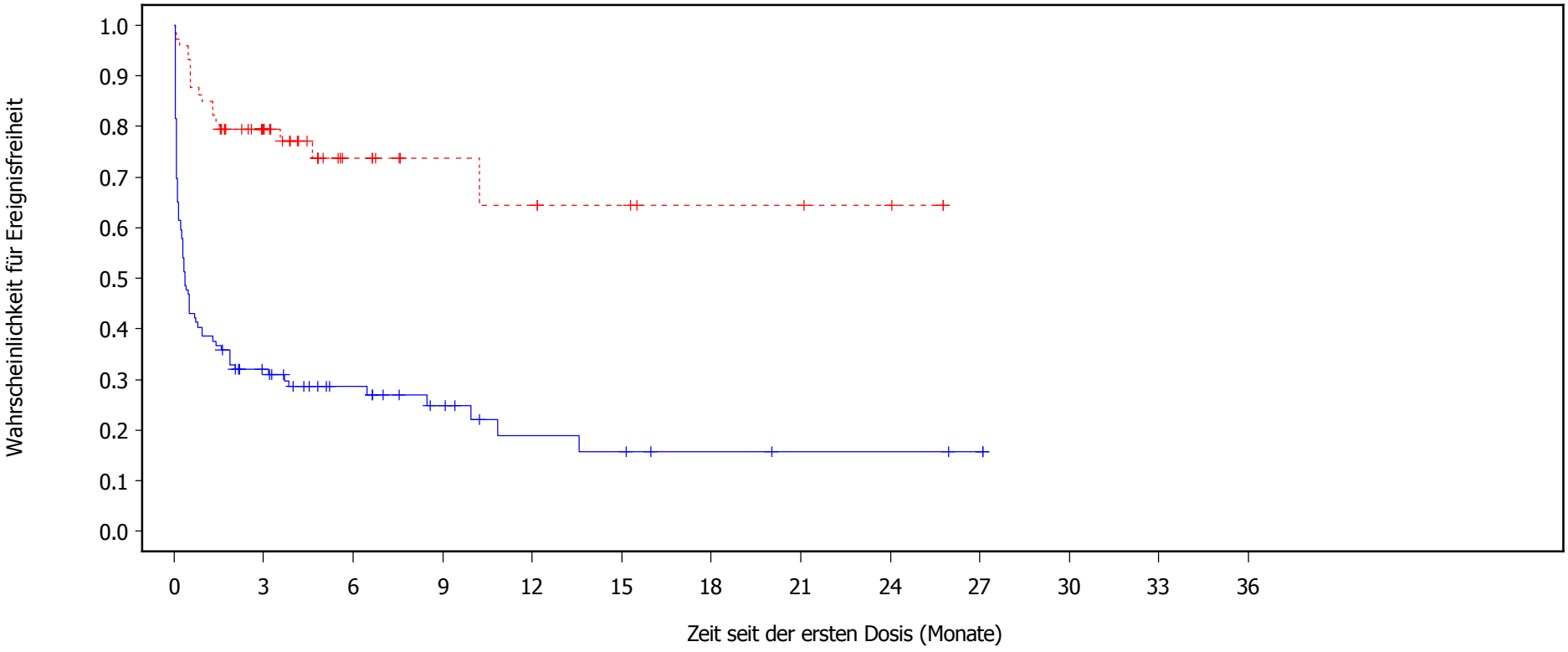


Anzahl an Patienten unter Risiko:

75	55	34	25	15	12	9	9	7	4	1	1	0	Capivasertib + Fulvestrant
51	33	14	8	6	3	1	1	1	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.5 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Nichtinfektiöse Diarrhö for Vorherige endokrine Therapielinien im lokal fortgeschrittenen (inoperable) oder metastasierten Setting=1
Altered Safety Analysis Set, DCO 27MAR2023

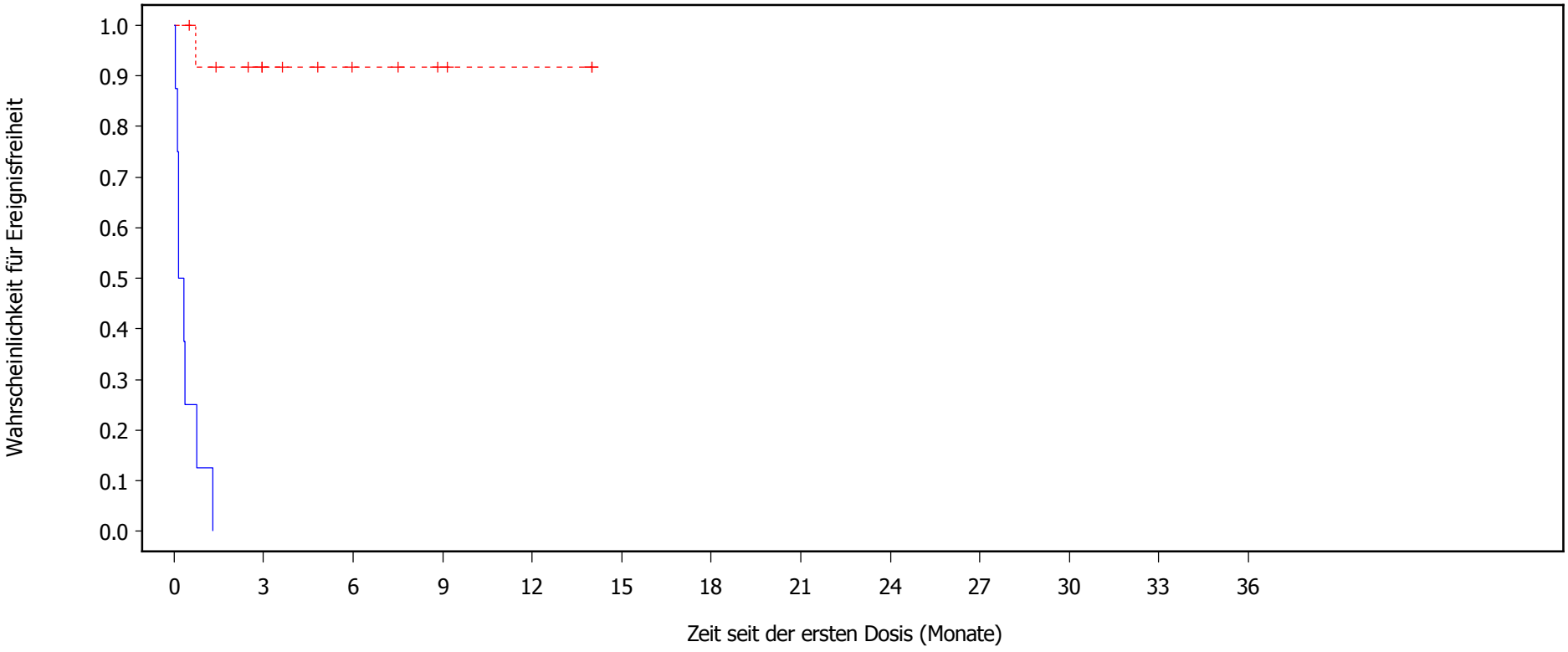


Anzahl an Patienten unter Risiko:

109	30	18	11	6	5	3	2	2	1	0	0	0	Capivasertib + Fulvestrant
73	37	13	8	7	5	3	3	2	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.5.1.6 CAPItello-291 (Global B2) Subgroup Analysis: Kaplan-Meier plot of UESI GT: Nichtinfektiöse Diarrhö for Vorherige endokrine Therapielinien im lokal fortgeschrittenen (inoperable) oder metastasierten Setting=2 oder mehr
Altered Safety Analysis Set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

8	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
13	7	4	2	1	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 6.2.1.2 Meta−Analysis of Progression−Free Survival for Region=Asia

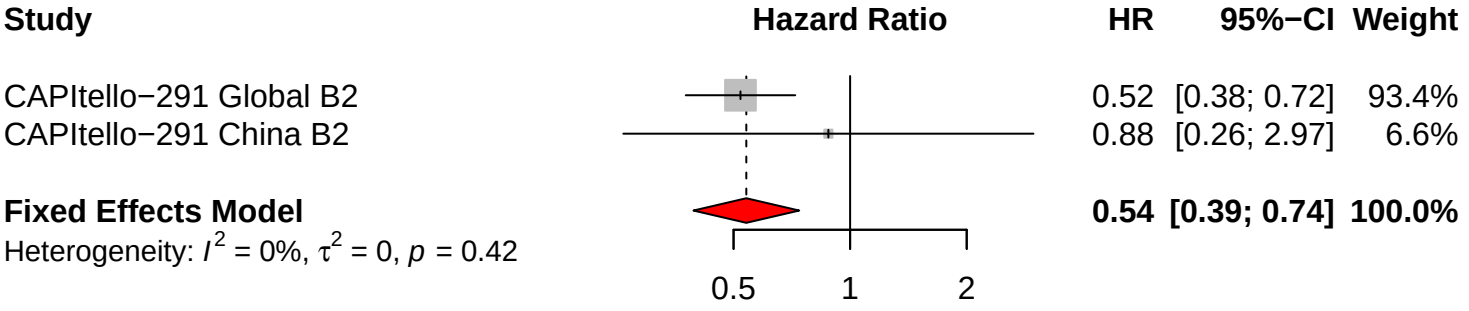


Figure 6.2.1.4 Meta−Analysis of Progression−Free Survival for Ethnicity=Asian

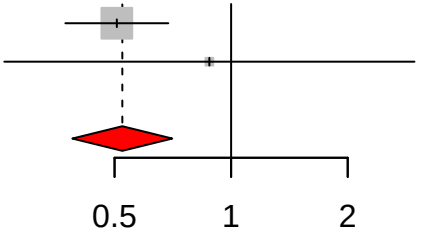


Figure 6.2.1.6 Meta−Analysis of Progression−Free Survival for Metastatic Sites=Visceral

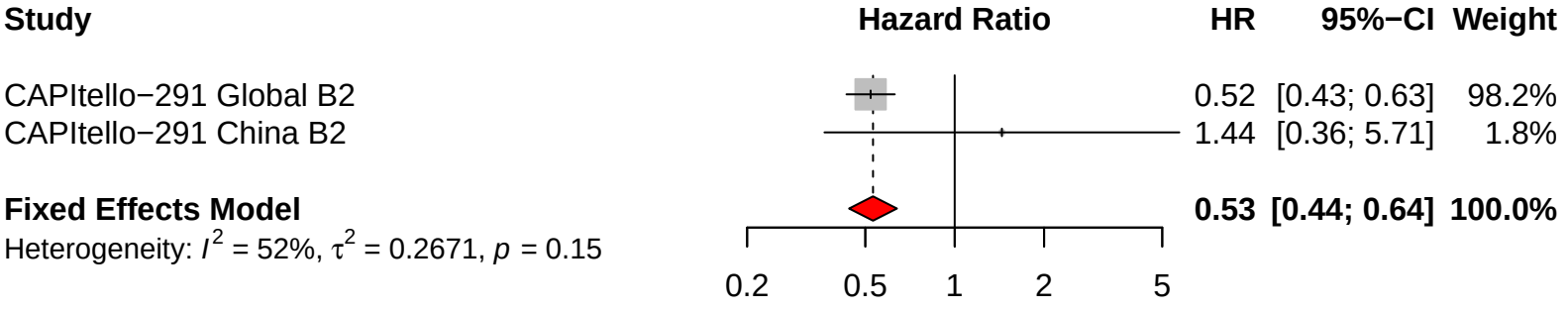


Figure 6.2.1.8 Meta−Analysis of Progression−Free Survival for Disease Stage at Study Entry=Metastatic

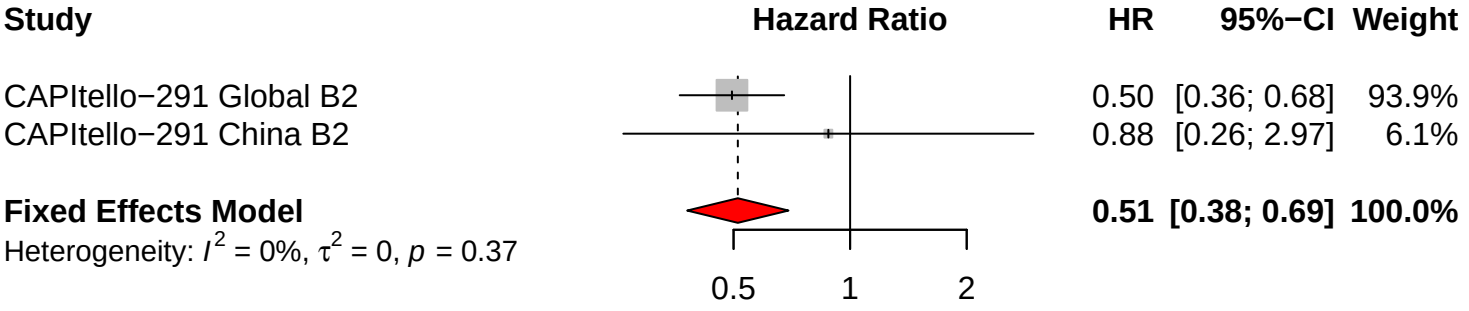


Figure 6.2.1.10 Meta−Analysis of Progression−Free Survival for Prior Lines for Endocrine Based Therapy for Locally Advanced (Inoperable) or Metastatic Disease=1

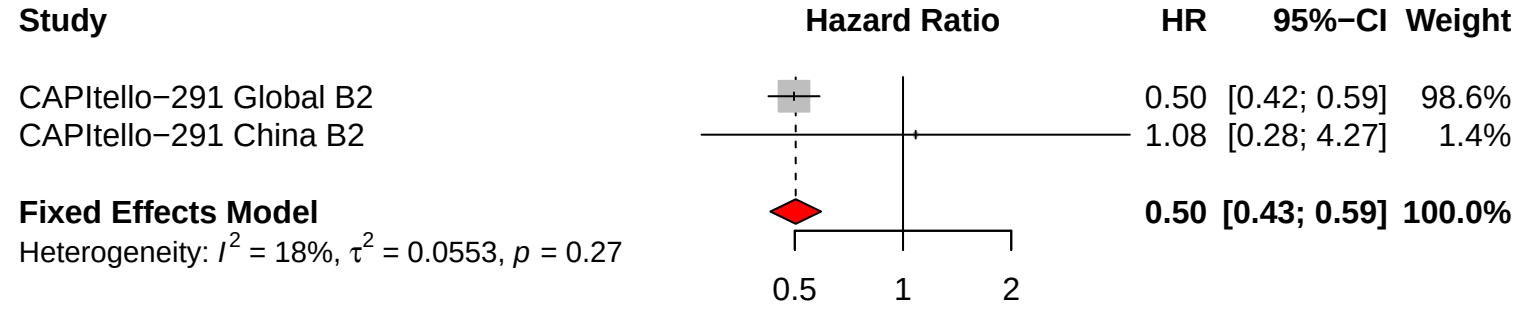


Figure 6.2.1.12 Meta−Analysis of Progression−Free Survival for Hormone Receptor Status=ER+/PR+

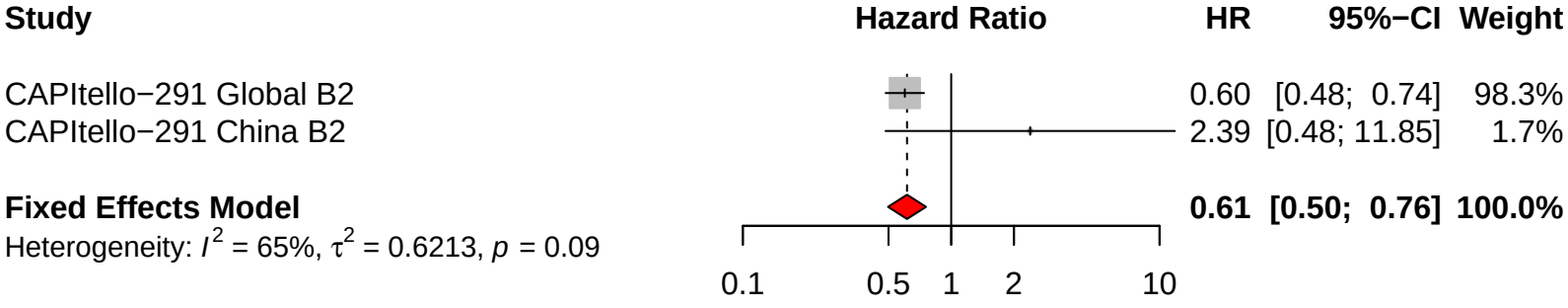


Figure 6.2.1.14 Meta−Analysis of Progression−Free Survival for Reason for Classification as Postmenopausal=Natural Reasons

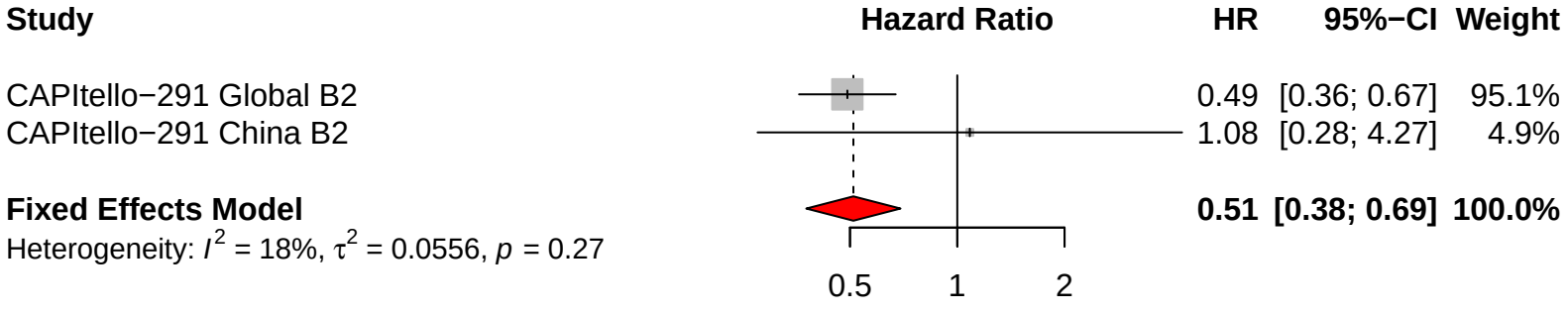


Figure 6.2.1.16 Meta−Analysis of Progression−Free Survival for Menopausal Status=Post (Females Only)

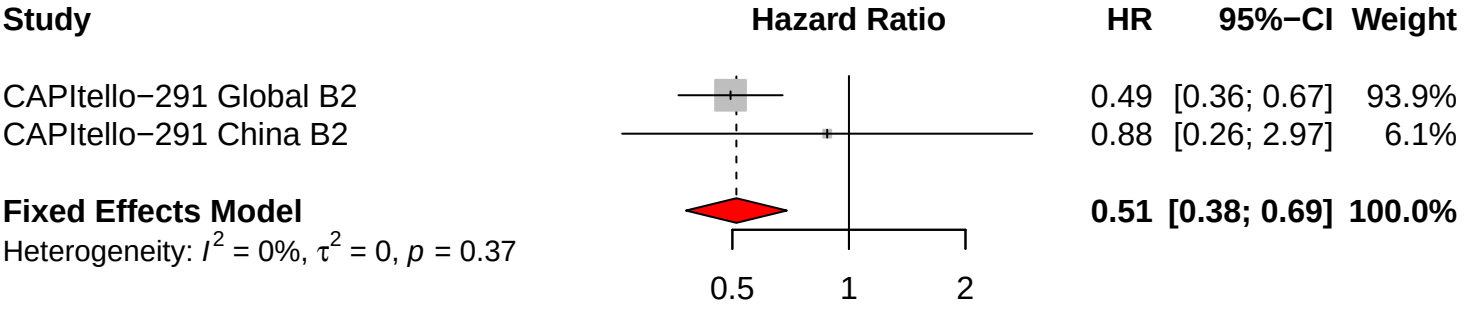


Figure 6.2.3.2 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Global Health Status/QoL for Region=Asia

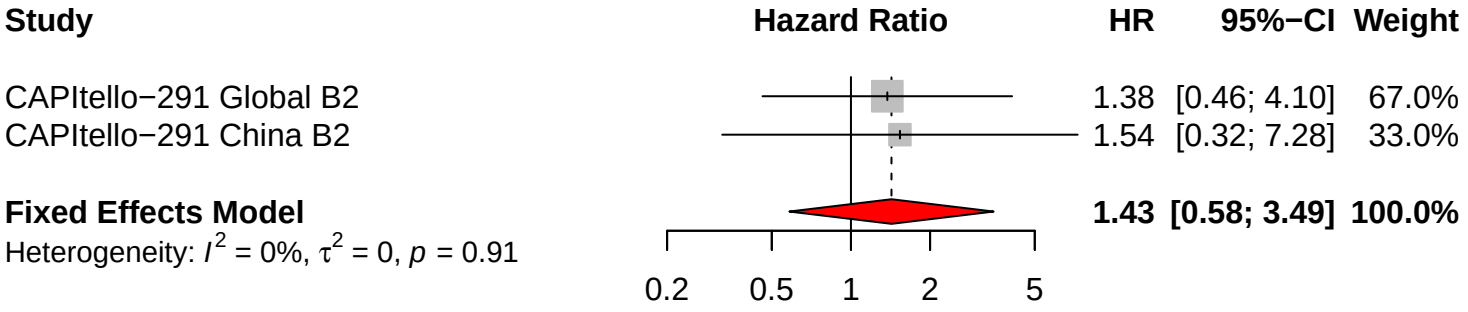


Figure 6.2.3.4 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Global Health Status/QoL for Ethnicity=Asian

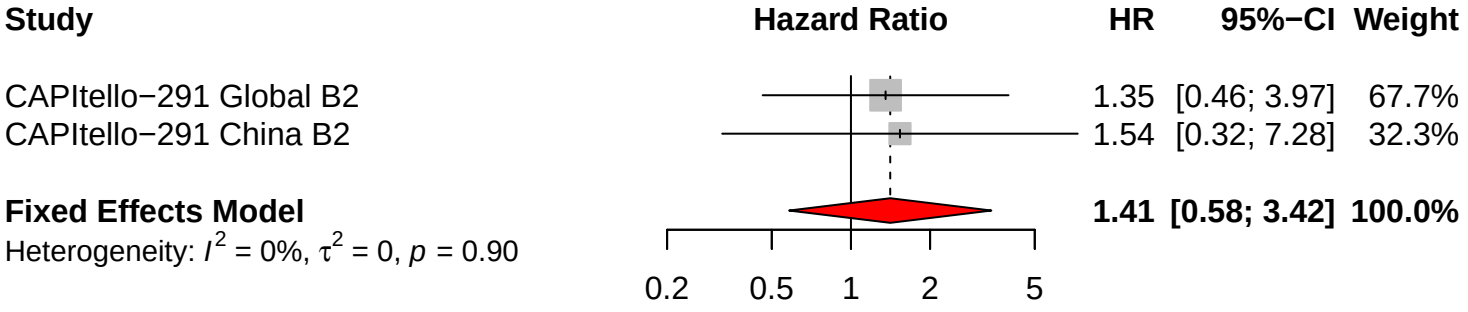


Figure 6.2.3.6 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Global Health Status/QoL for Disease Stage at Study Entry=Metastatic

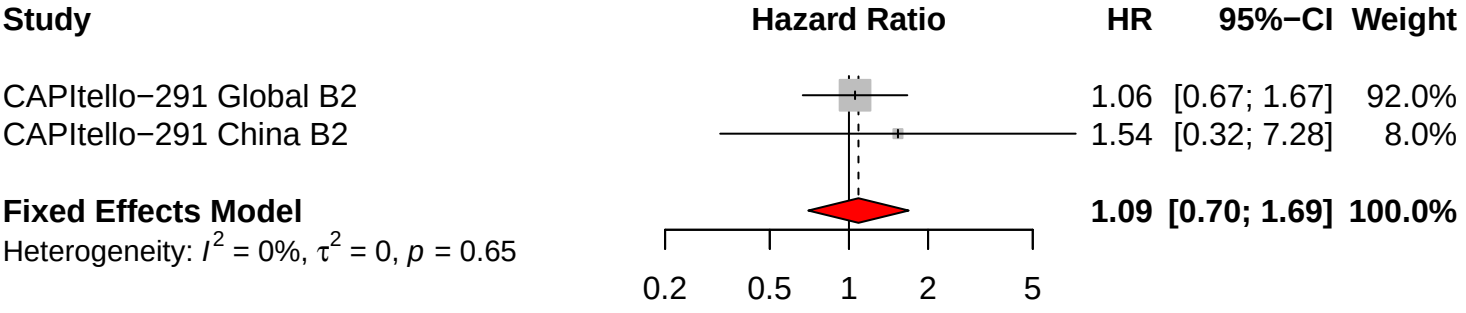


Figure 6.2.4.2 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Physical Functioning for Region=Asia

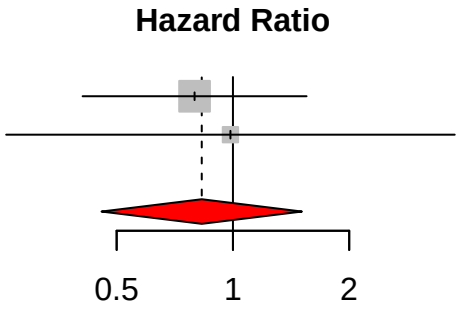


Figure 6.2.4.4 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Physical Functioning for Ethnicity=Asian

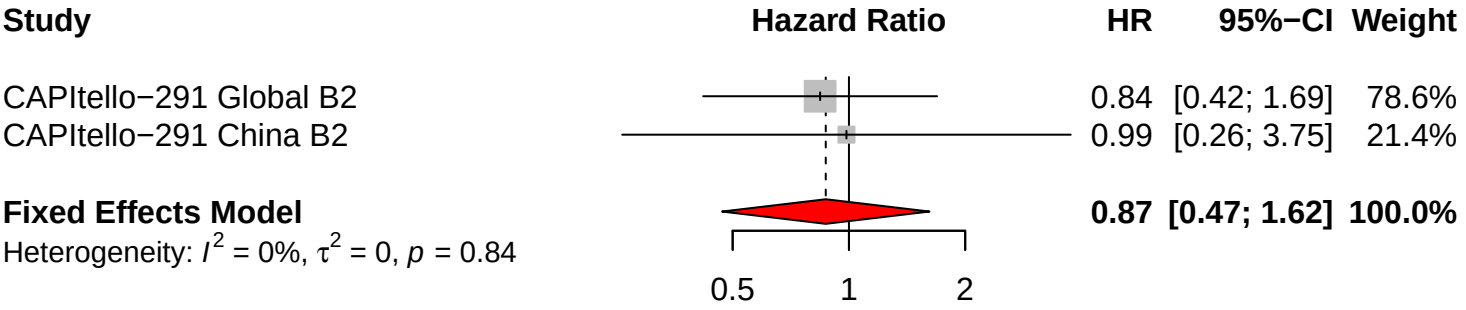


Figure 6.2.4.6 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Physical Functioning for Metastatic Sites=Visceral

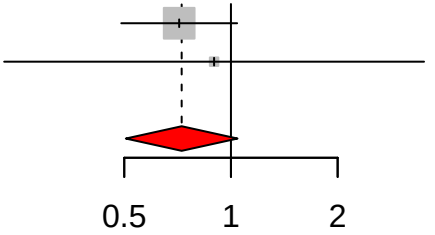


Figure 6.2.4.8 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Physical Functioning for Disease Stage at Study Entry=Metastatic

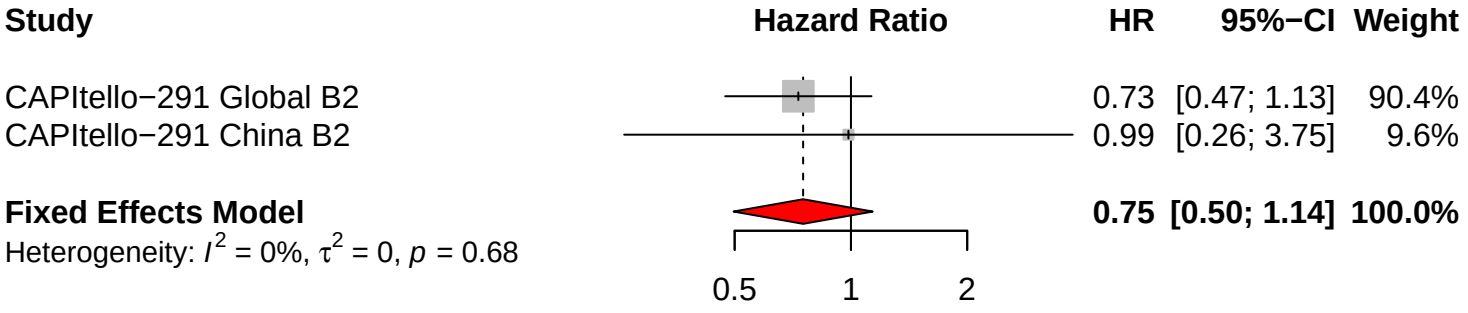


Figure 6.2.5.2 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Region=Asia

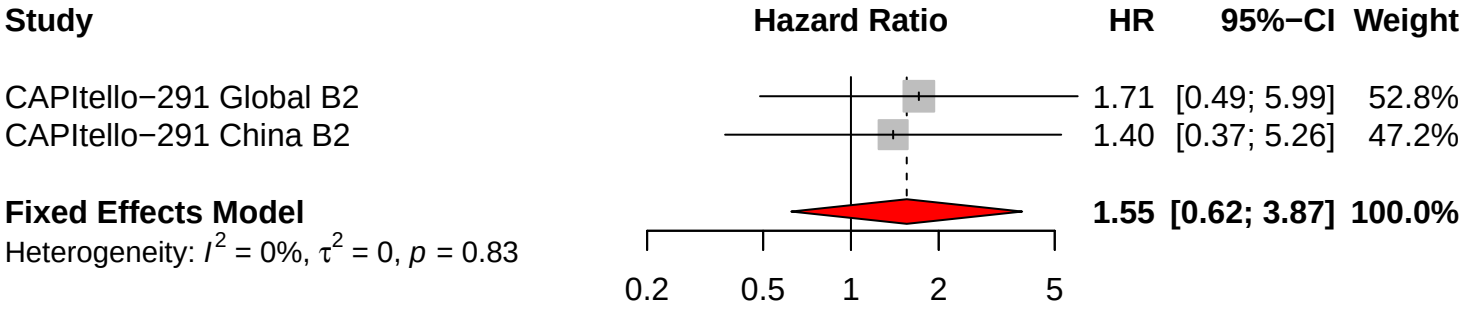


Figure 6.2.5.4 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Age at Randomisation (Years)=<65

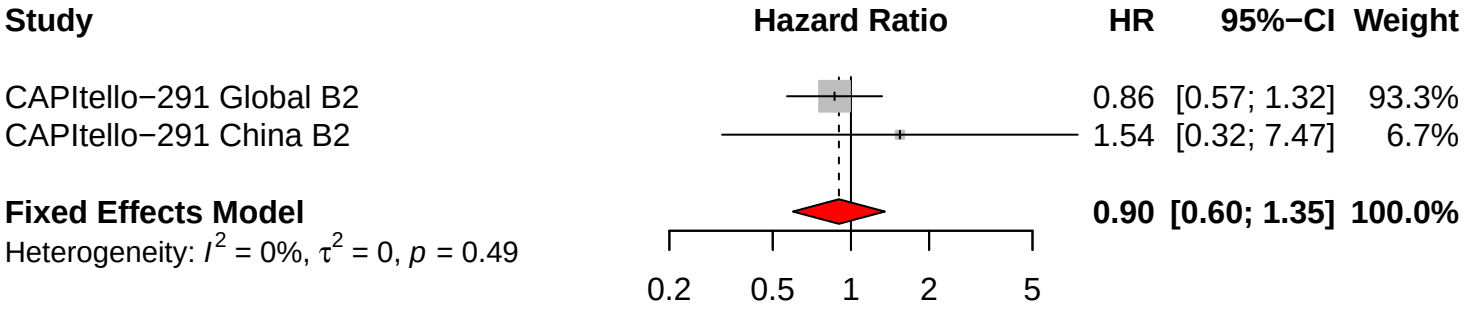


Figure 6.2.5.6 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Ethnicity=Asian

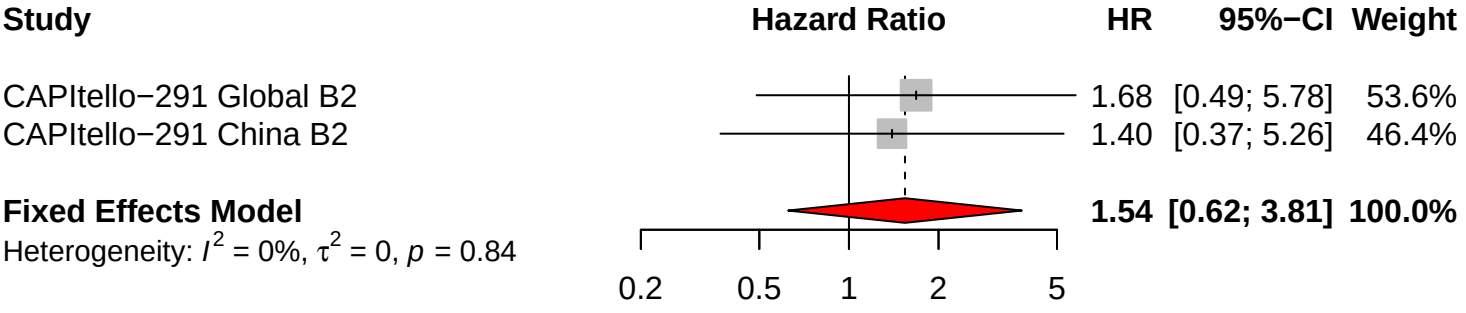


Figure 6.2.5.8 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Metastatic Sites=Visceral

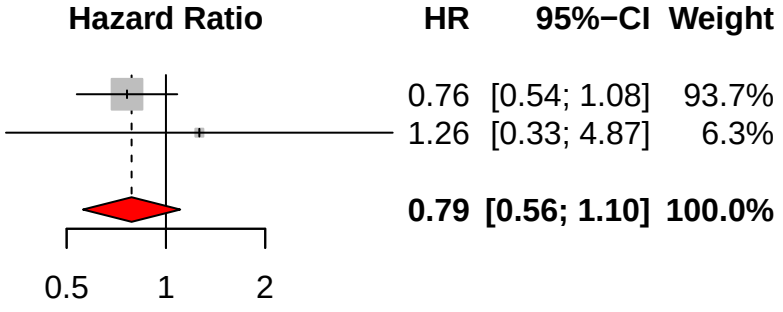


Figure 6.2.5.10 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Disease Stage at Study Entry=Metastatic

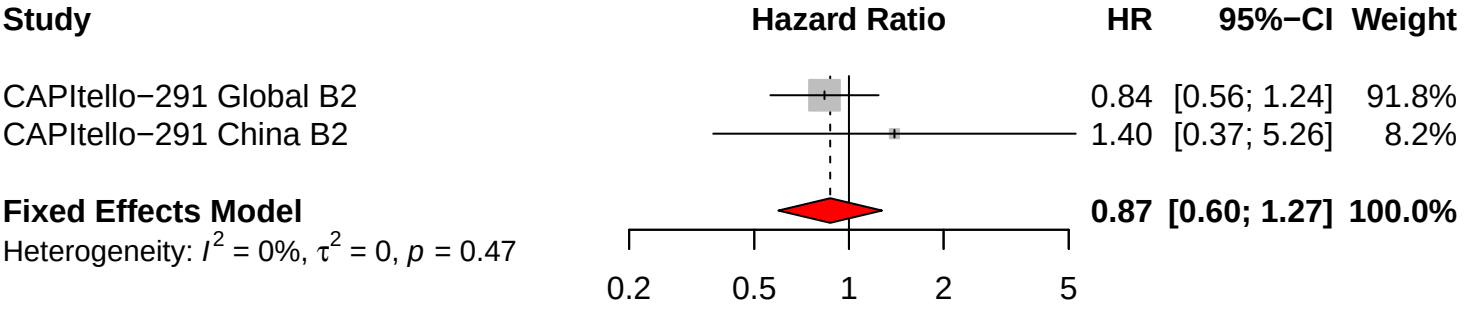


Figure 6.2.5.12 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Prior Lines for Endocrine Based Therapy for Locally Advanced (Inoperable) or Metastatic Disease=1

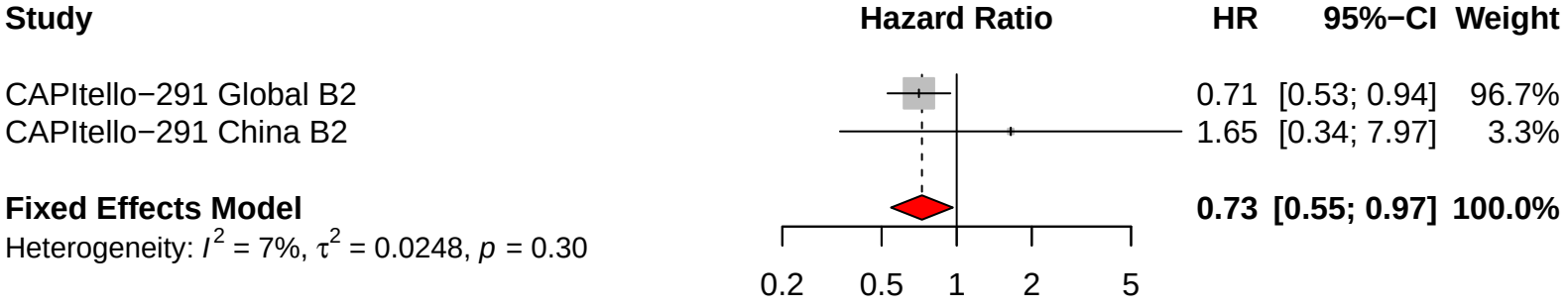


Figure 6.2.5.14 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Reason for Classification as Postmenopausal=Natural Reasons

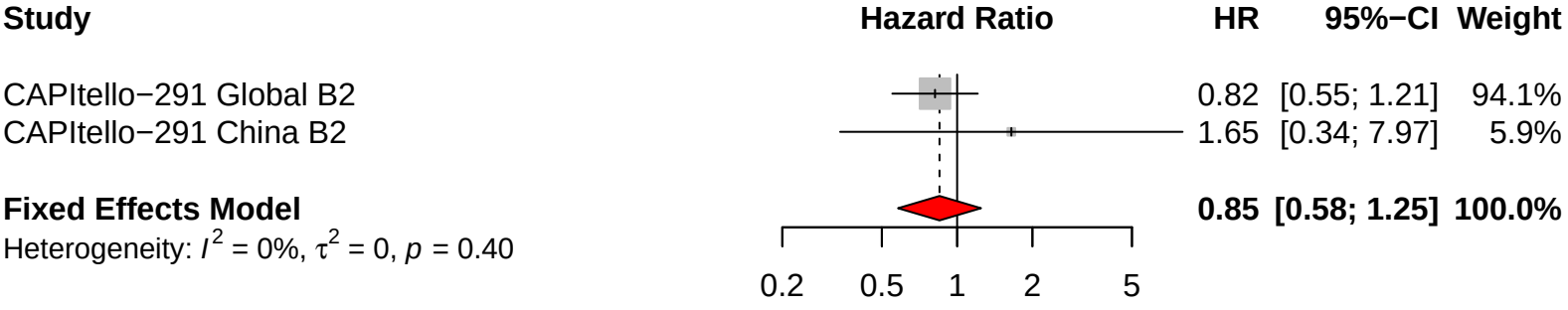
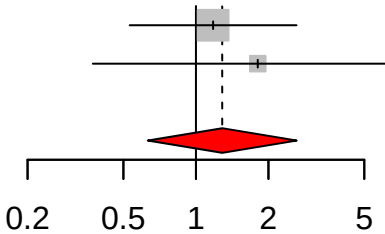


Figure 6.2.6.2 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Region=Asia



Study	Hazard Ratio	HR	95%−CI	Weight
CAPItello−291 Global B2		1.18	[0.53; 2.62]	79.6%
CAPItello−291 China B2		1.81	[0.37; 8.74]	20.4%
Fixed Effects Model		**1.29**	**[0.63; 2.62]**	**100.0%**

Heterogeneity: I^2 = 0%, τ^2 = 0, p = 0.64

Figure 6.2.6.4 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Age at Randomisation (Years)=<65

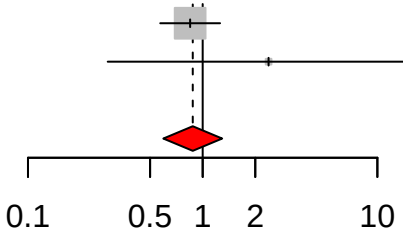


Figure 6.2.6.6 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Ethnicity=Asian

Study	Hazard Ratio	HR	95%−CI	Weight
CAPItello−291 Global B2		1.20	[0.54; 2.71]	79.1%
CAPItello−291 China B2		1.81	[0.37; 8.74]	20.9%
Fixed Effects Model		**1.31**	**[0.64; 2.69]**	**100.0%**

Heterogeneity: I^2 = 0%, τ^2 = 0, p = 0.65

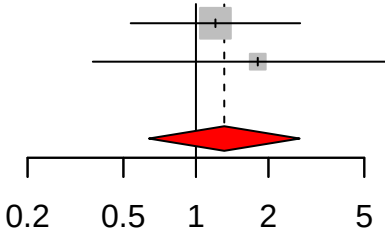


Figure 6.2.6.8 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Metastatic Sites=Visceral

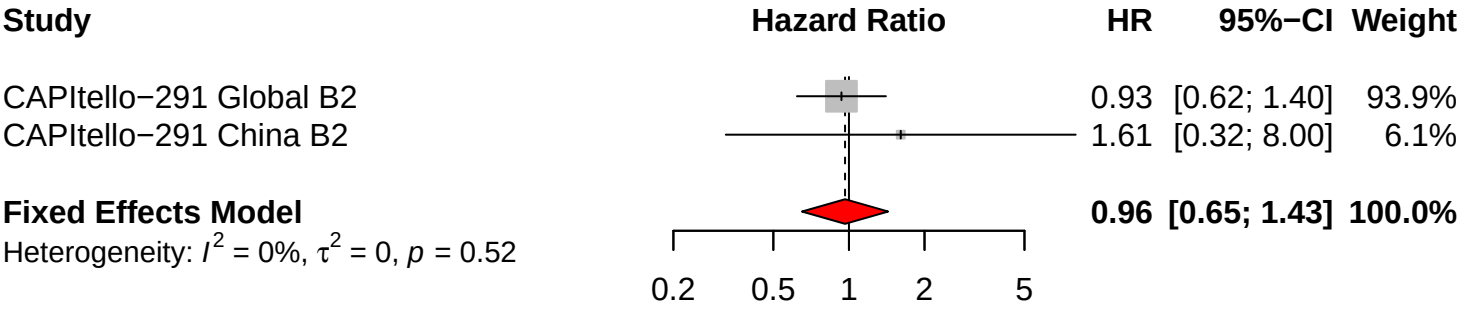


Figure 6.2.6.10 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Disease Stage at Study Entry=Metastatic

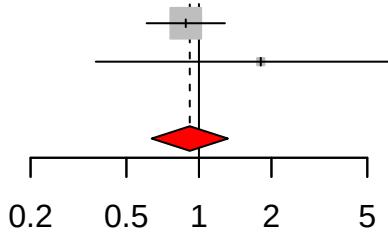


Figure 6.2.6.12 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Prior Lines for Endocrine Based Therapy for Locally Advanced (Inoperable) or Metastatic Disease=1

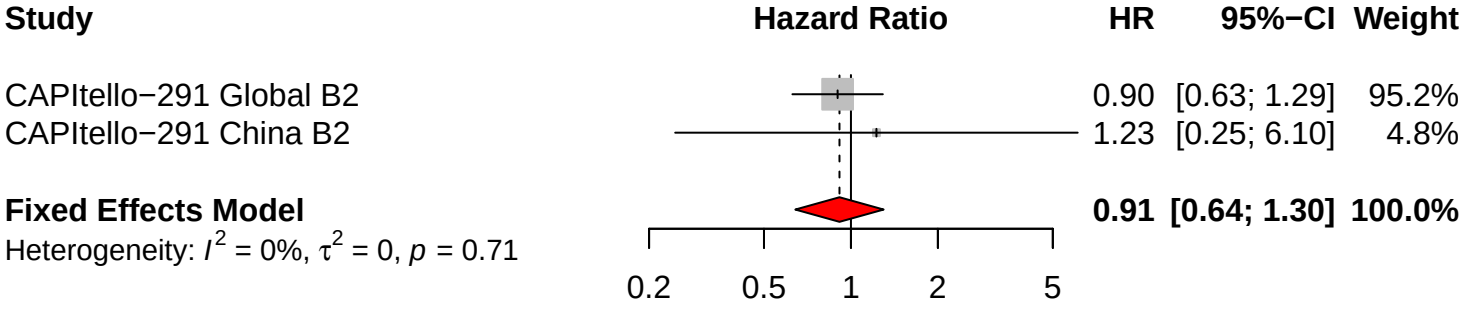


Figure 6.2.6.14 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Reason for Classification as Postmenopausal=Natural Reasons

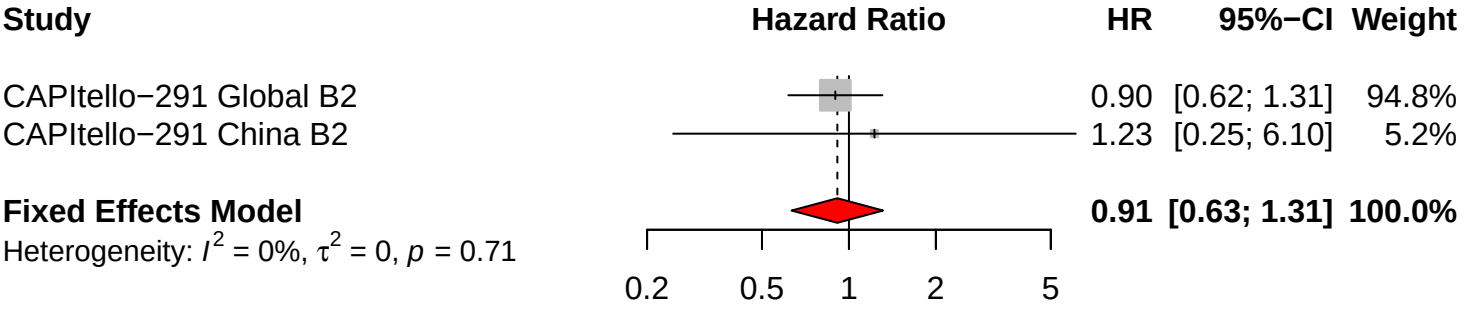


Figure 6.2.7.2 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Pain for Region=Asia

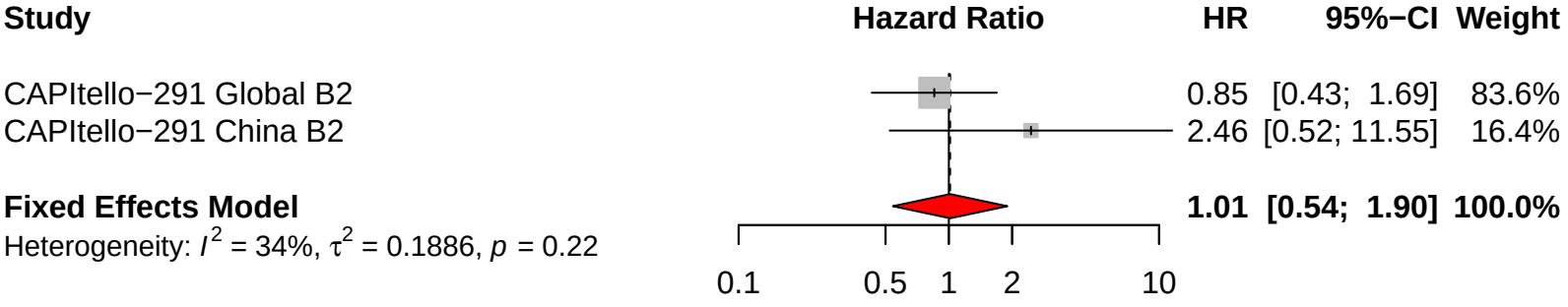


Figure 6.2.7.4 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Pain for Ethnicity=Asian

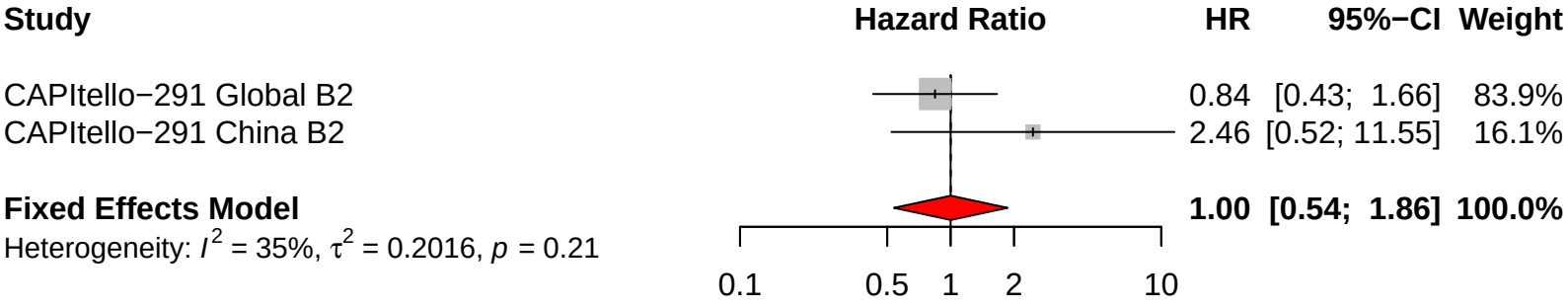


Figure 6.2.7.6 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Pain for Metastatic Sites=Visceral

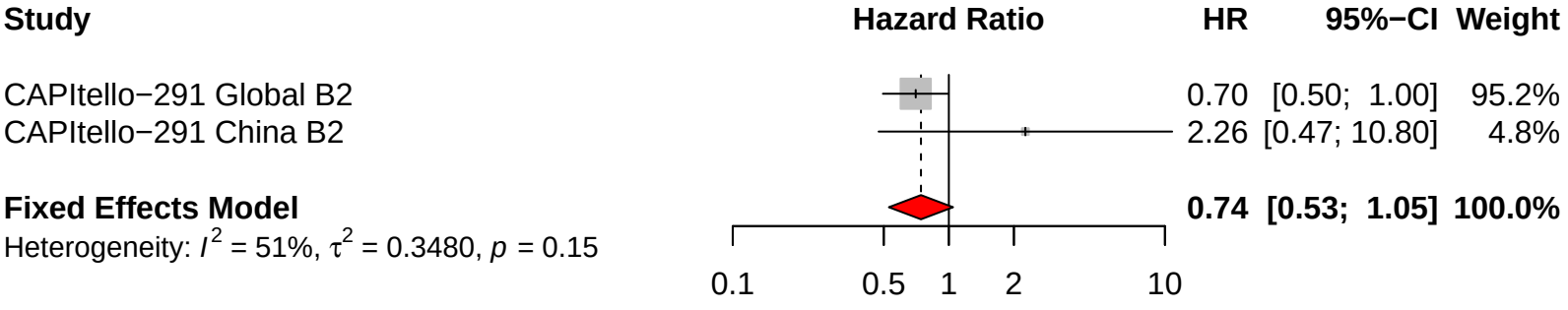


Figure 6.2.7.8 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Pain for Disease Stage at Study Entry=Metastatic

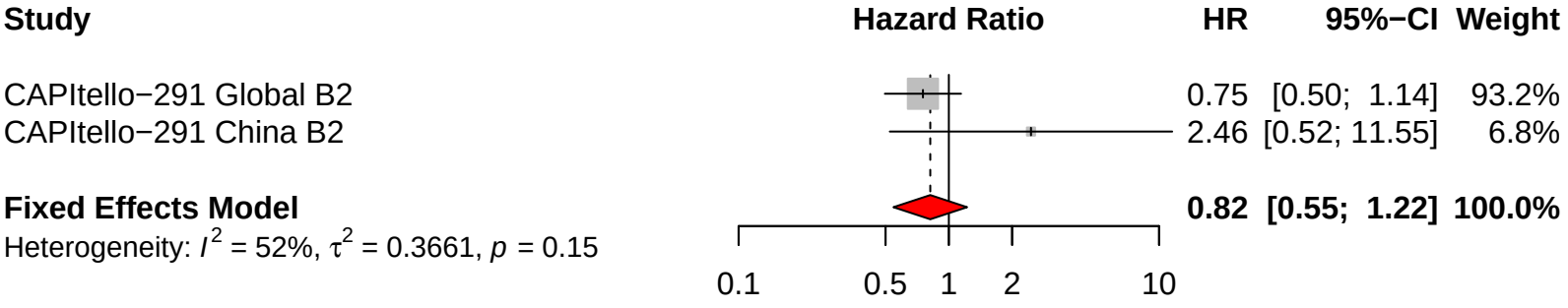


Figure 6.2.3.8 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Global Health Status/QoL for Menopausal Status=Post (Females Only)

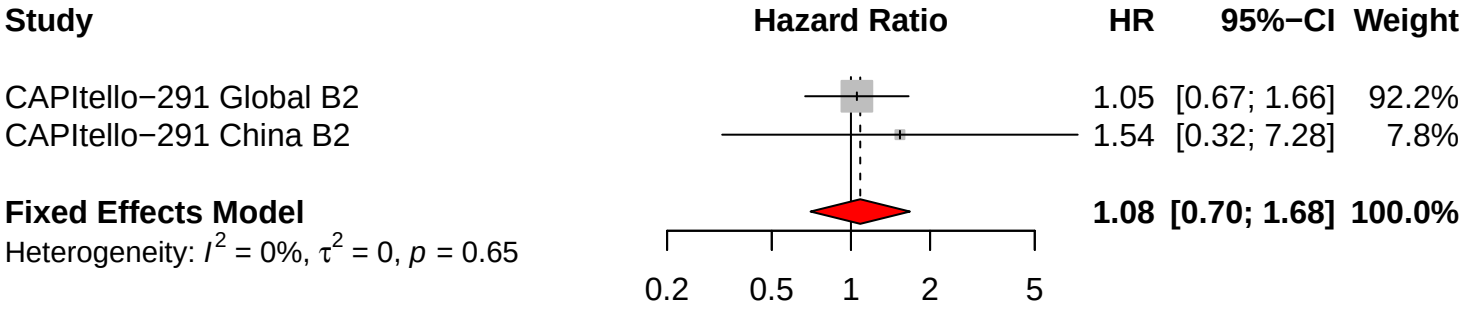


Figure 6.2.4.10 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Physical Functioning for Menopausal Status=Post (Females Only)

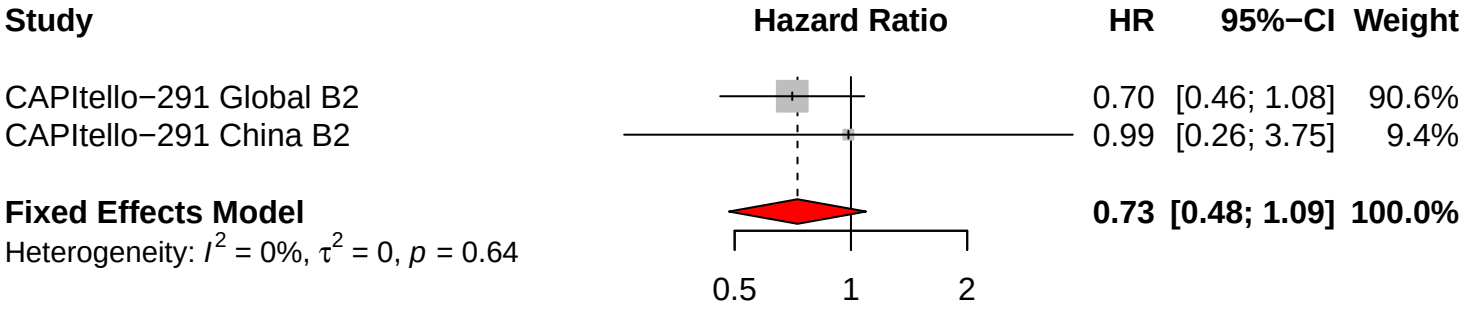


Figure 6.2.5.16 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Role Functioning for Menopausal Status=Post (Females Only)

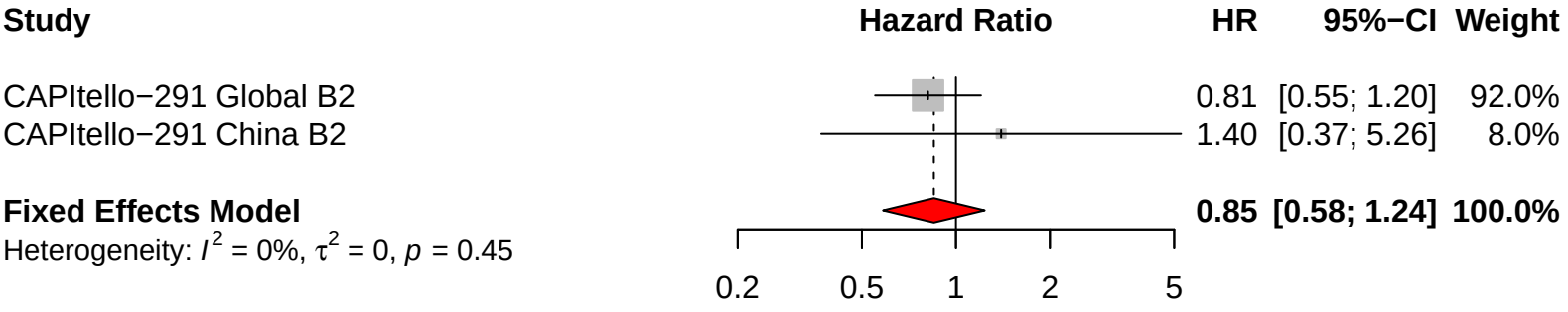


Figure 6.2.6.16 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Fatigue for Menopausal Status=Post (Females Only)

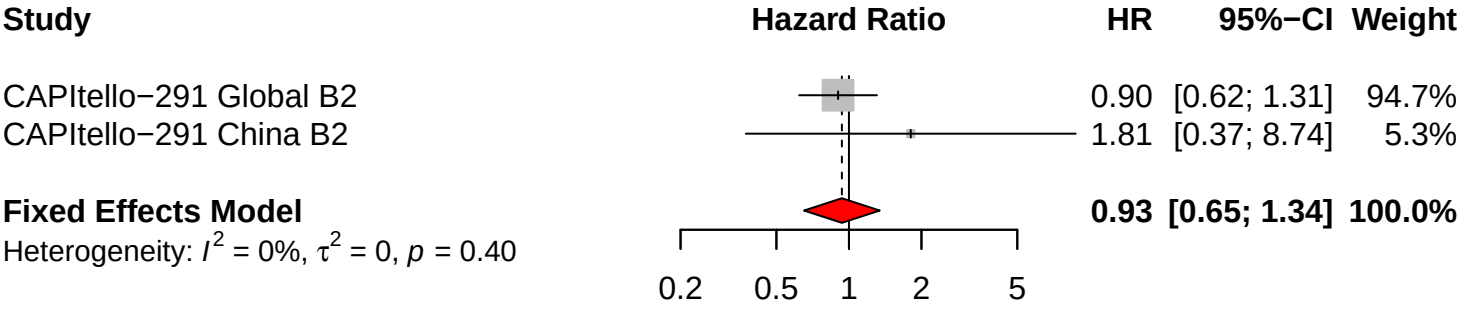


Figure 6.2.7.10 Meta−Analysis of Time to First Deterioration in EORTC QLQ−C30 Pain for Menopausal Status=Post (Females Only)

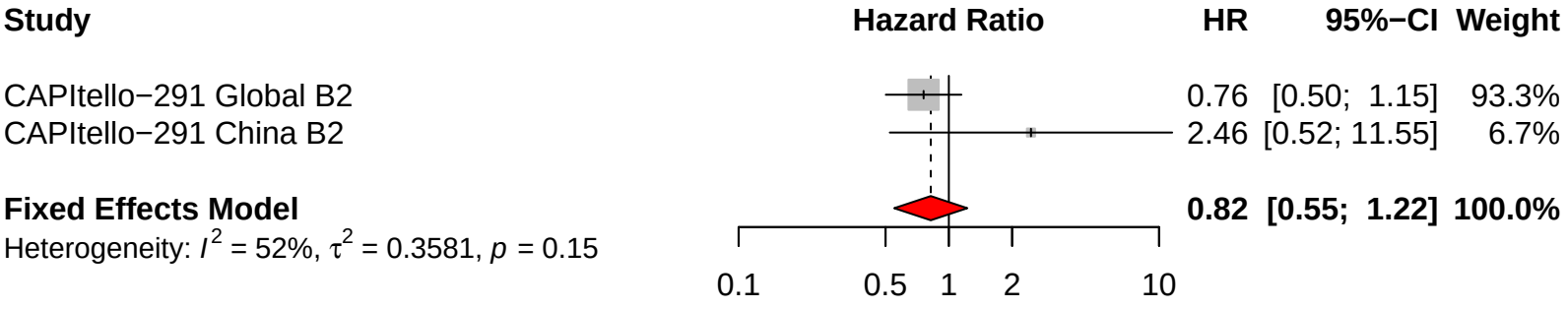


Figure 6.2.2.2 Meta−Analysis of Time to First Adverse Event for Liver Metastases=Yes

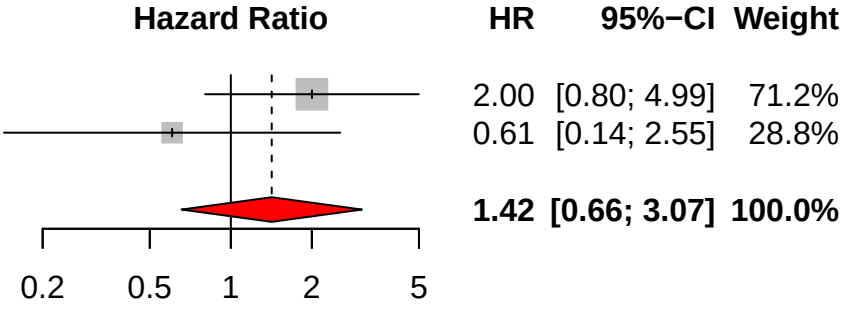


Figure 6.2.2.4 Meta−Analysis of Time to First Adverse Event for Region=Asia

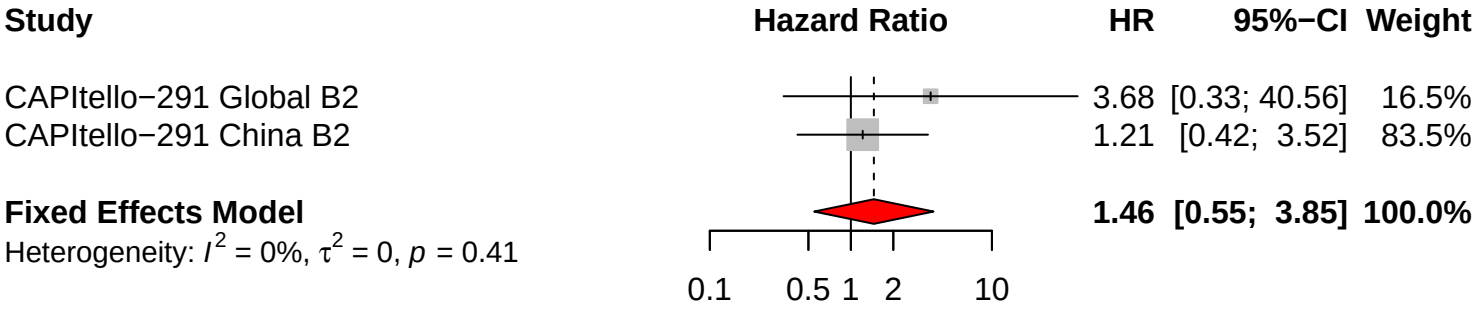


Figure 6.2.2.6 Meta−Analysis of Time to First Adverse Event for Age at Randomisation (Years)=<65

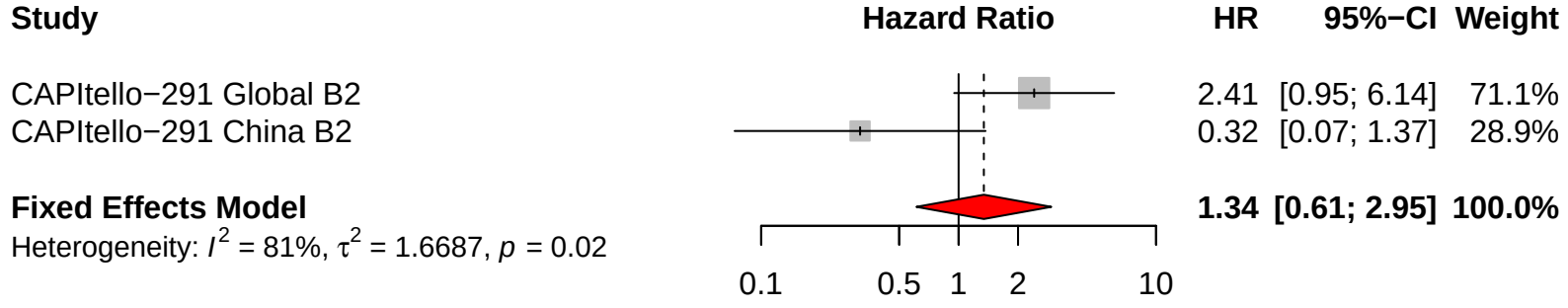


Figure 6.2.2.8 Meta−Analysis of Time to First Adverse Event for Ethnicity=Asian

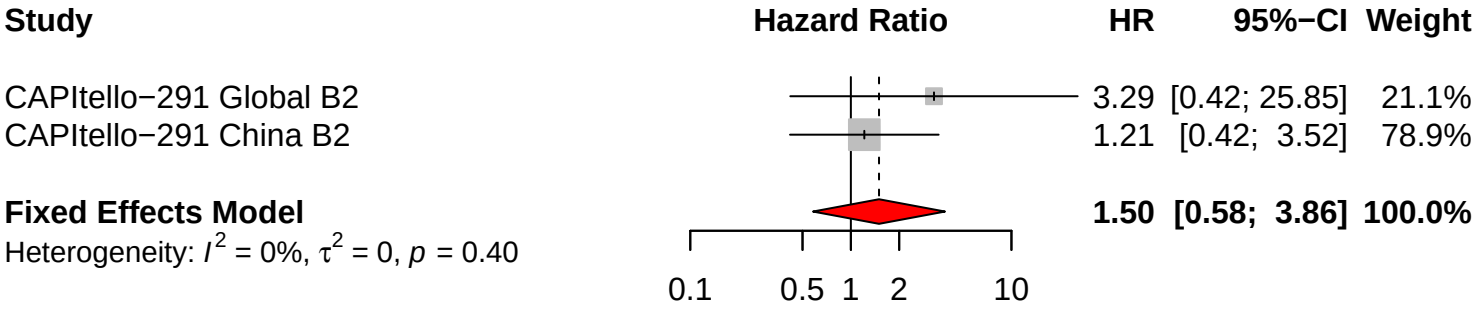


Figure 6.2.2.10 Meta−Analysis of Time to First Adverse Event for Metastatic Sites=Visceral

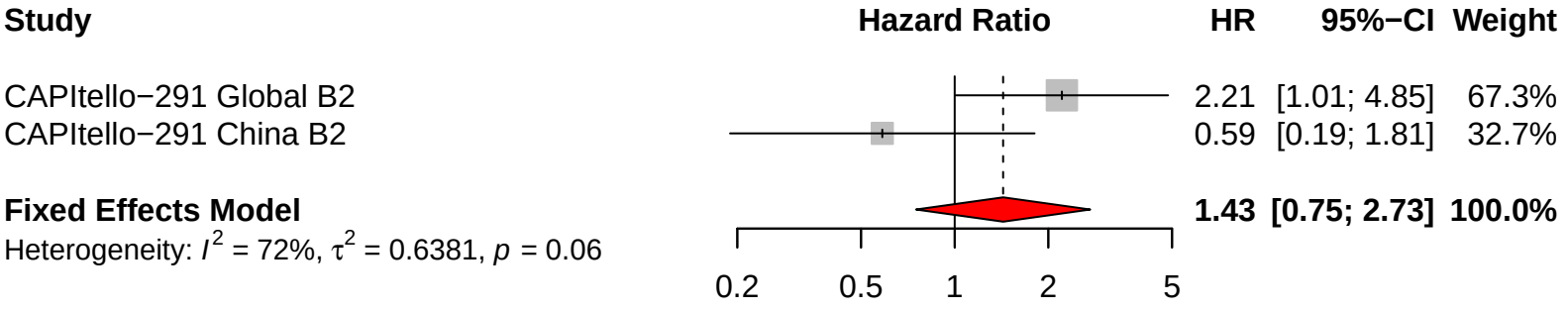


Figure 6.2.2.12 Meta−Analysis of Time to First Adverse Event for Disease Stage at Study Entry=Metastatic

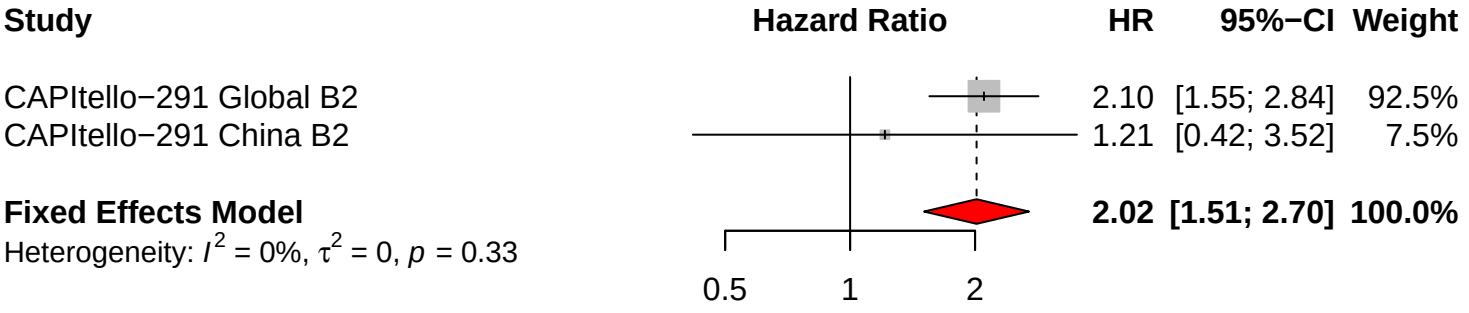


Figure 6.2.2.14 Meta−Analysis of Time to First Adverse Event for Prior Chemotherapy in the Locally Advanced (Inoperable) or Metastatic Disease=No

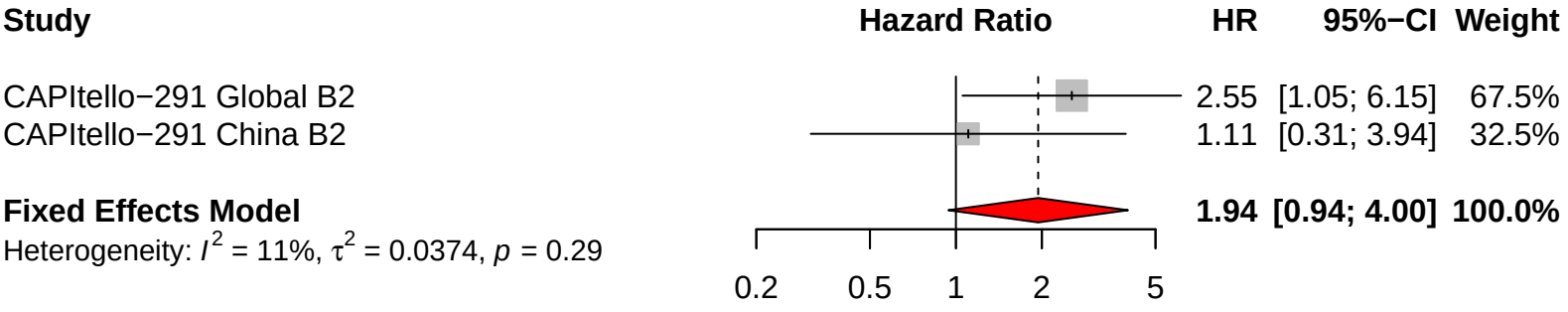


Figure 6.2.2.16 Meta−Analysis of Time to First Adverse Event for Endocrine Resistance=Secondary

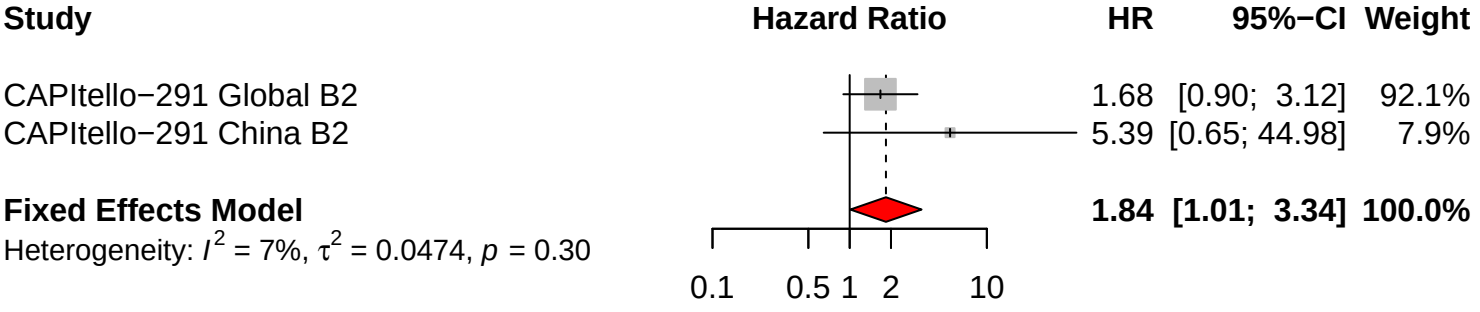


Figure 6.2.2.18 Meta−Analysis of Time to First Adverse Event for Prior (Neo)adjuvant Chemotherapy=Yes

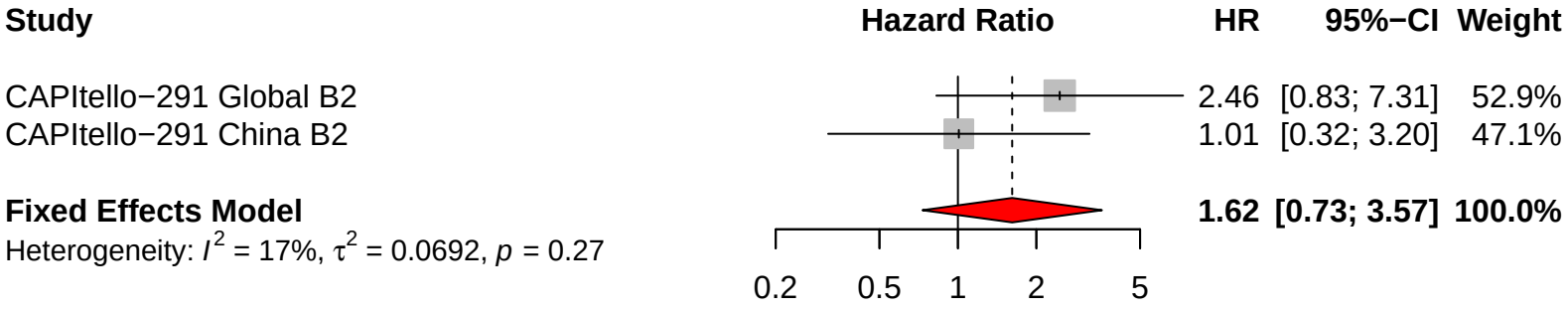


Figure 6.2.2.20 Meta−Analysis of Time to First Adverse Event for Prior Lines for Endocrine Based Therapy for Locally Advanced (Inoperable) or Metastatic Disease=1

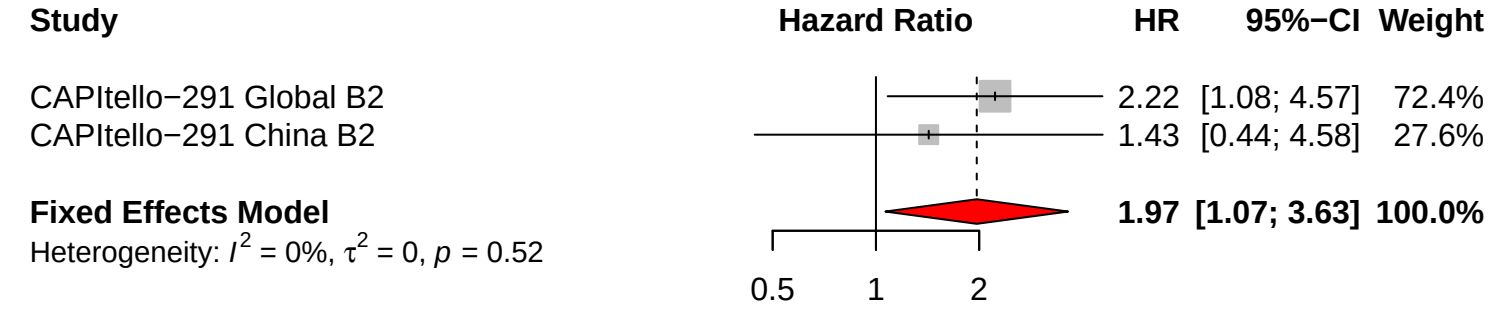


Figure 6.2.2.22 Meta−Analysis of Time to First Adverse Event for Prior Lines of Therapy for Locally Advanced or Metastatic Disease (Endocrine or Chemotherapy)=1

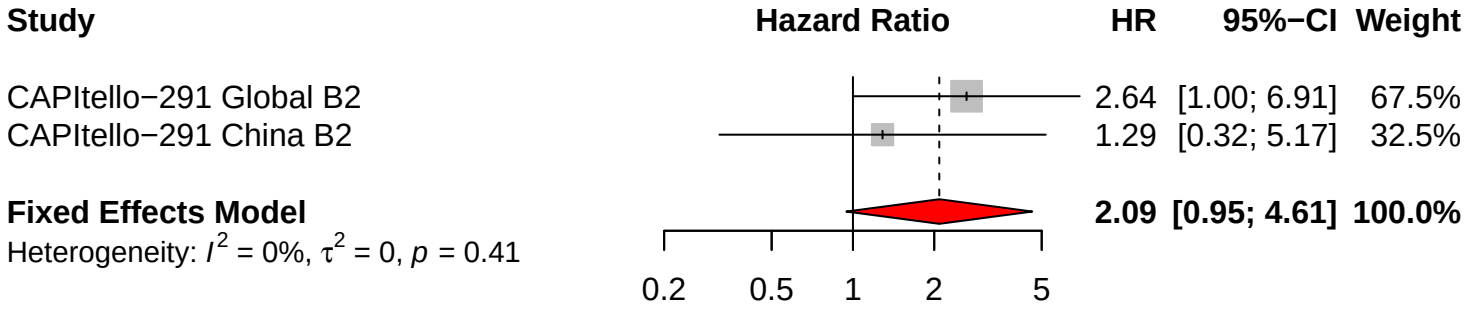


Figure 6.2.2.24 Meta−Analysis of Time to First Adverse Event for Hormone Receptor Status=ER+/PR+

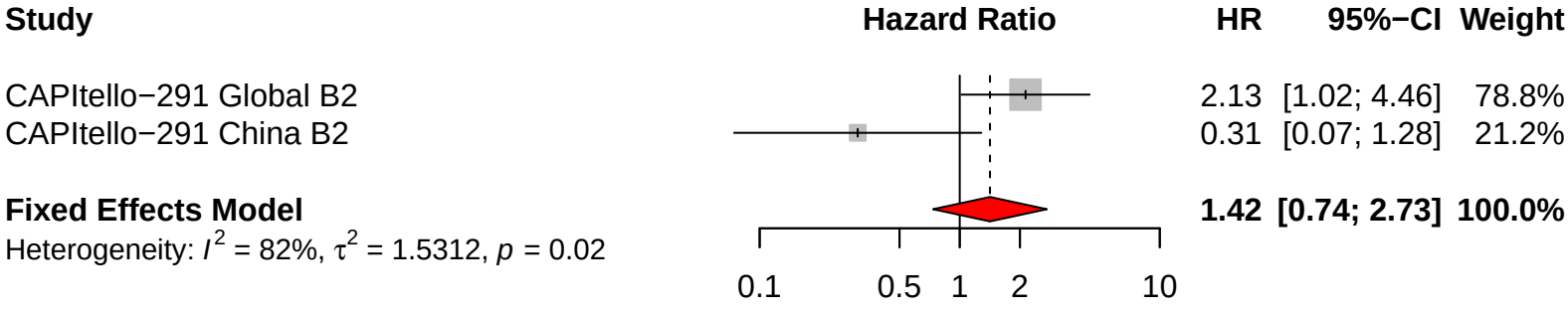


Figure 6.2.2.26 Meta−Analysis of Time to First Adverse Event for Reason for Classification as Postmenopausal=Natural Reasons

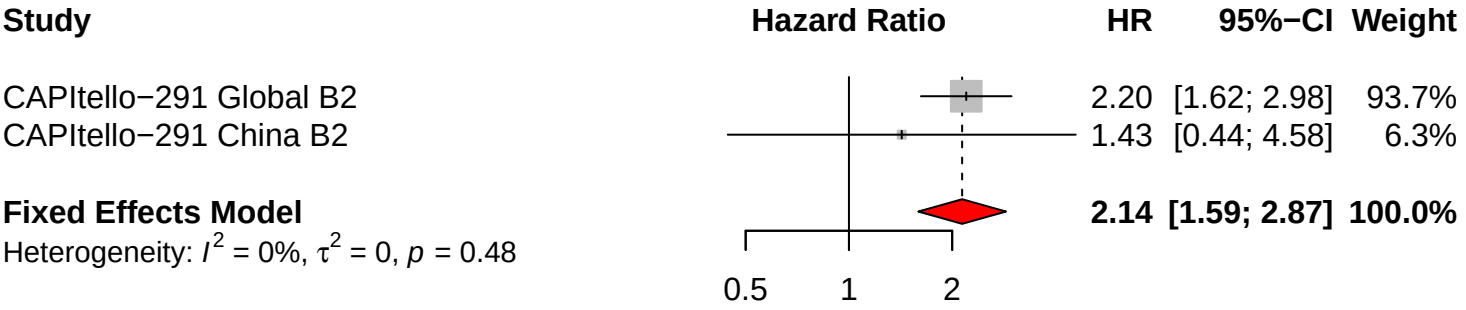


Figure 6.2.2.28 Meta−Analysis of Time to First Adverse Event for Menopausal Status=Post (Females Only)

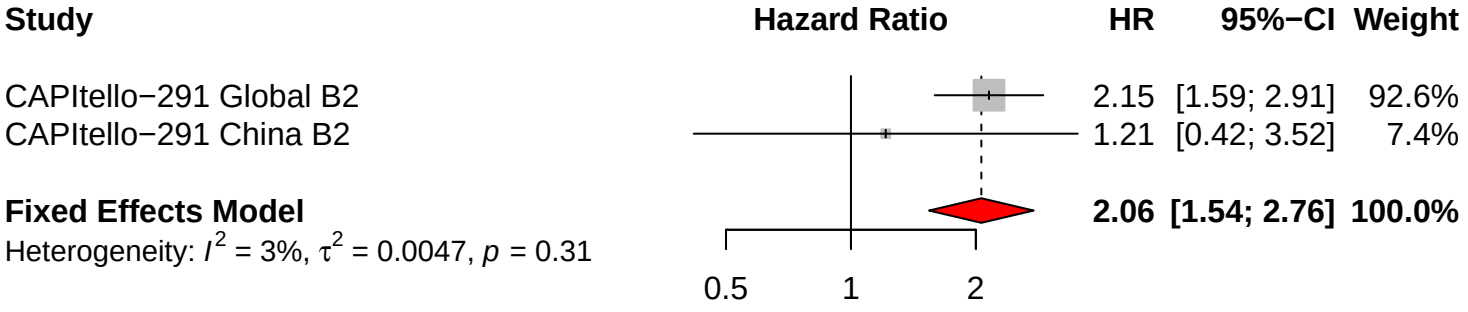


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Table 1.1.1.3 CAPItello-291 (Global A2): Summary of observation period (months) for overall survival (OS)
Altered full analysis set, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
Gesamtüberleben	n	13	18
	Mediane	18,10	15,01
	Min	8,2	0,5
	Max	22,3	25,1

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.1.4 CAPItello-291 (China A2): Summary of observation period (months) for overall survival (OS)
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
Gesamtüberleben	n	3	5
	Mediane	15,77	9,40
	Min	11,6	3,6
	Max	18,1	15,3

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.2.3 CAPItello-291 (Global A2): Summary of observation period (months) for progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
Progressionsfreies Überleben	n	13	18
	Mediane	14,72	3,70
	Min	1,7	0,0
	Max	19,3	16,8

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.2.4 CAPItello-291 (China A2): Summary of observation period (months) for progression-free survival by investigator (PFS), Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
Progressionsfreies Überleben	n	3	5
	Mediane	6,34	1,94
	Min	5,5	1,8
	Max	8,2	4,4

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.3.3 CAPItello-291 (Global A2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=12)	Placebo + Fulvestrant (N=18)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	12	18
	Mediane	17,31	10,35
	Min	2,0	0,5
	Max	22,3	25,1

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.3.4 CAPItello-291 (China A2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=3)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	3	3
	Mediane	7,62	3,58
	Min	6,7	2,3
	Max	15,8	5,6

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.

Table 1.1.4.3 CAPItello-291 (Global A2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022

		Capivasertib + Fulvestrant (N=4)	Placebo + Fulvestrant (N=5)
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	n	4	5
	Mediane	19,50	16,07
	Min	2,0	4,4
	Max	22,3	25,1

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.
Chemotherapy-naïve patients had no prior chemotherapy in advanced or early setting.

Table 1.1.4.4 CAPItello-291 (China A2): Summary of observation period (months) for time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=0)	Placebo + Fulvestrant (N=0)
No data meeting reporting criteria.		

Observation period for an efficacy endpoint is defined as the time from randomisation to the date of that event, if occurred, or otherwise to the date of the last evaluable assessment of that efficacy endpoint.
Chemotherapy-naïve patients had no prior chemotherapy in advanced or early setting.

Table 1.2.1.3 CAPItello-291 (Global A2): Summary of analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,49	[0,24; 11,56]	0,6671

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.1.4 CAPItello-291 (China A2): Summary of analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	NC	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.2.3 CAPItello-291 (Global A2): Summary of analysis of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Progressionsfreies Überleben	13	8 (61,5)	14,7 [7,3; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,38	[0,14; 0,92]	0,0320*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.2.4 CAPItello-291 (China A2): Summary of analysis of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Progressionsfreies Überleben	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	NC	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.3.3 CAPItello-291 (Global A2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=12)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	12	5 (41,7)	NE [NE; NE]	18	8 (44,4)	13,0 [5,1; NE]	0,66	[0,19; 2,12]	0,4884

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.3.4 CAPItello-291 (China A2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=3)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	3	1 (33,3)	NE [NE; NE]	3	3 (100)	3,6 [2,3; NE]	NC	NC	NC

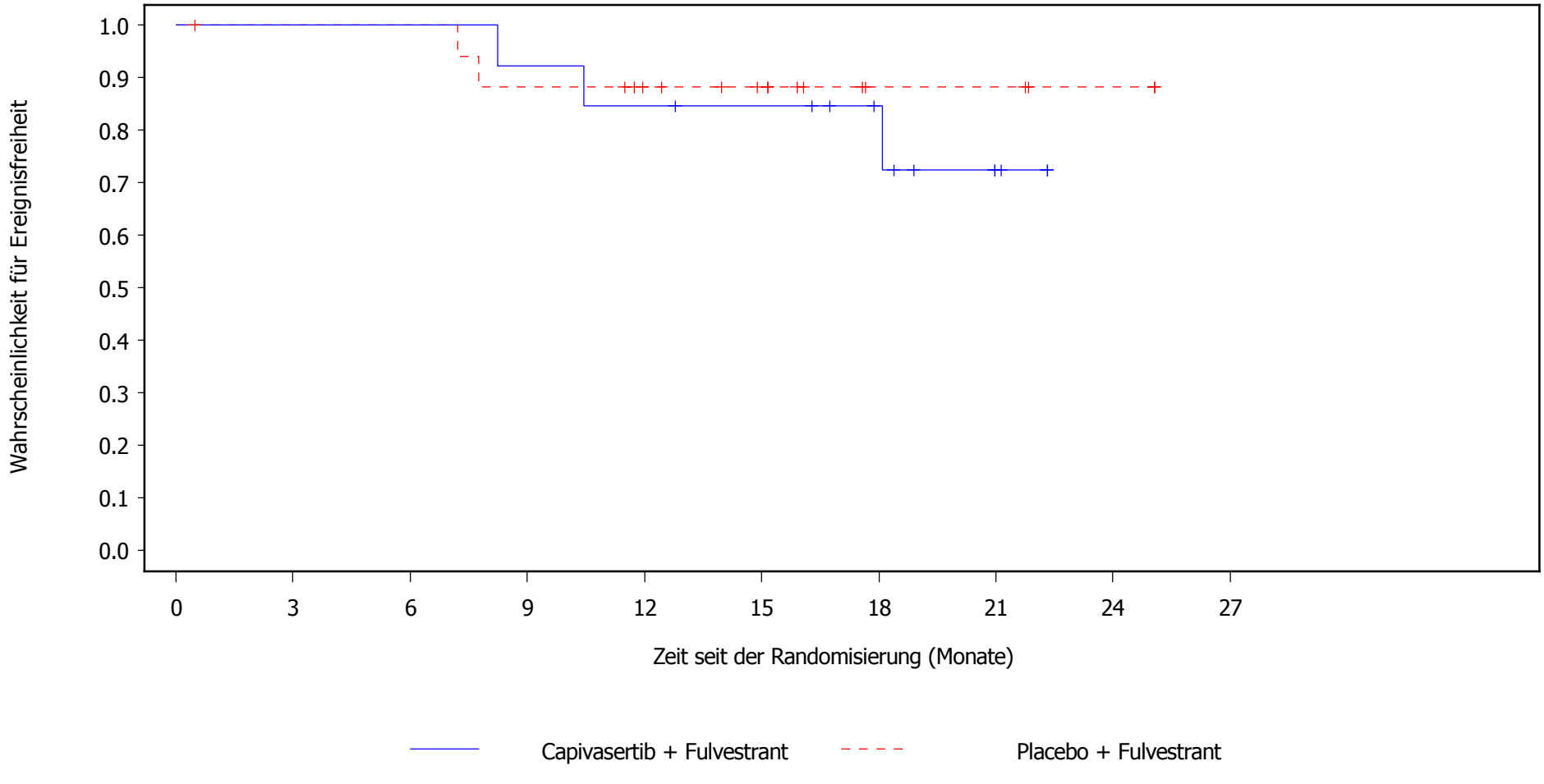
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 1.2.4.3 CAPItello-291 (Global A2): Summary of analysis of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=4)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten nachfolgenden Chemotherapie oder Tod	4	1 (25,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	NC	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

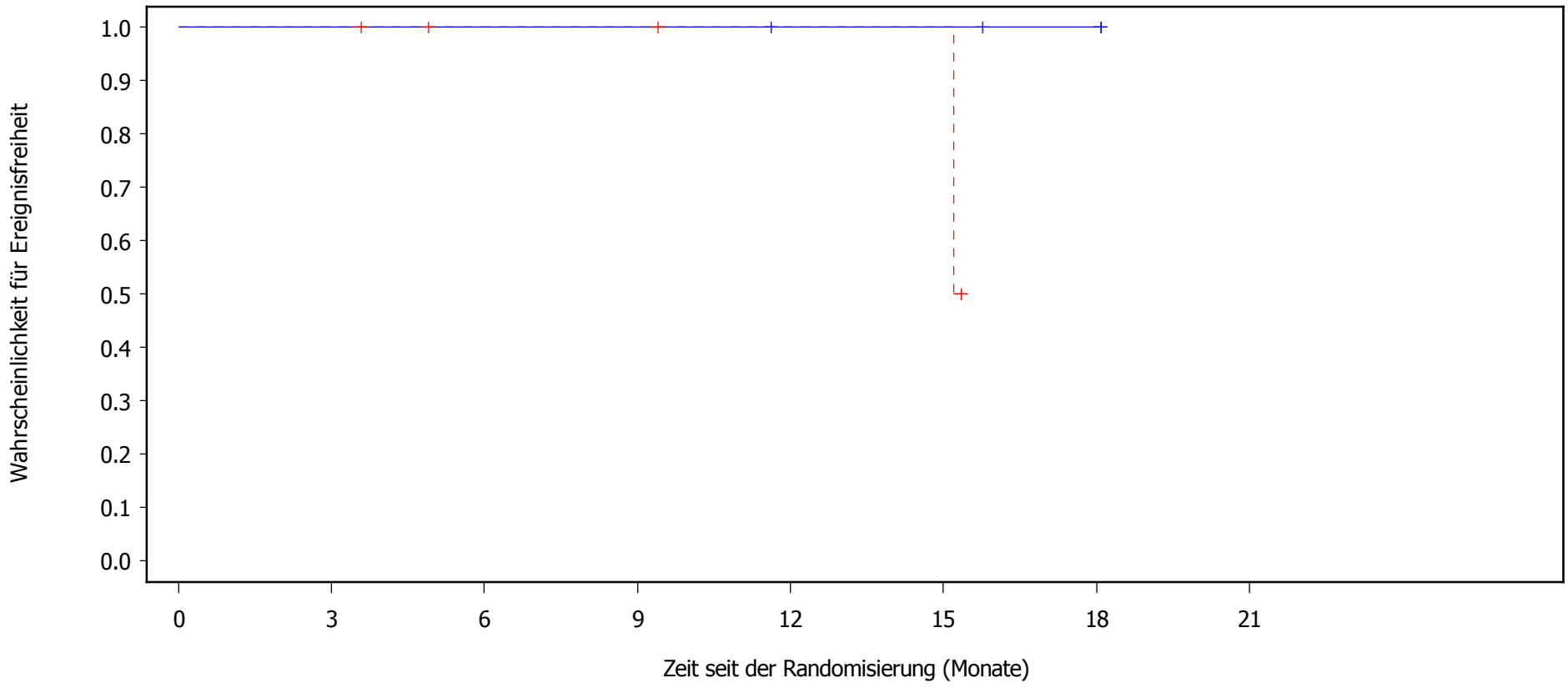
Figure 1.3.1.3 CAPItello-291 (Global A2): Kaplan-Meier plot of overall survival (OS)
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	13	13	12	11	10	7	2	0	0	Capivasertib + Fulvestrant
18	17	17	15	12	9	3	3	1	0	Placebo + Fulvestrant

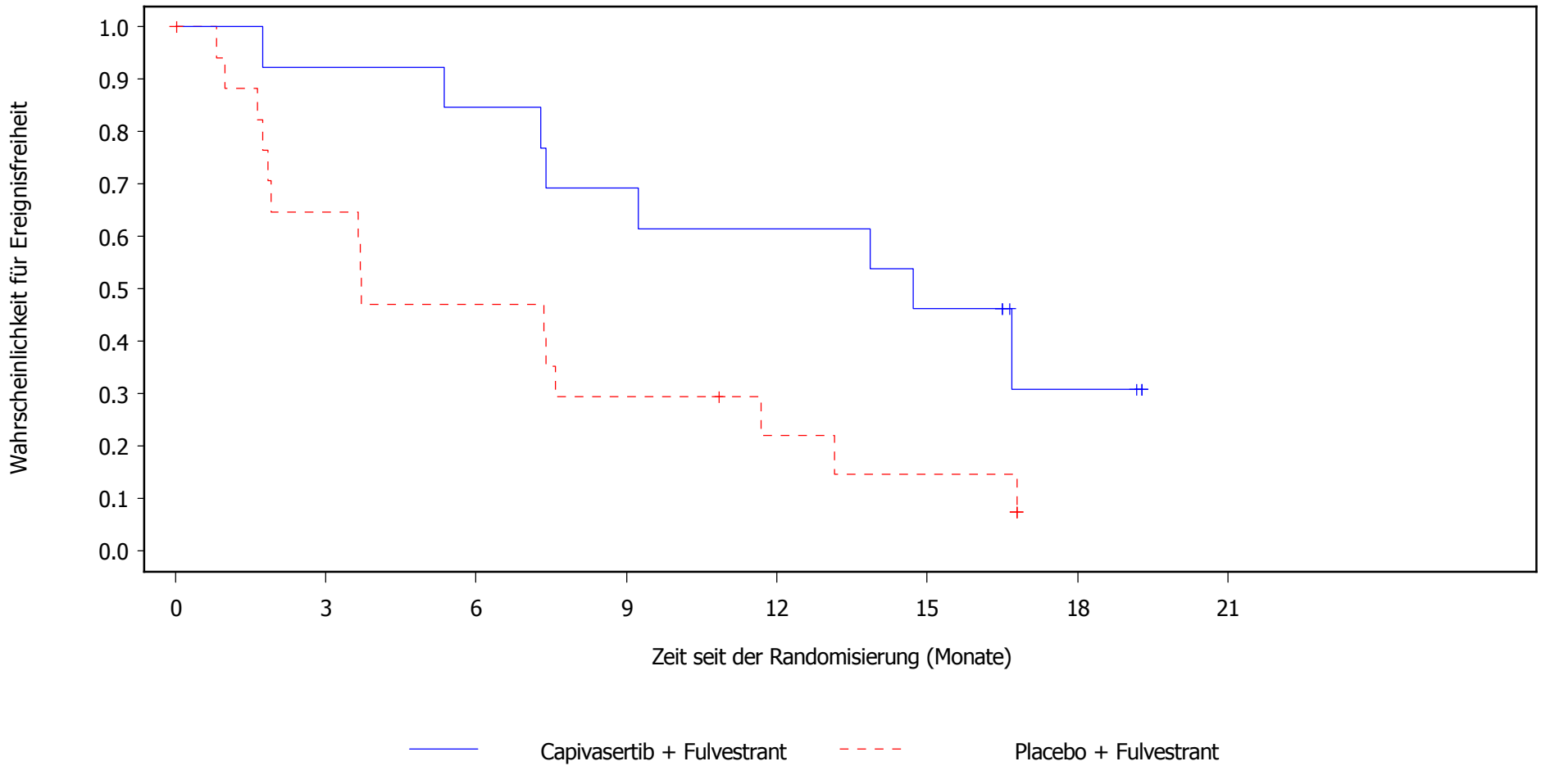
Figure 1.3.1.4 CAPItello-291 (China A2): Kaplan-Meier plot of overall survival (OS)
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	33	33	22	22	10	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

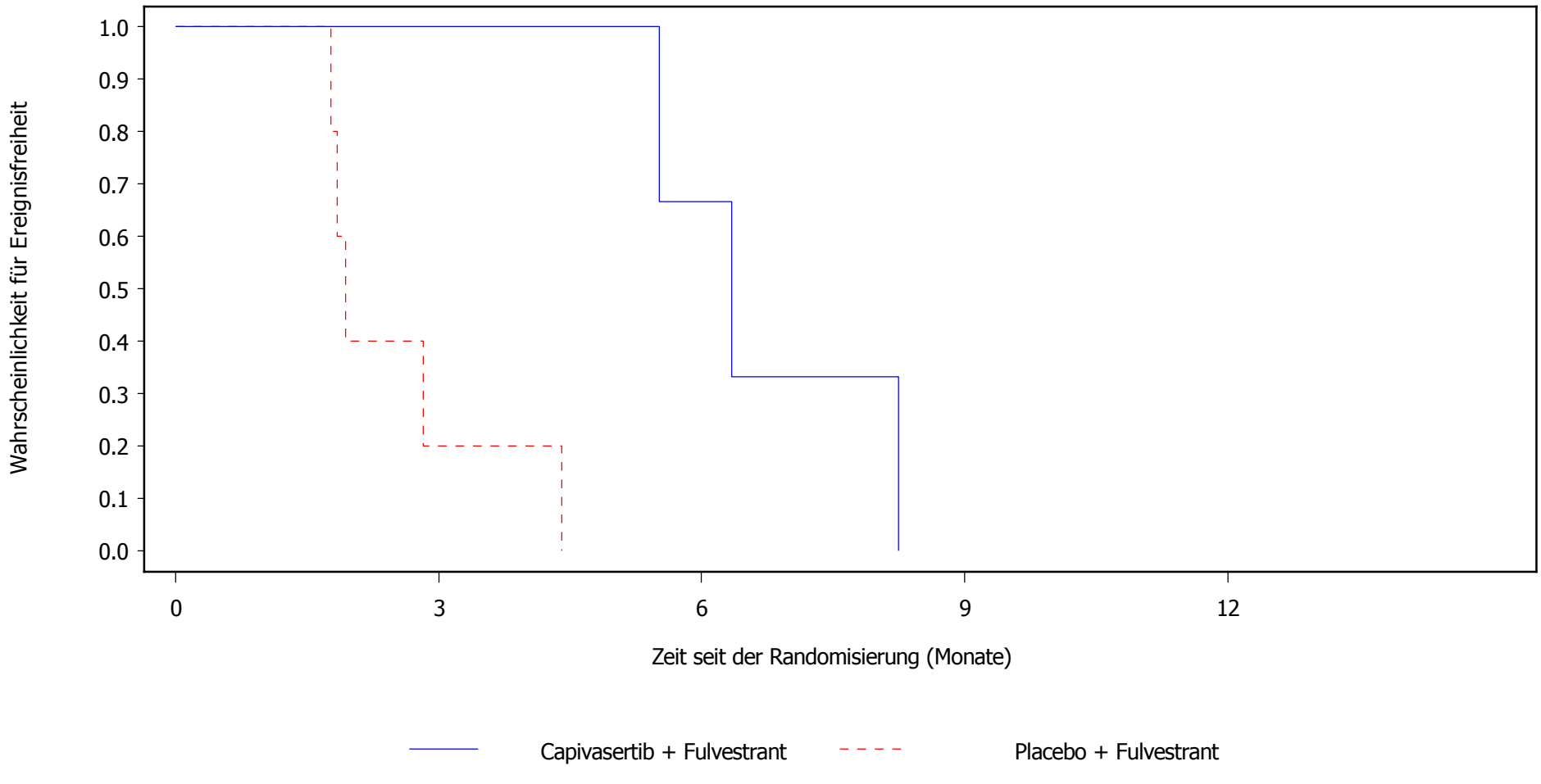
Figure 1.3.2.3 CAPItello-291 (Global A2): Kaplan-Meier plot of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	12	11	9	8	6	2	0 Capivasertib + Fulvestrant
18	11	8	5	3	2	0	0 Placebo + Fulvestrant

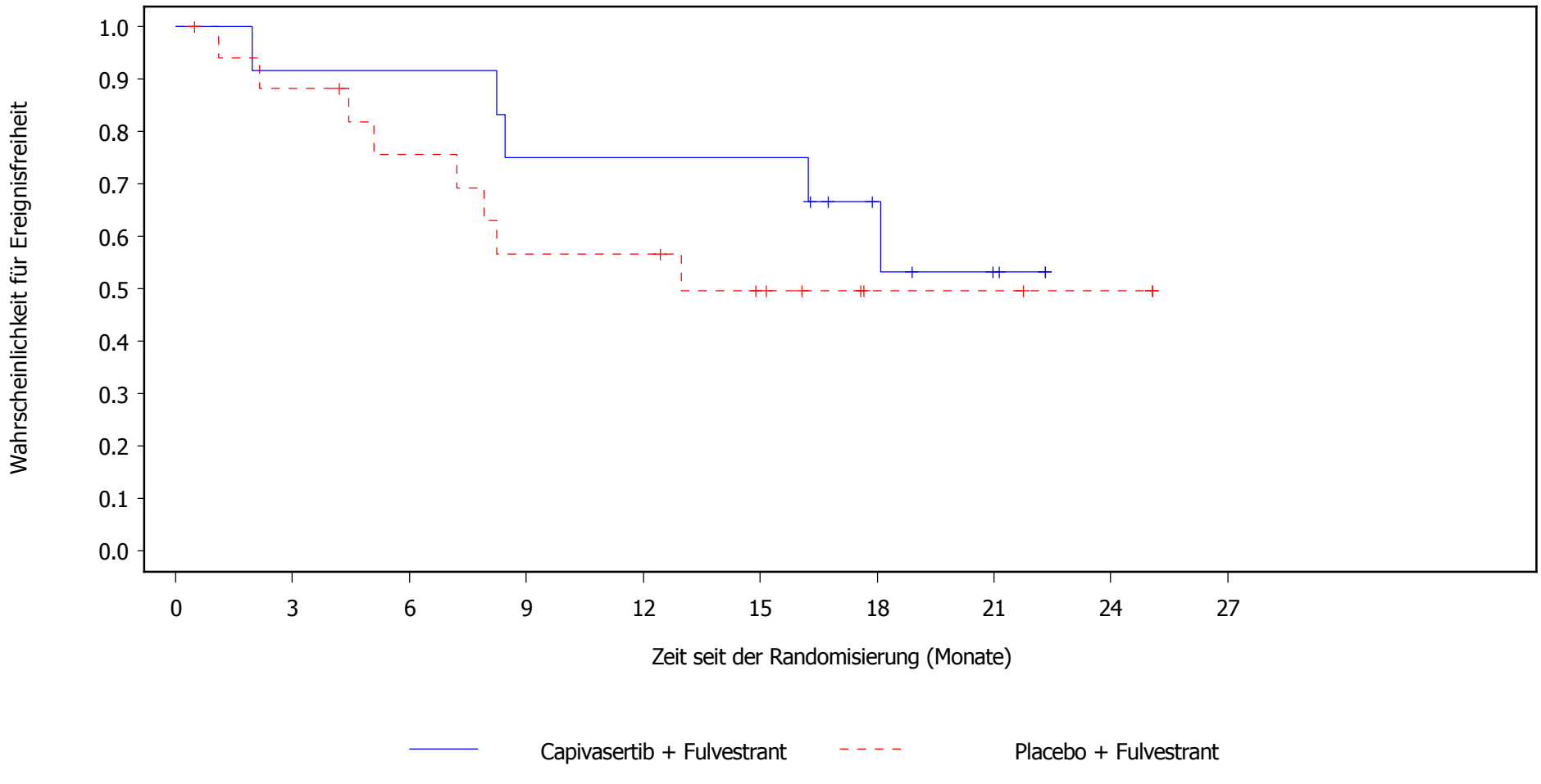
Figure 1.3.2.4 CAPItello-291 (China A2): Kaplan-Meier plot of progression-free survival by investigator (PFS)
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	2	0	0	Capivasertib + Fulvestrant
5	1	0	0	0	Placebo + Fulvestrant

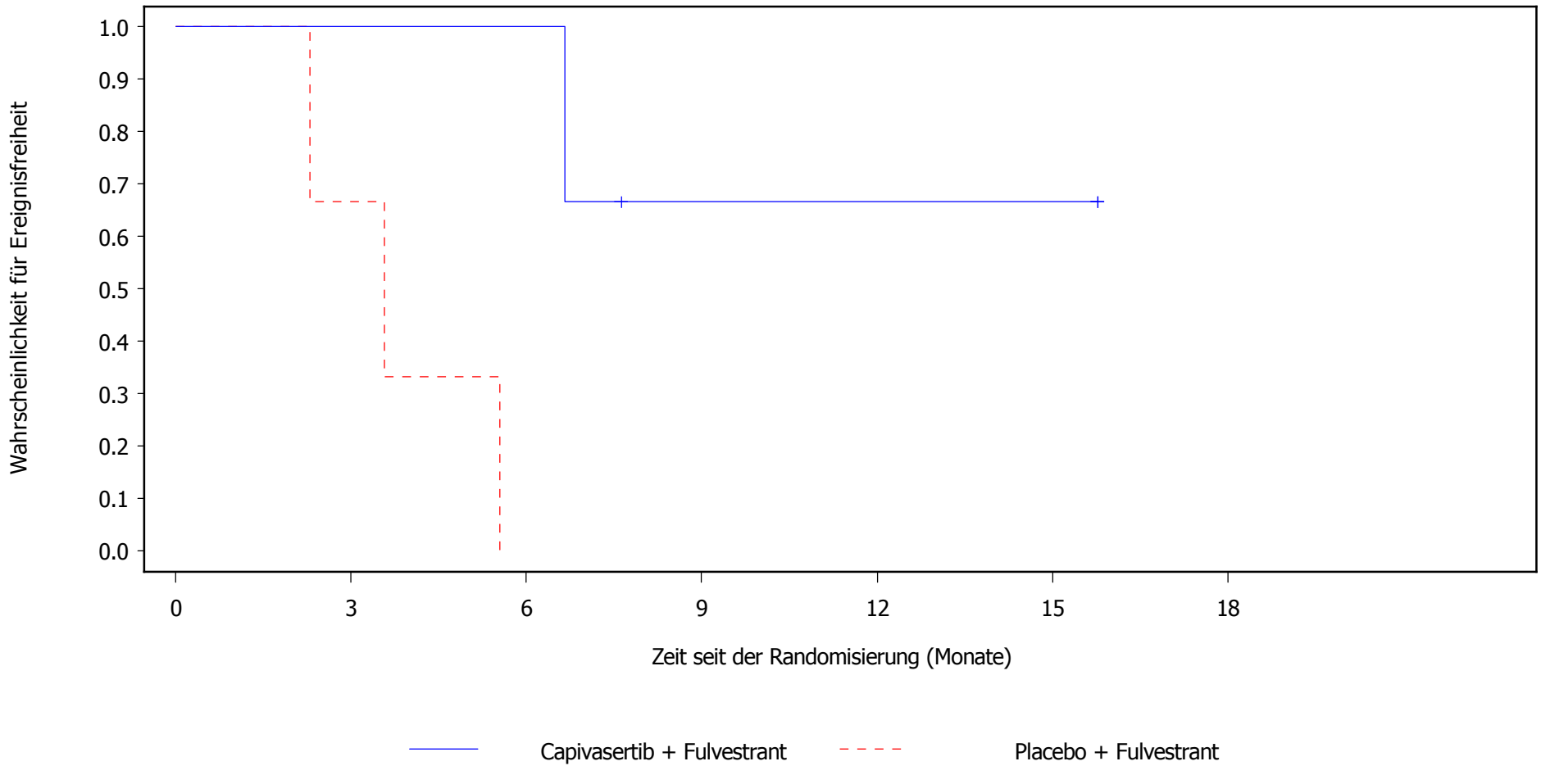
Figure 1.3.3.3 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

12	11	11	9	9	9	5	2	0	0	Capivasertib + Fulvestrant
18	15	12	9	9	6	2	2	1	0	Placebo + Fulvestrant

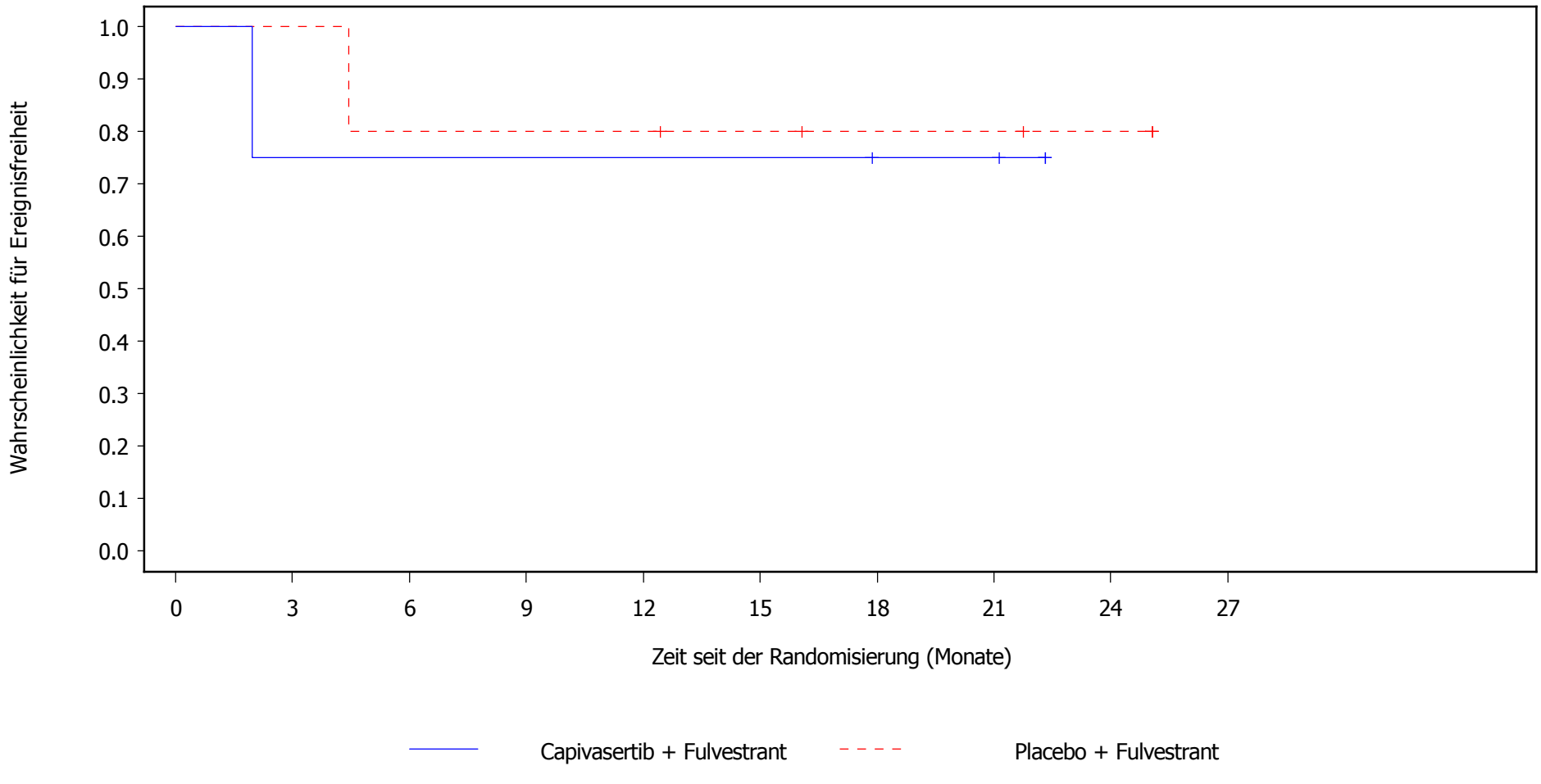
Figure 1.3.3.4 CAPItello-291 (China A2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of patients with no prior chemotherapy in advanced setting, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	1	1	1	0	Capivasertib + Fulvestrant
3	2	0	0	0	0	0	Placebo + Fulvestrant

Figure 1.3.4.3 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first subsequent chemotherapy (TFSC)
Altered full analysis set - subset of chemotherapy-naïve patients only, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

45	35	34	34	34	33	22	22	01	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

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Table 2.1.3 CAPItello-291 (Global A2): Summary of observation period (months) for PRO endpoints
Altered full analysis set DCO 15AUG2022

		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
EORTC QLQ-C30	n	13	18
	Mediane	17,48	6,26
	Min	1,1	0,0
	Max	22,1	17,5
EORTC QLQ-BR23	n	13	18
	Mediane	17,48	6,26
	Min	1,1	0,0
	Max	22,1	17,5
EQ-5D visuelle Analogskala	n	13	18
	Mediane	17,48	6,26
	Min	1,1	0,0
	Max	22,1	17,5

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.1.4 CAPItello-291 (China A2): Summary of observation period (months) for PRO endpoints
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
EORTC QLQ-C30	n	3	5
	Mediane	10,15	2,79
	Min	8,2	0,0
	Max	11,2	9,3
EORTC QLQ-BR23	n	3	5
	Mediane	10,15	2,79
	Min	8,2	0,0
	Max	11,2	9,3
EQ-5D visuelle Analogskala	n	3	5
	Mediane	10,15	2,79
	Min	8,2	0,0
	Max	11,2	9,3

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.3.1.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	13	7 (53,8)	1,9 [1,0; NE]	18	10 (55,6)	4,6 [1,9; NE]	1,41	[0,50; 3,82]	0,5225
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Körper	13	7 (53,8)	4,2 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,92	[0,29; 2,81]	0,7898
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle	13	8 (61,5)	9,1 [1,0; NE]	18	10 (55,6)	2,8 [1,8; 6,5]	0,74	[0,28; 1,90]	0,5592
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition	13	8 (61,5)	10,2 [1,1;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,85	[0,30; 2,37]	0,7563
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität	13	3 (23,1)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	0,63	[0,13; 2,41]	0,5158
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Sozial	13	4 (30,8)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,36	[0,09; 1,20]	0,1072

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.1.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue	13	8 (61,5)	1,9 [1,0; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,49	[0,54; 4,11]	0,4199
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen	13	9 (69,2)	4,6 [1,1;16,7]	18	5 (27,8)	NE [NE; NE]	1,82	[0,60; 6,07]	0,2932
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen	13	10 (76,9)	2,8 [1,0; 7,4]	18	7 (38,9)	10,2 [1,0; NE]	1,95	[0,70; 5,83]	0,1750
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe	13	8 (61,5)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	0,96	[0,33; 2,70]	0,9361
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust	13	9 (69,2)	3,7 [1,0;16,7]	18	8 (44,4)	6,5 [1,9; NE]	1,39	[0,48; 3,91]	0,5630
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit	13	8 (61,5)	2,8 [1,0;16,6]	18	6 (33,3)	NE [NE; NE]	1,47	[0,49; 4,58]	0,4879
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung	13	4 (30,8)	16,6 [7,4; NE]	18	4 (22,2)	NE [NE; NE]	0,95	[0,19; 4,31]	0,9427

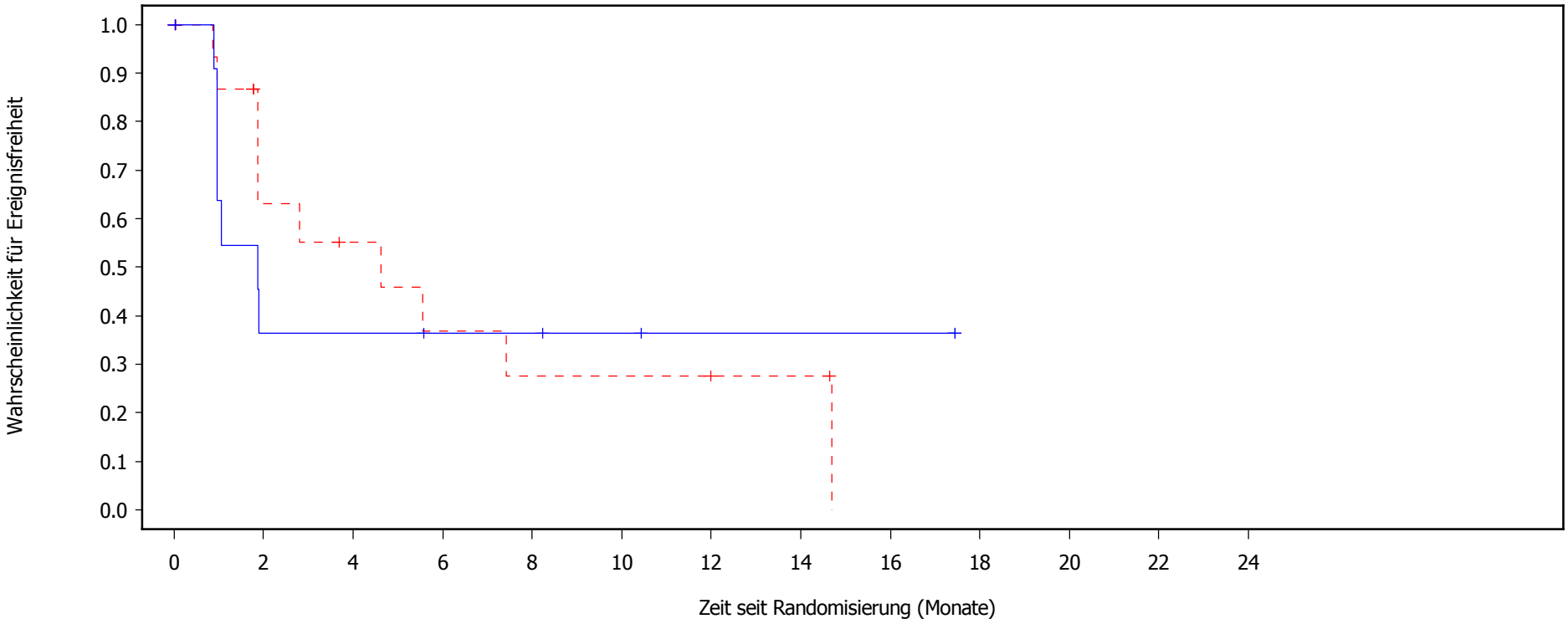
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.1.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö	13	10 (76,9)	2,8 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	3,60	[1,24; 11,92]	0,0193*

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.1.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

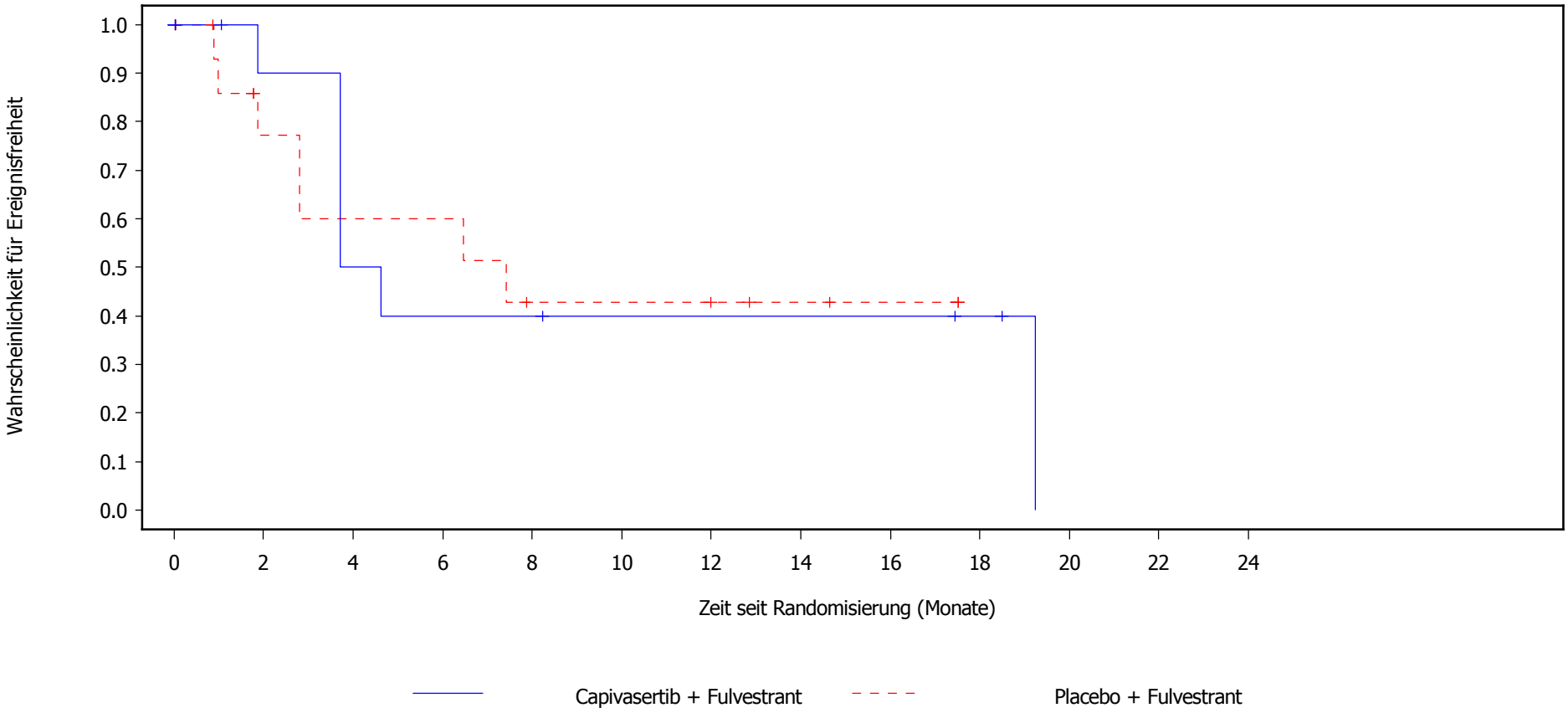


Anzahl an Patienten unter Risiko:

13	4	4	3	3	2	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
18	8	6	4	3	3	2	2	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.2 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

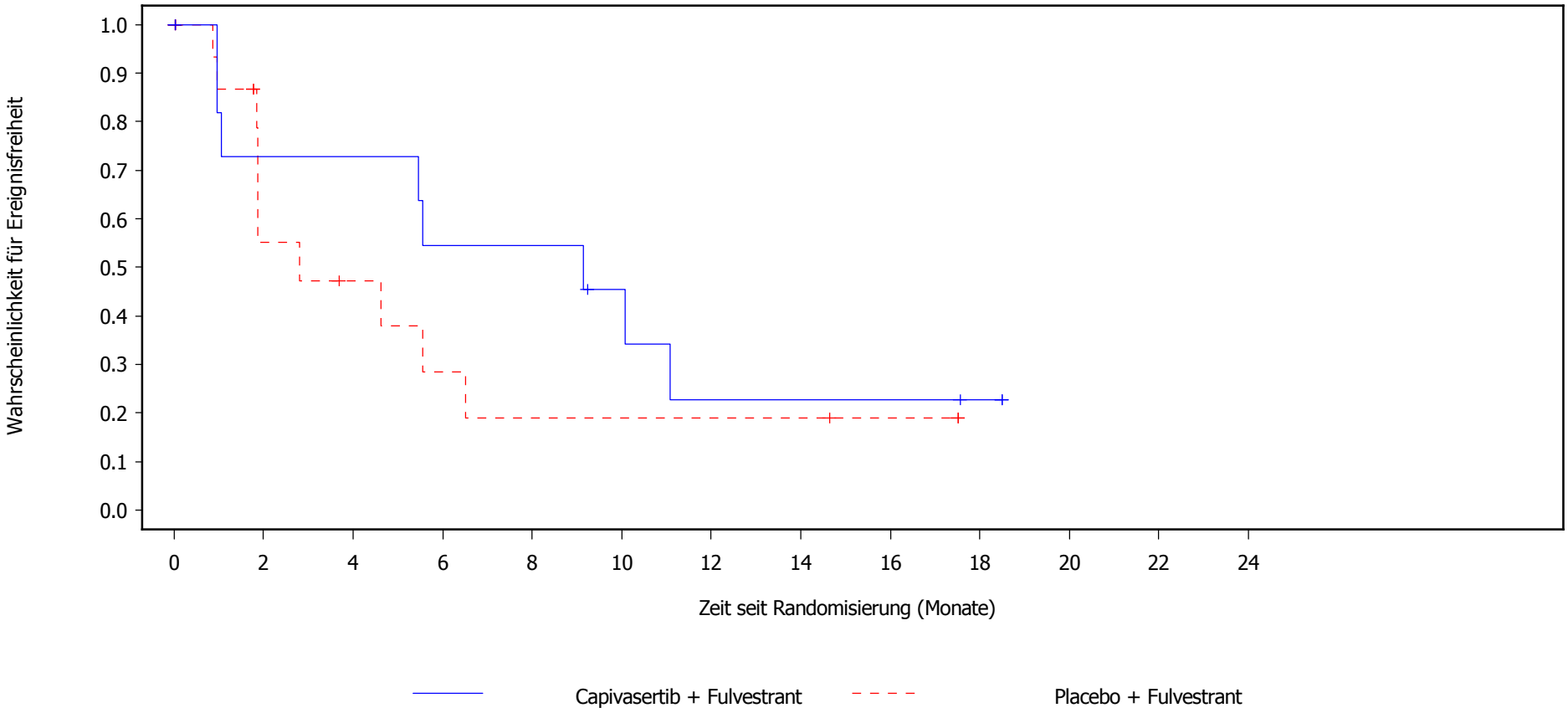


Anzahl an Patienten unter Risiko:

13	9	5	4	4	3	3	3	3	2	0	0	0	Capivasertib + Fulvestrant
18	9	7	7	4	4	3	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.3 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

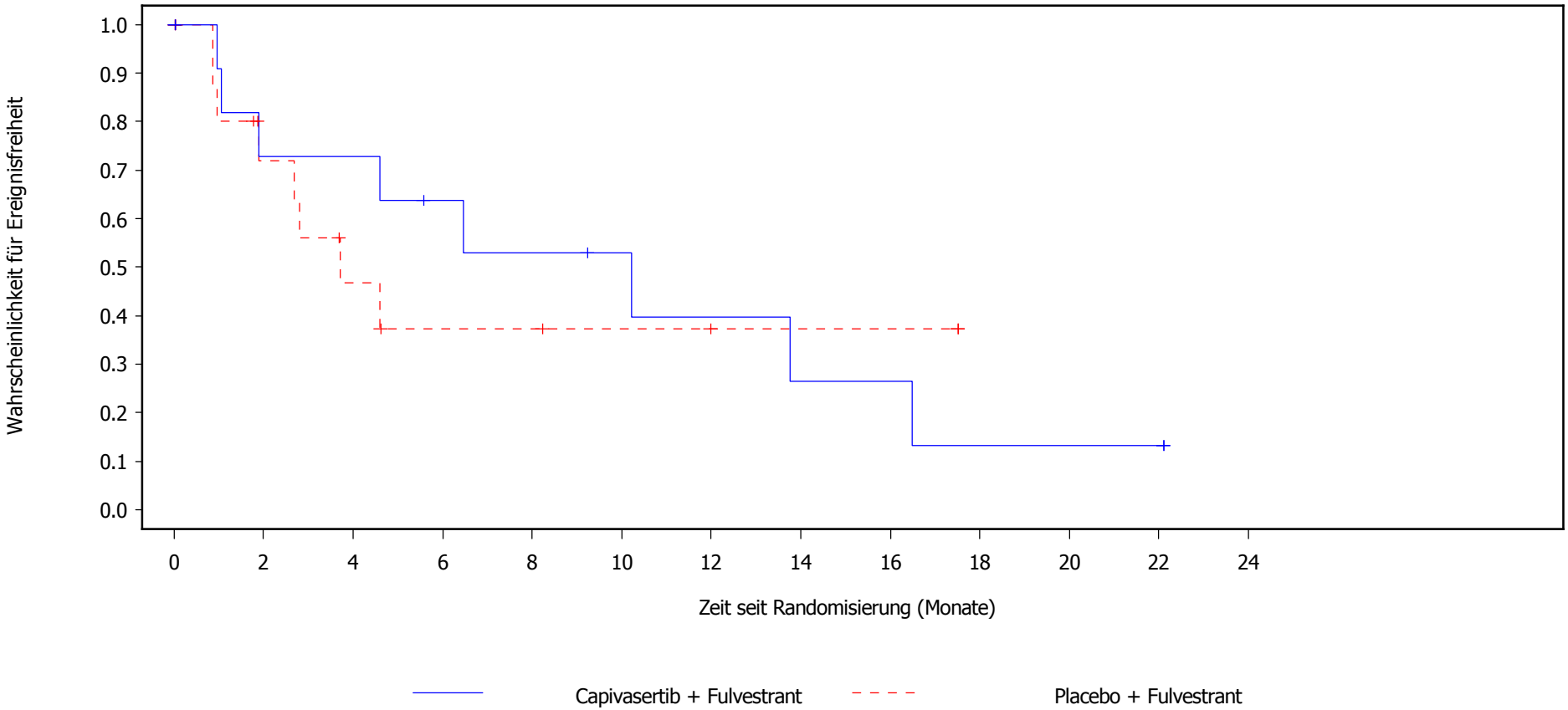


Anzahl an Patienten unter Risiko:

13	8	8	6	6	4	2	2	2	1	0	0	0	Capivasertib + Fulvestrant
18	7	5	3	2	2	2	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.4 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

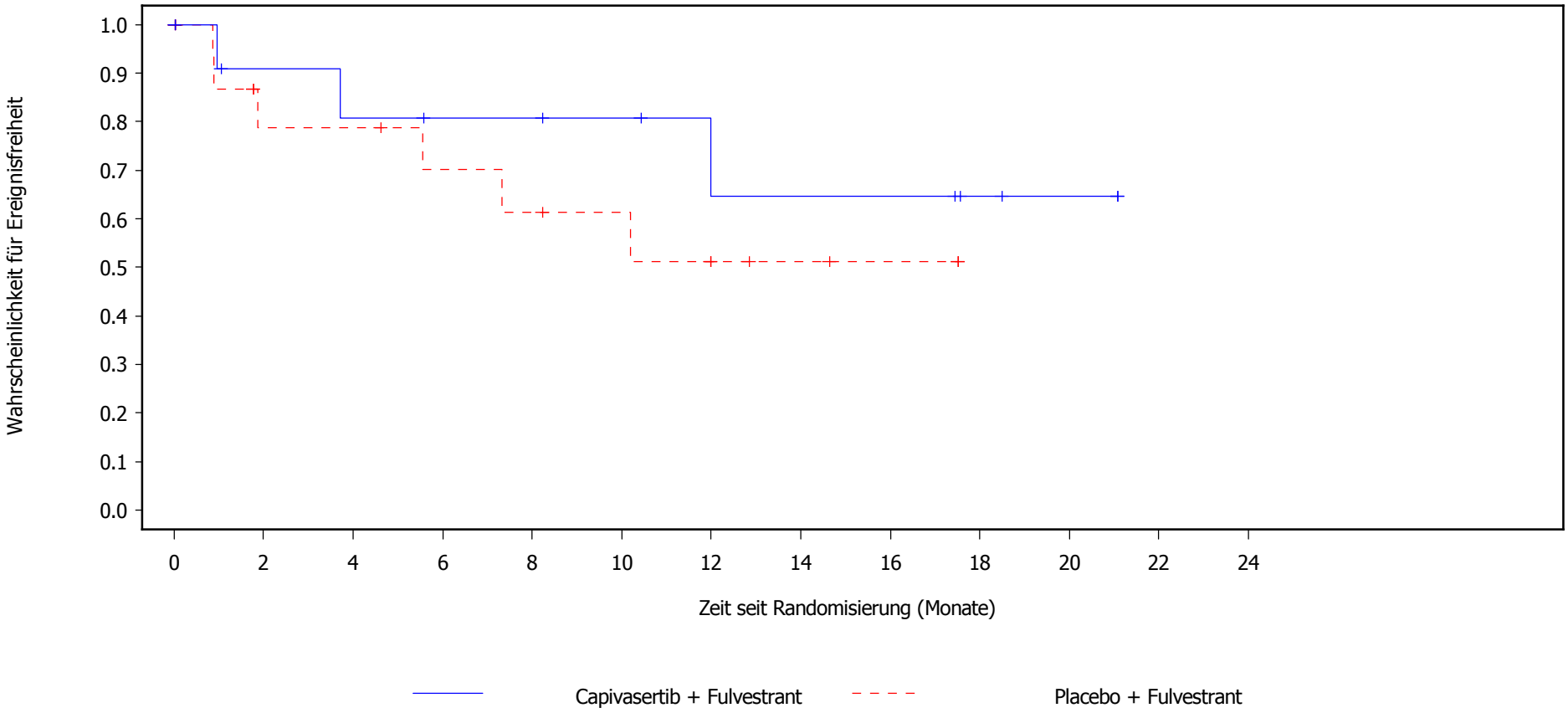


Anzahl an Patienten unter Risiko:

13	8	8	6	5	4	3	2	2	1	1	1	0	Capivasertib + Fulvestrant
18	9	5	3	3	2	1	1	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.5 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

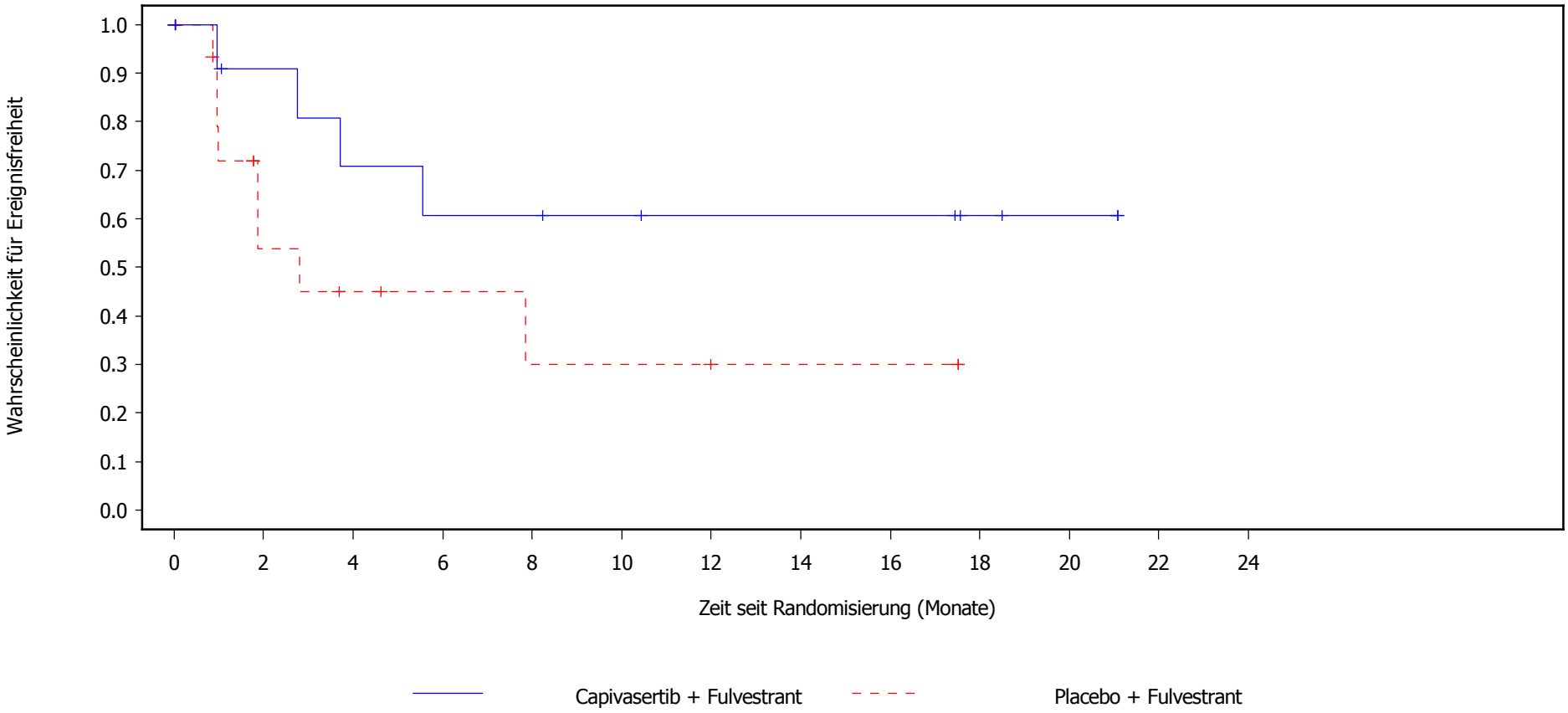


Anzahl an Patienten unter Risiko:

13	9	8	7	7	6	4	4	4	2	1	0	0	Capivasertib + Fulvestrant
18	10	10	8	7	6	3	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.6 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

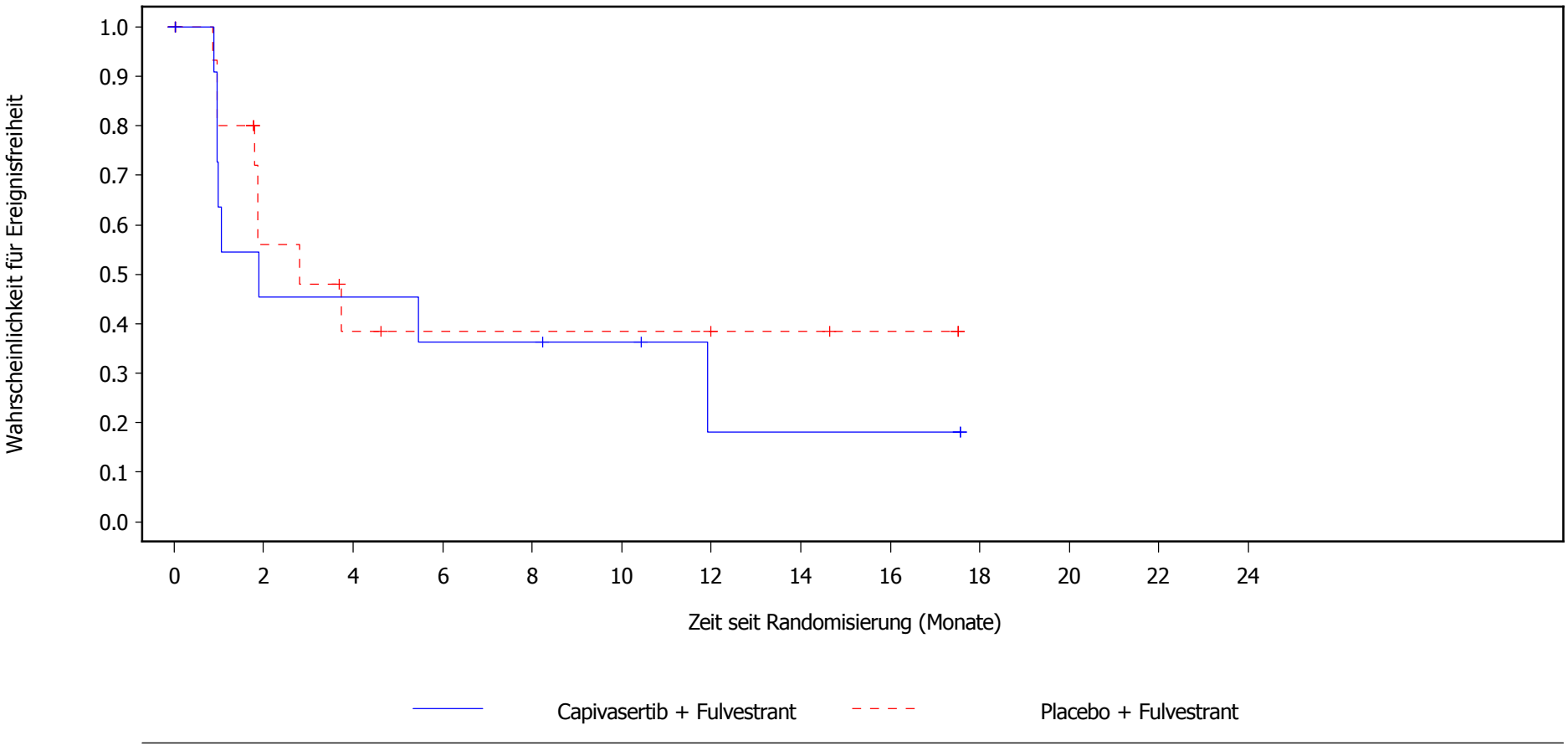


Anzahl an Patienten unter Risiko:

13	9	7	6	6	5	4	4	4	2	1	0	0 Capivasertib + Fulvestrant
18	6	4	3	2	2	1	1	1	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.7 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

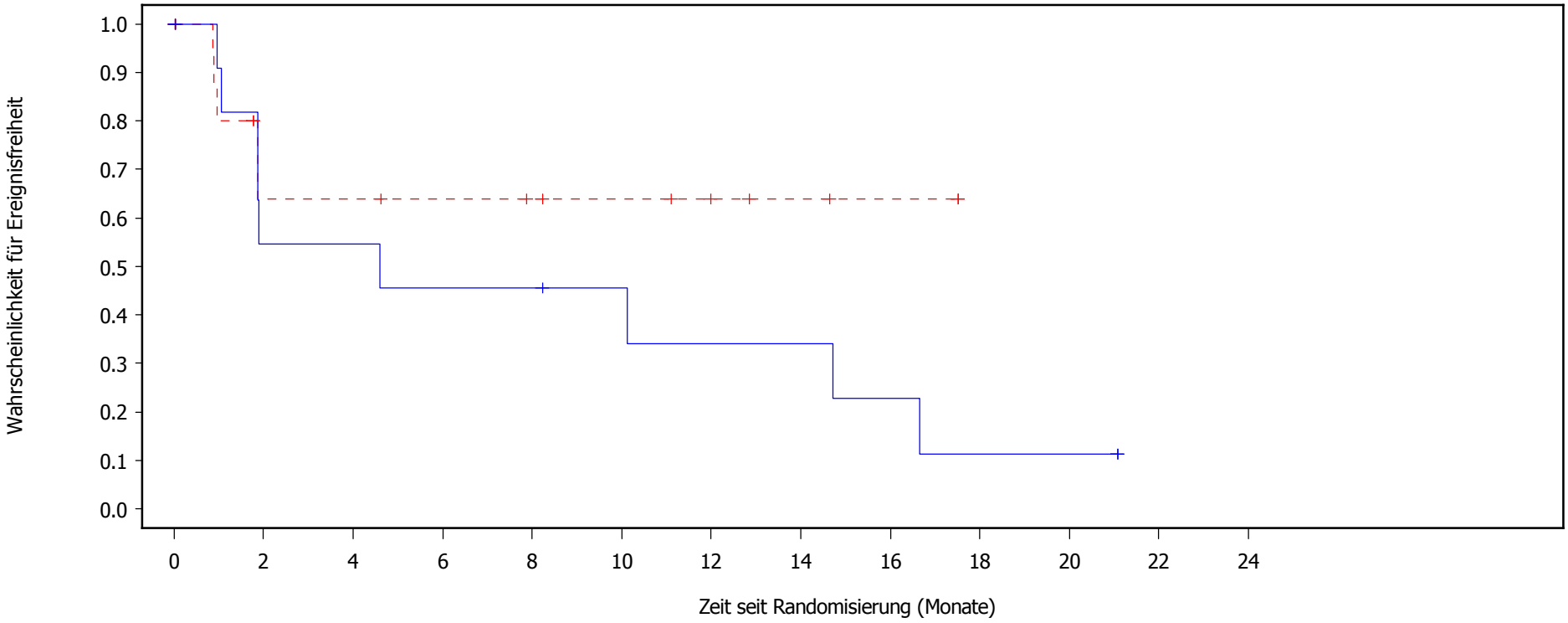


Anzahl an Patienten unter Risiko:

13	5	5	4	4	3	1	1	1	0	0	0	0 Capivasertib + Fulvestrant
18	7	4	3	3	3	2	2	1	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.8 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

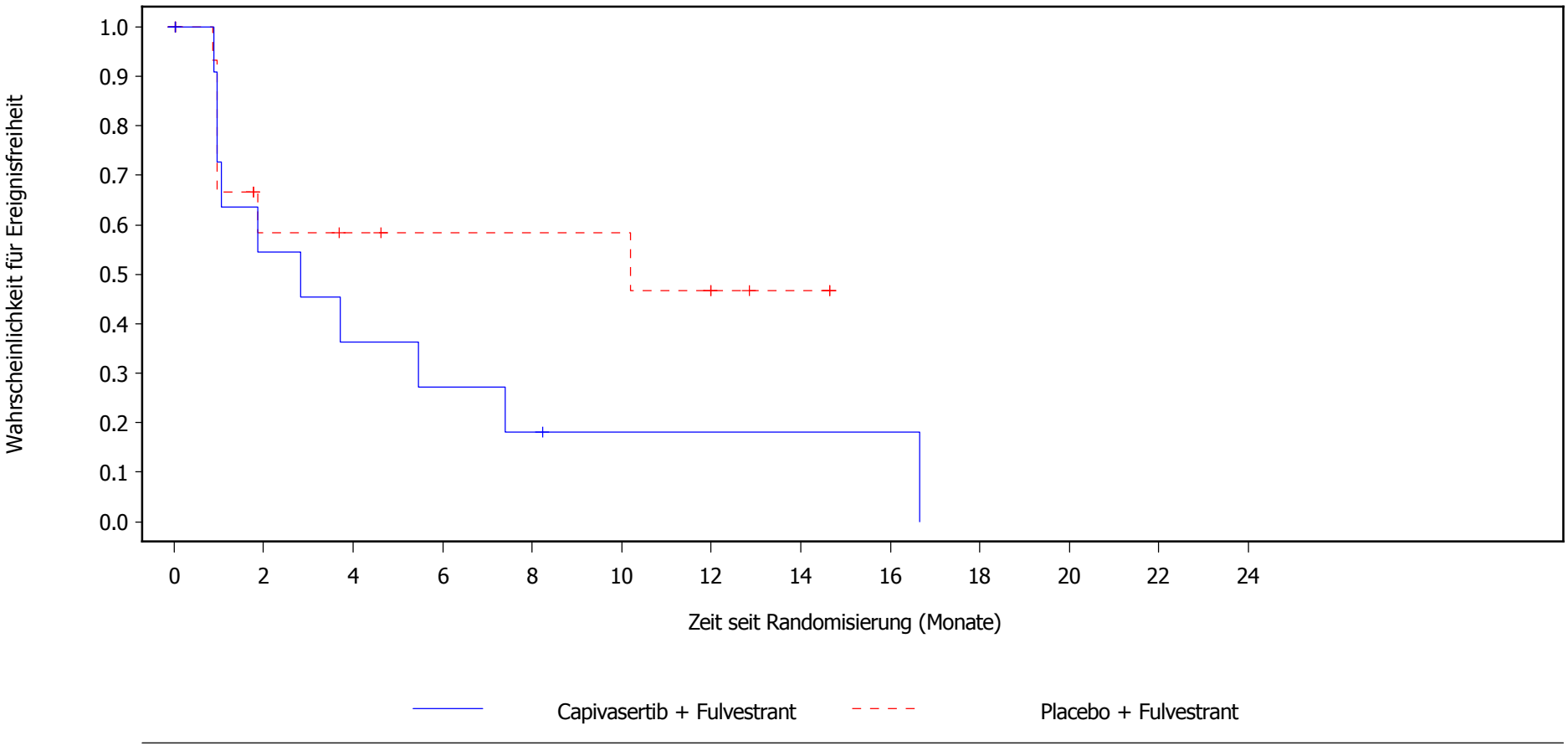


Anzahl an Patienten unter Risiko:

13	6	6	5	5	4	3	3	2	1	1	0	0 Capivasertib + Fulvestrant
18	8	8	7	6	5	3	2	1	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.9 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

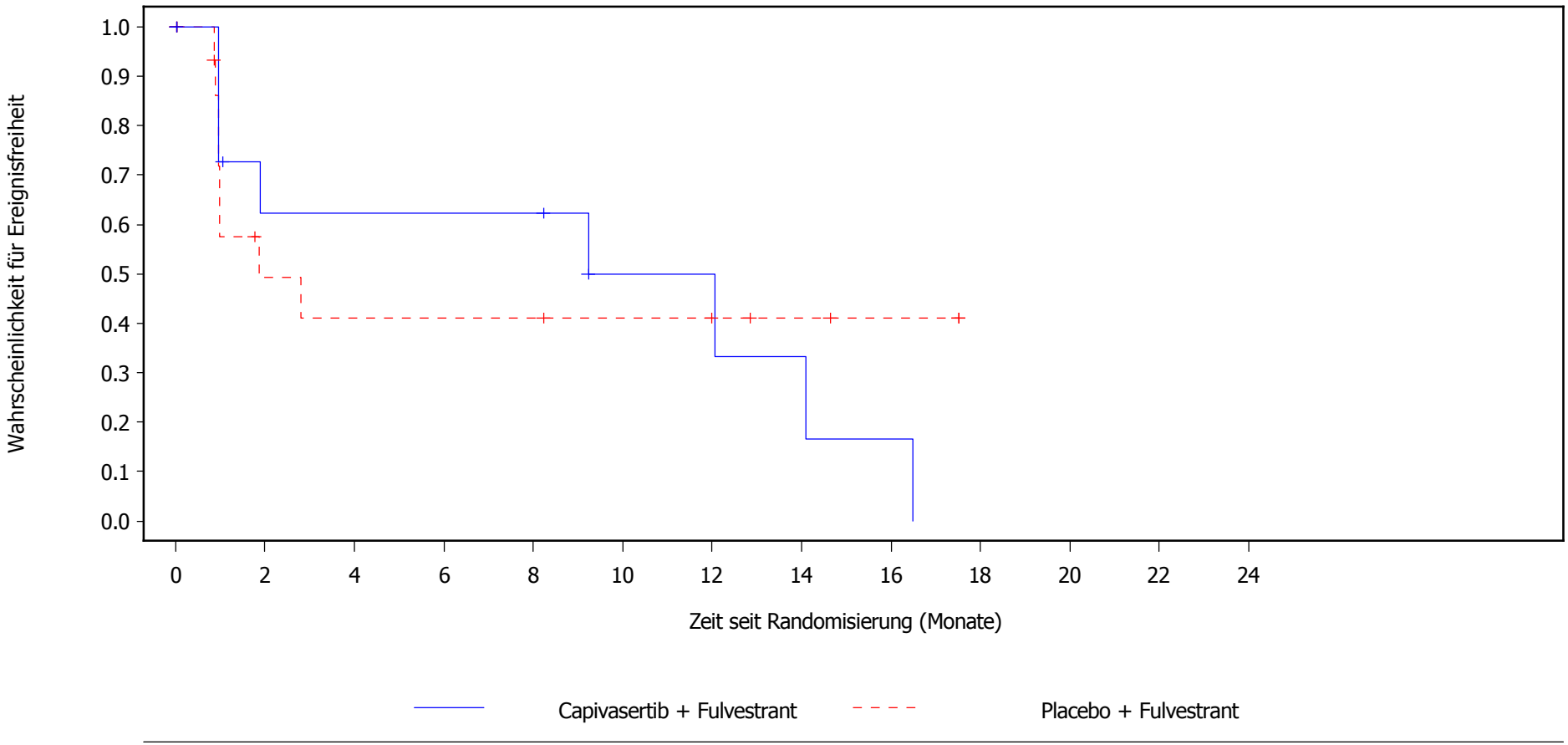


Anzahl an Patienten unter Risiko:

13	6	4	3	2	1	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
18	7	6	5	5	5	2	1	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.10 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

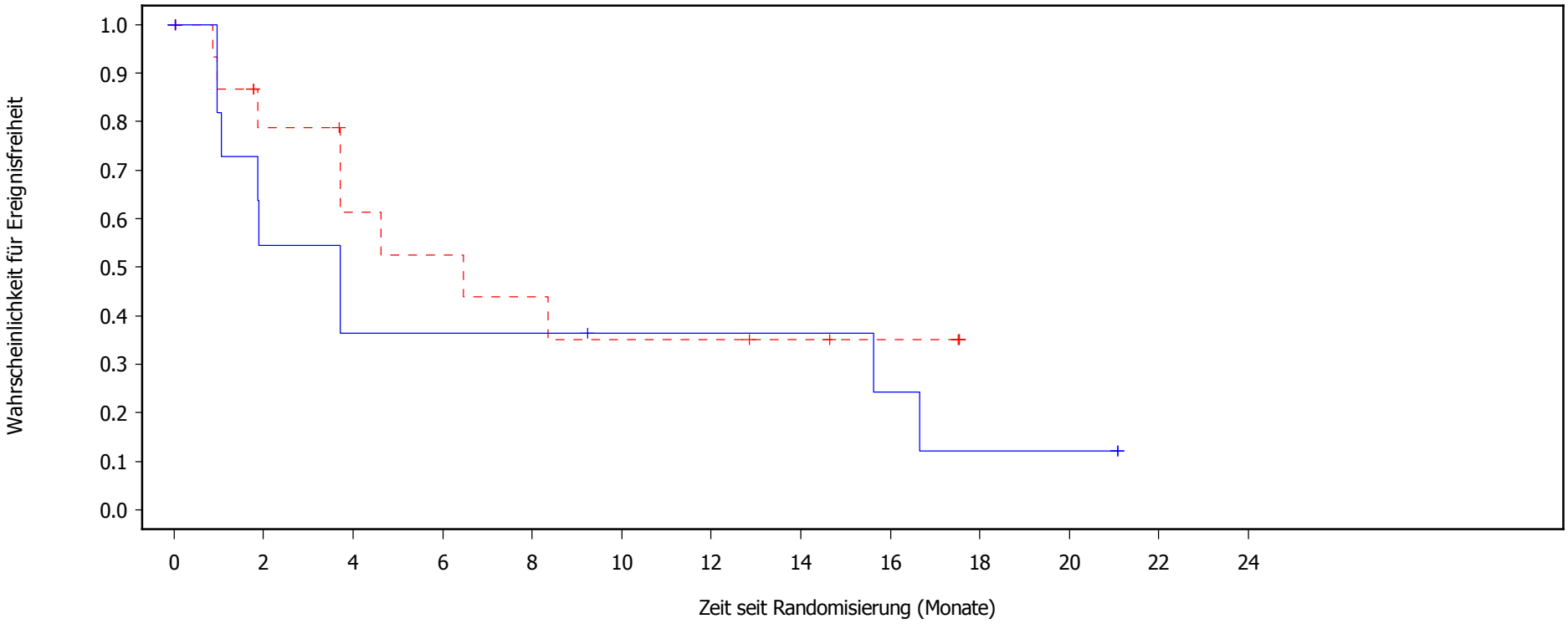


Anzahl an Patienten unter Risiko:

13	6	6	6	6	3	3	2	1	0	0	0	0	Capivasertib + Fulvestrant
18	6	5	5	5	4	3	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.11 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Appetitverlust
Altered full analysis set DCO 15AUG2022

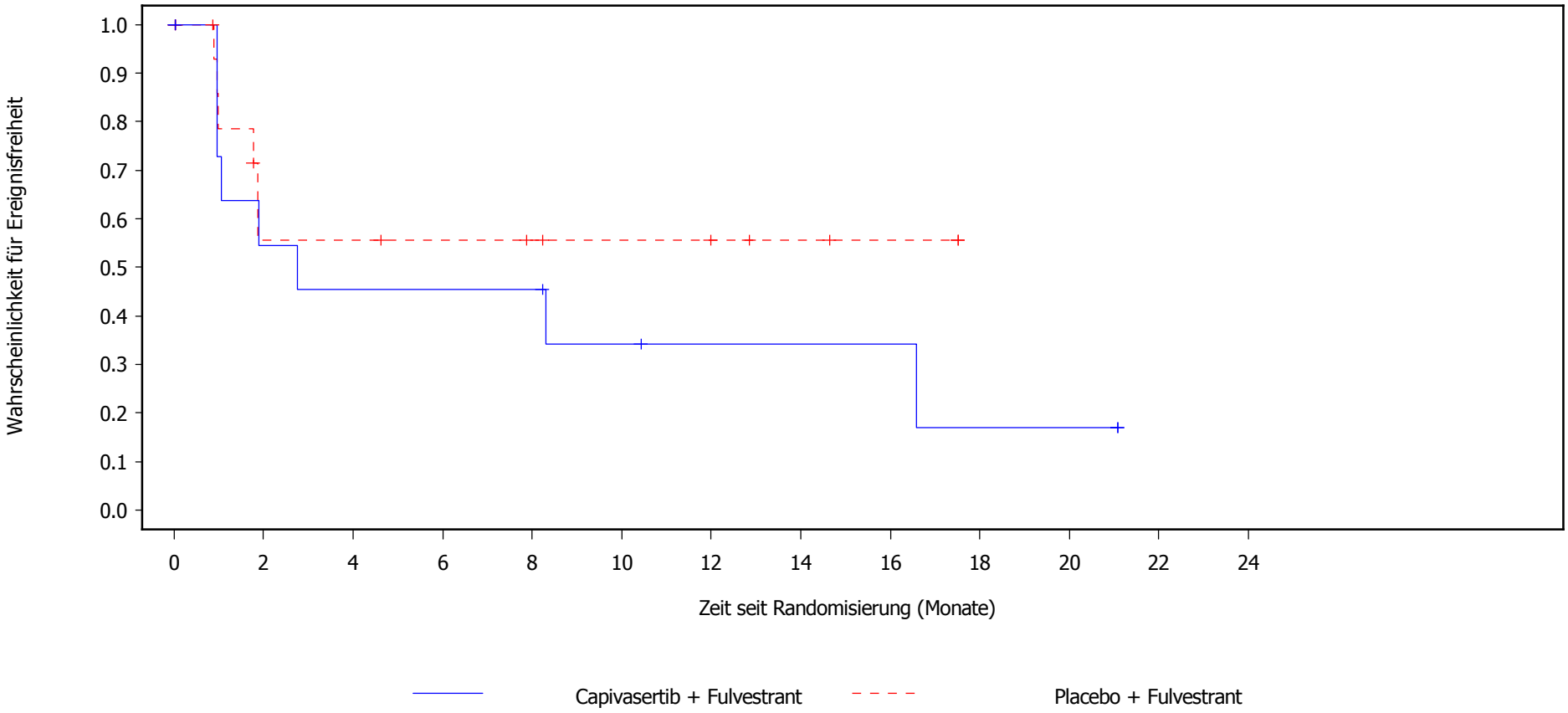


Anzahl an Patienten unter Risiko:

13	6	4	4	4	3	3	3	2	1	1	0	0	Capivasertib + Fulvestrant
18	10	7	6	5	4	4	3	2	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.12 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

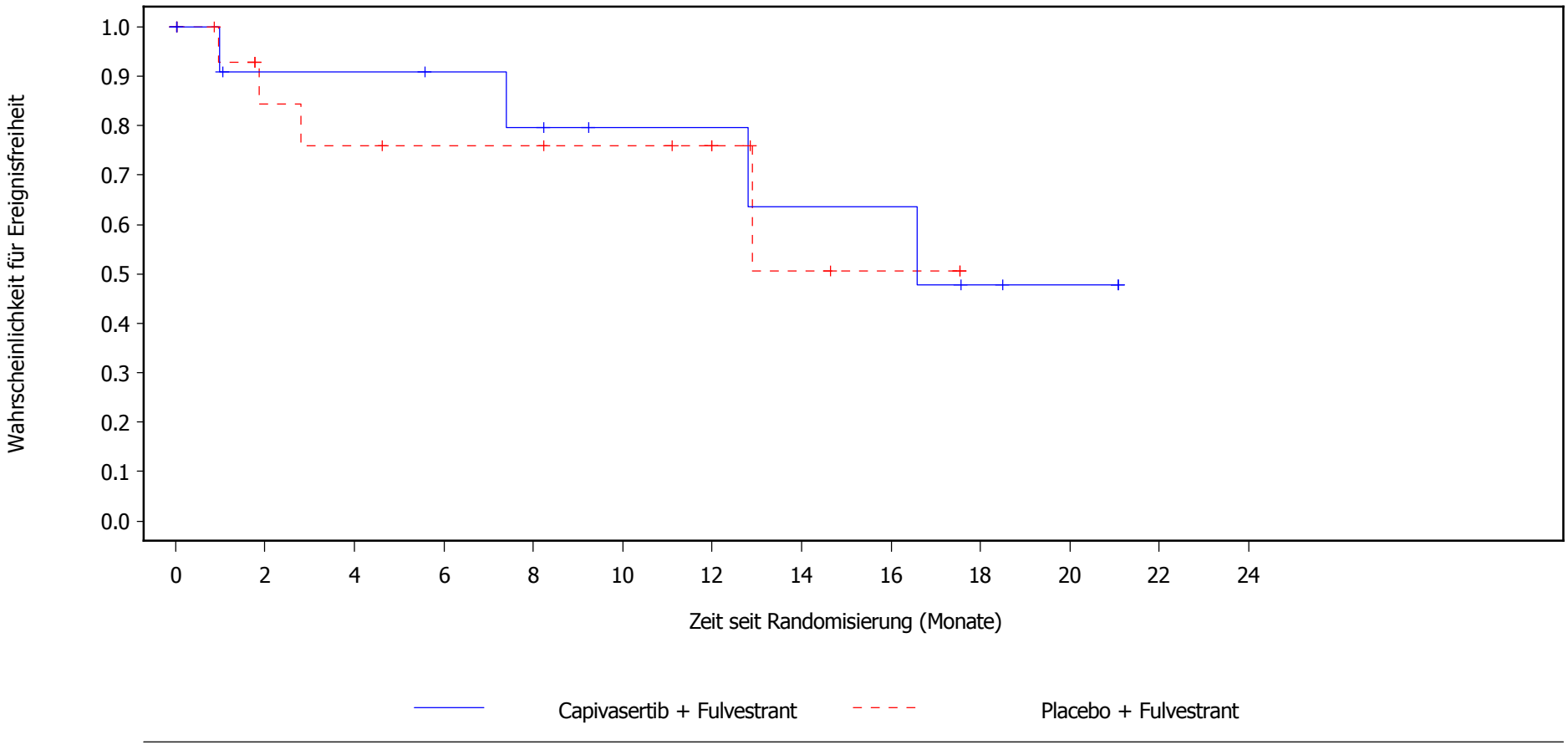


Anzahl an Patienten unter Risiko:

13	6	5	5	5	3	2	2	2	1	1	0	0 Capivasertib + Fulvestrant
18	7	7	6	5	4	3	2	1	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.13 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

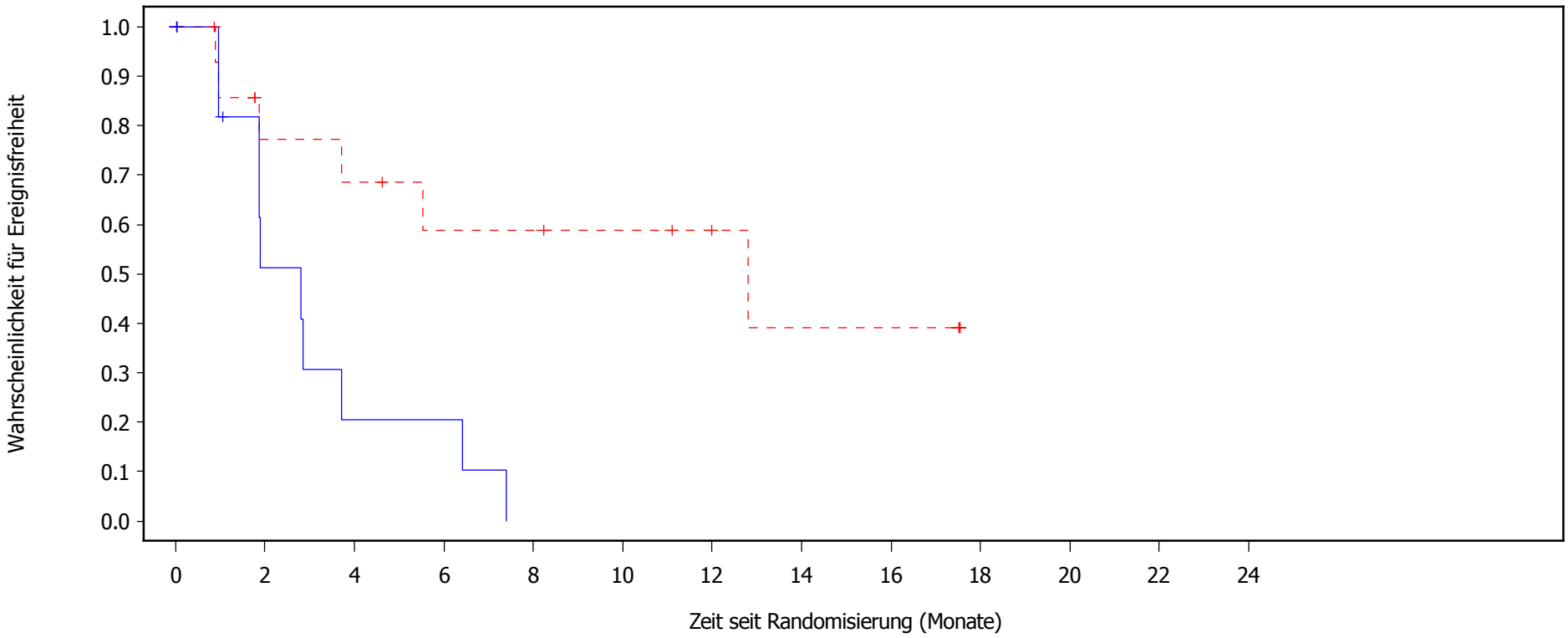


Anzahl an Patienten unter Risiko:

13	9	9	8	7	5	5	4	4	2	1	0	0 Capivasertib + Fulvestrant
18	10	9	8	8	7	4	2	1	0	0	0	0 Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.1.2.14 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	5	2	2	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	9	8	6	6	5	3	2	2	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.2.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	1,00	[0,11; 8,72]	1,0000
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Körper	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	0,88	[0,04; 9,66]	0,8415
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Rolle	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	0,31	[0,02; 2,59]	0,3035
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	1,00	[0,11; 8,72]	1,0000
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Emotionalität	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	1,00	[0,04; 25,26]	1,0000
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Sozial	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	2,11	[0,19; 47,58]	0,5485

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.2.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	0,39	[0,02; 3,41]	0,4927
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	1,41	[0,05; 36,73]	0,8084
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	0,88	[0,04; 9,66]	0,8415
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	2,56	[0,24; 56,10]	0,4328
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	4,37	[0,54; 89,56]	0,1701
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	1,00	[0,04; 25,26]	1,0000

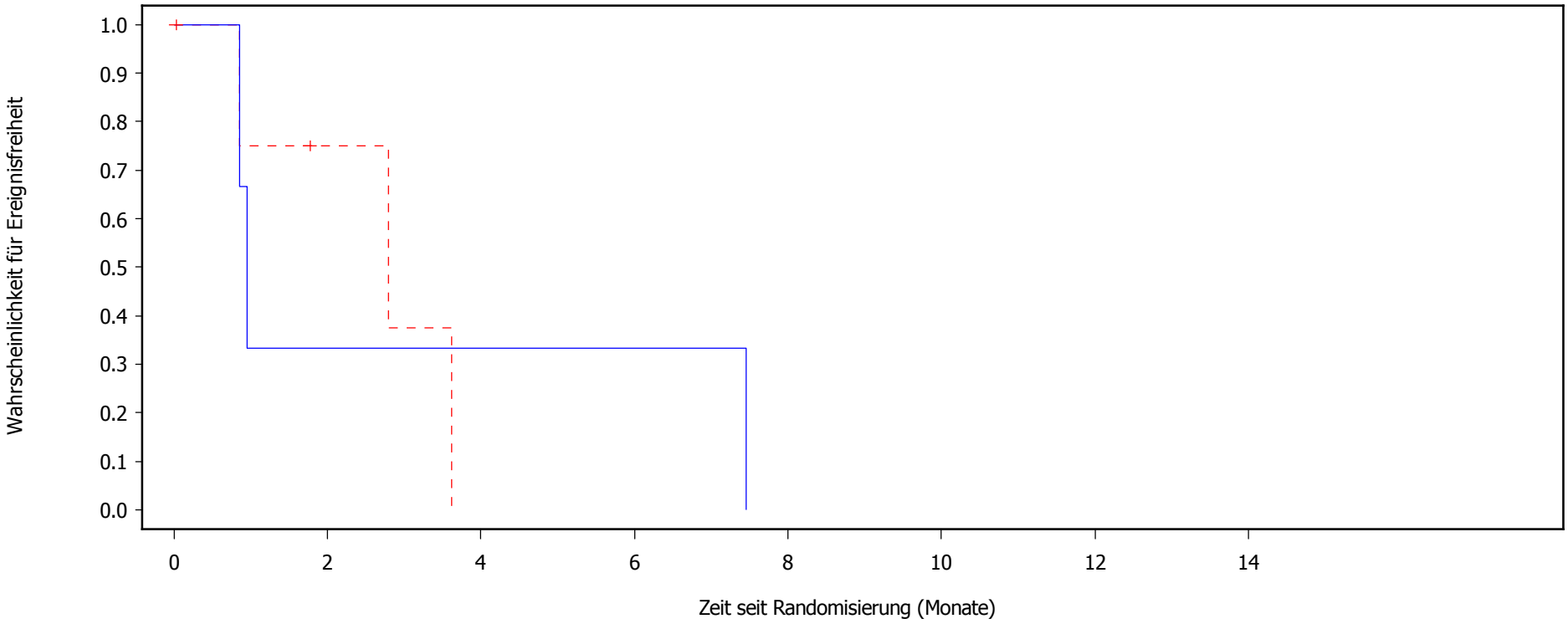
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.2.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	3,77	[0,34; 83,35]	0,3173

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.2.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

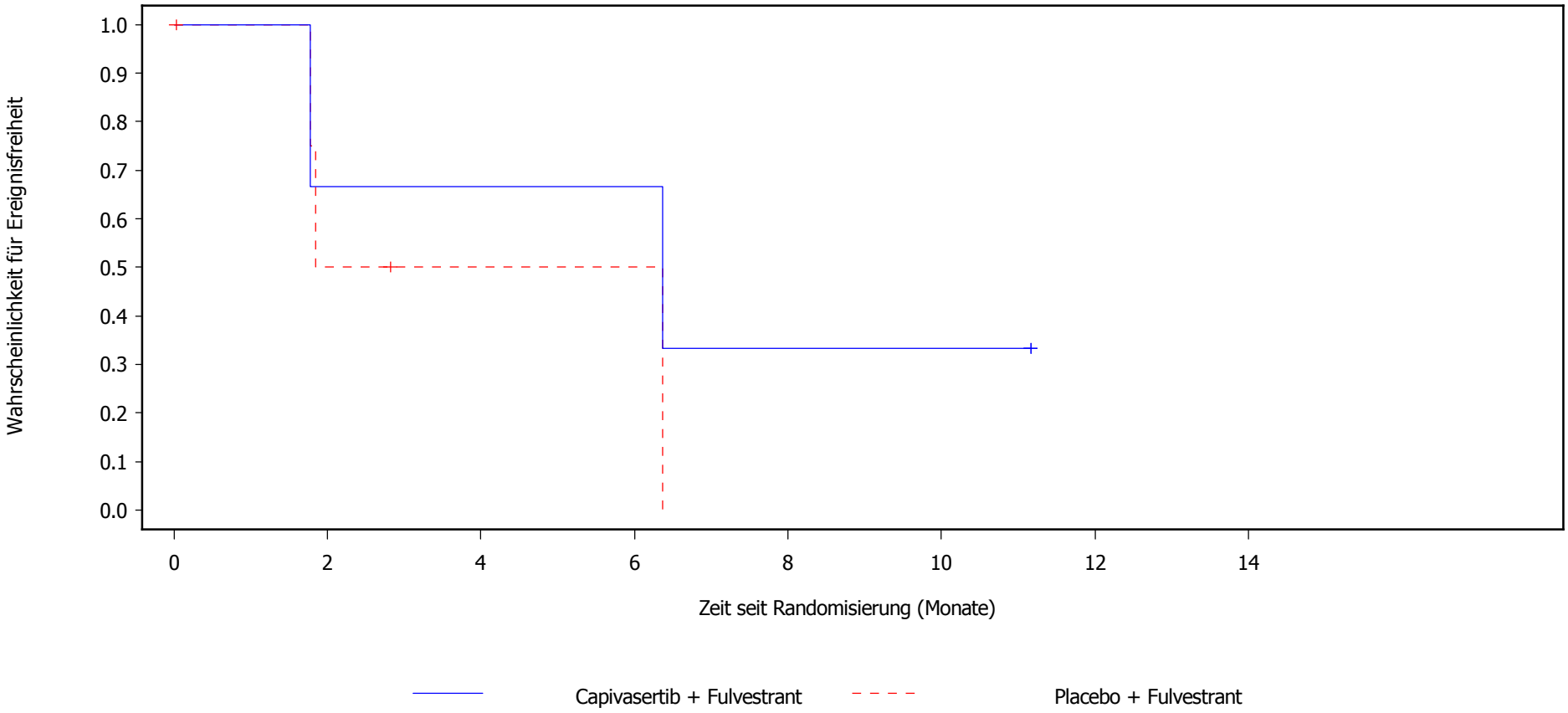


Anzahl an Patienten unter Risiko:

35	12	10	10	0	0	0	0	Capivasertib + Fulvestrant
				0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.2 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

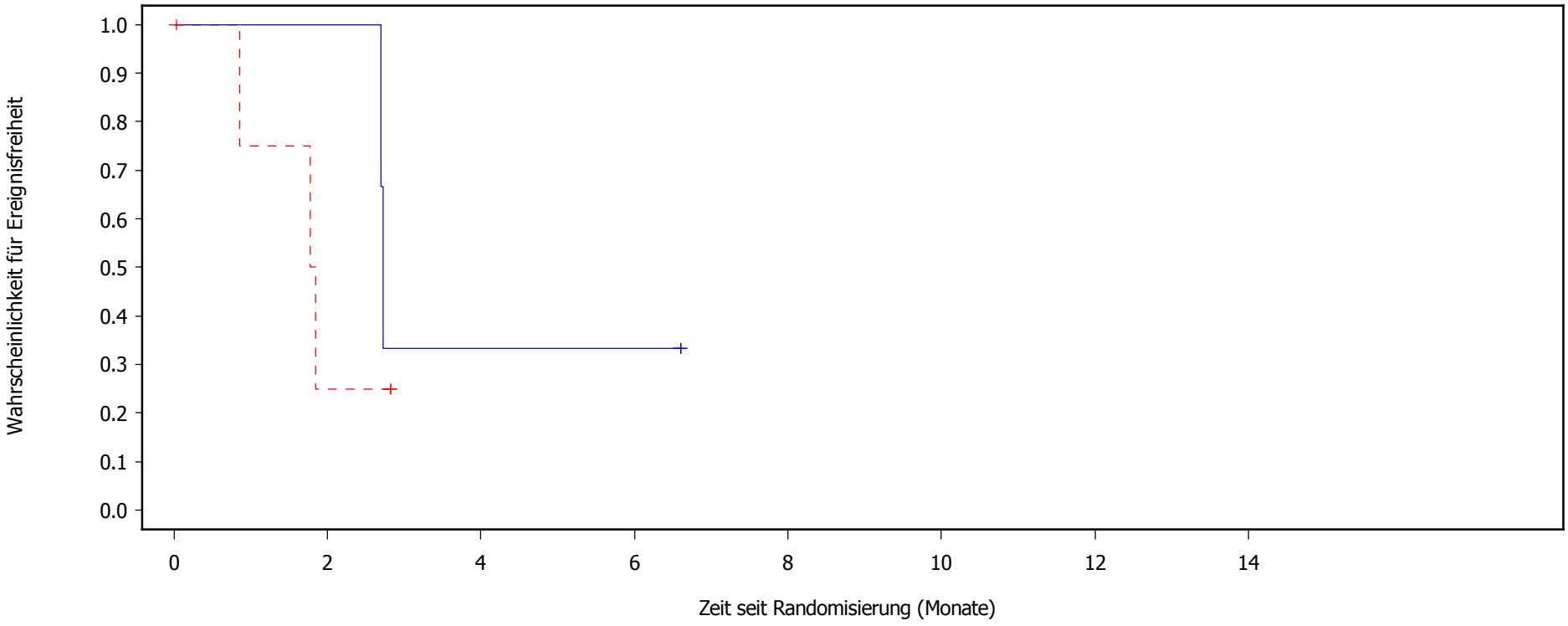


Anzahl an Patienten unter Risiko:

3	2	2	2	1	1	0	0	Capivasertib + Fulvestrant
5	2	1	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.3 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

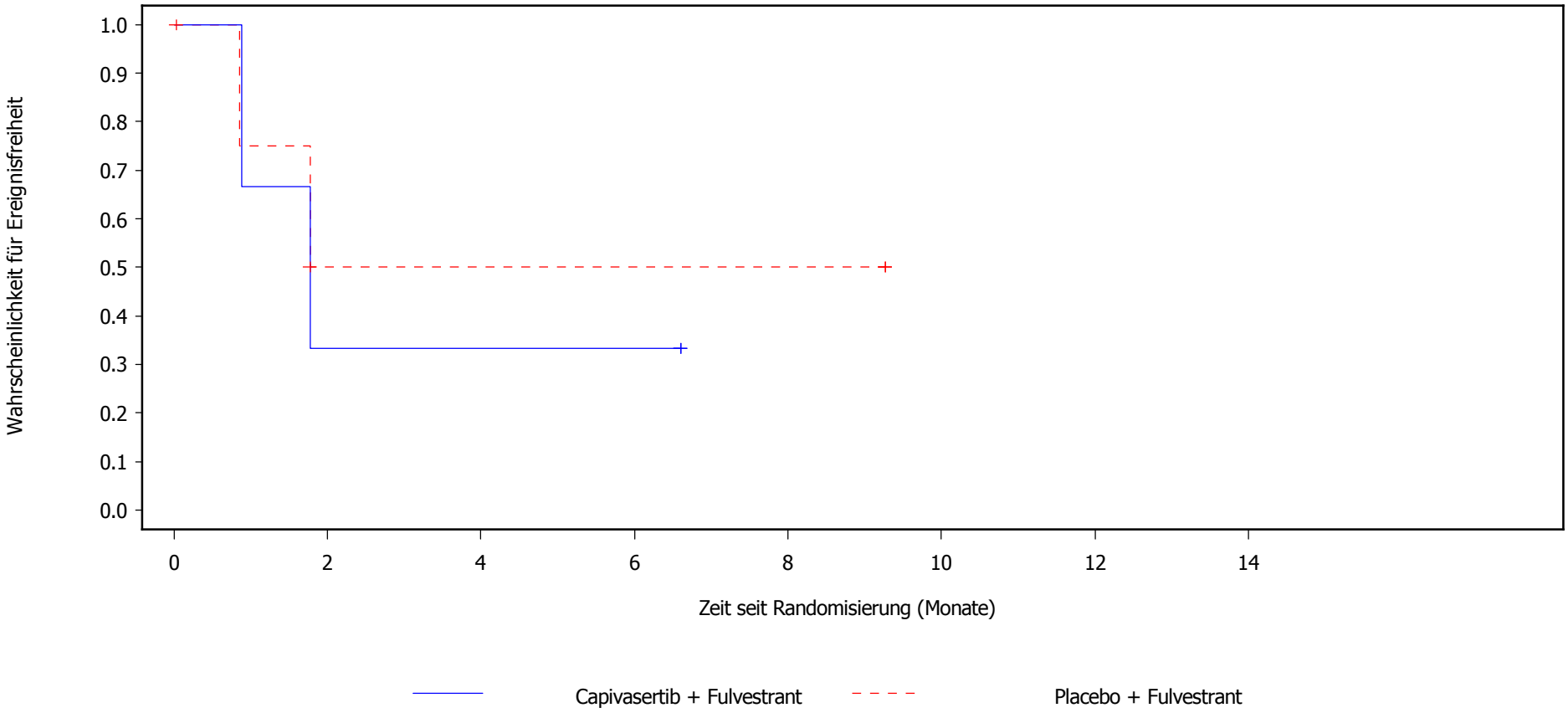


Anzahl an Patienten unter Risiko:

3	3	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.4 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

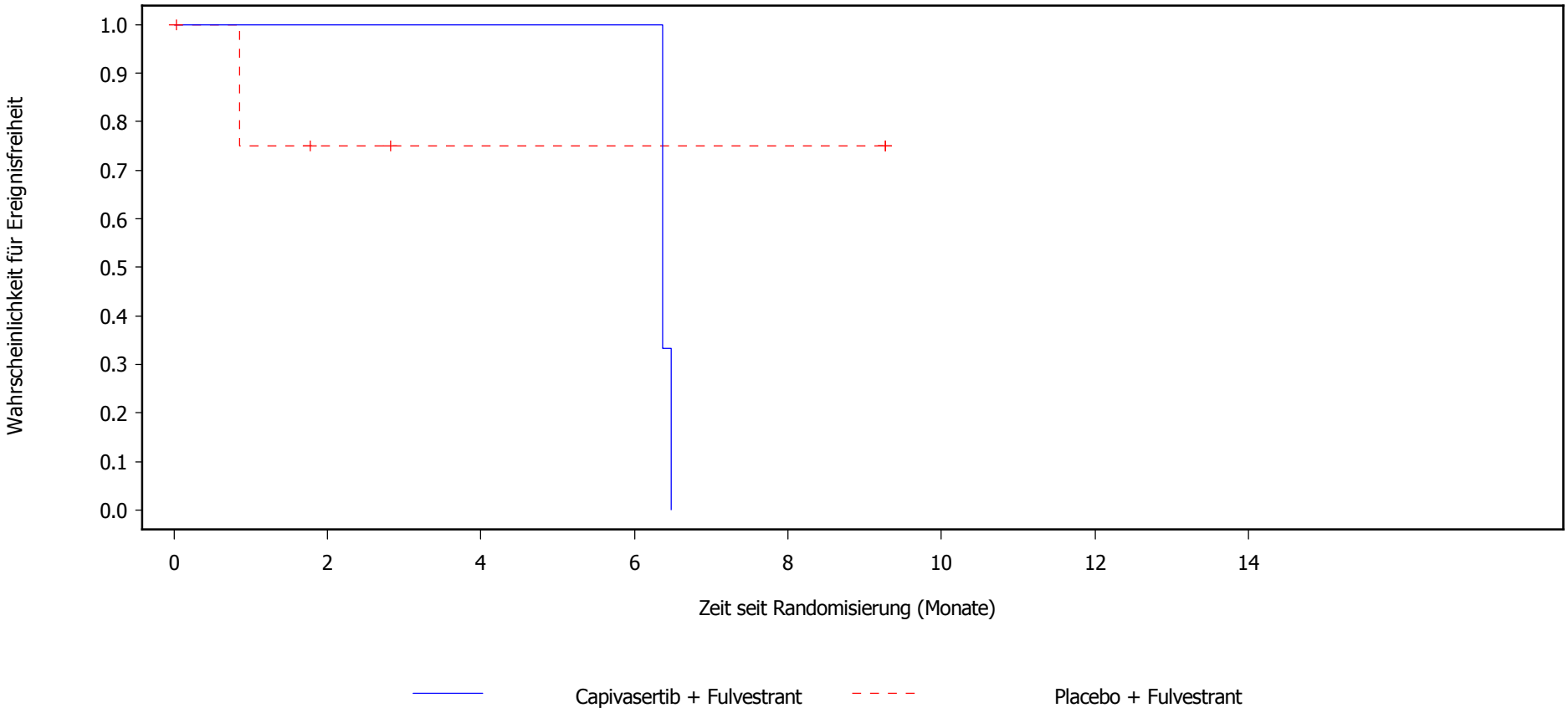


Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.5 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

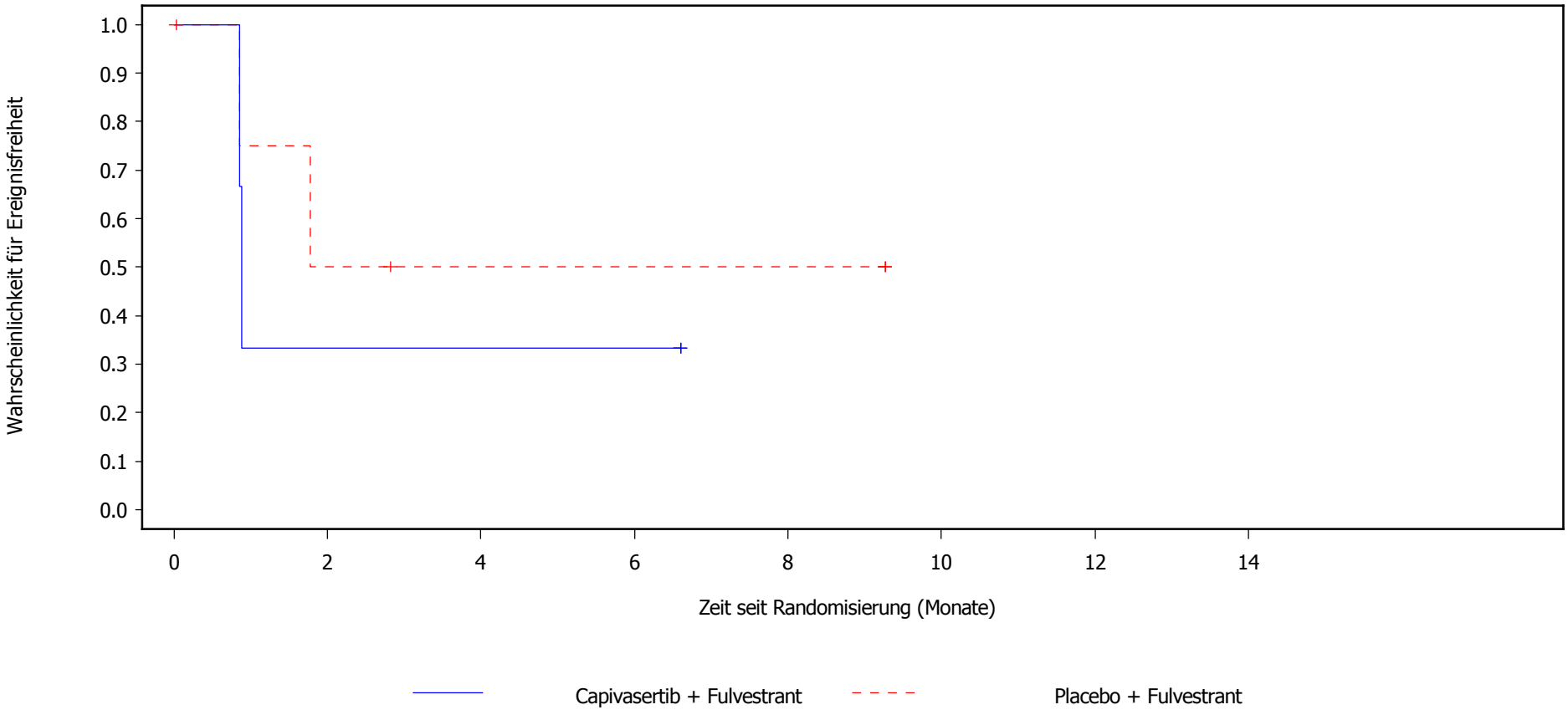


Anzahl an Patienten unter Risiko:

3	3	3	3	0	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.6 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

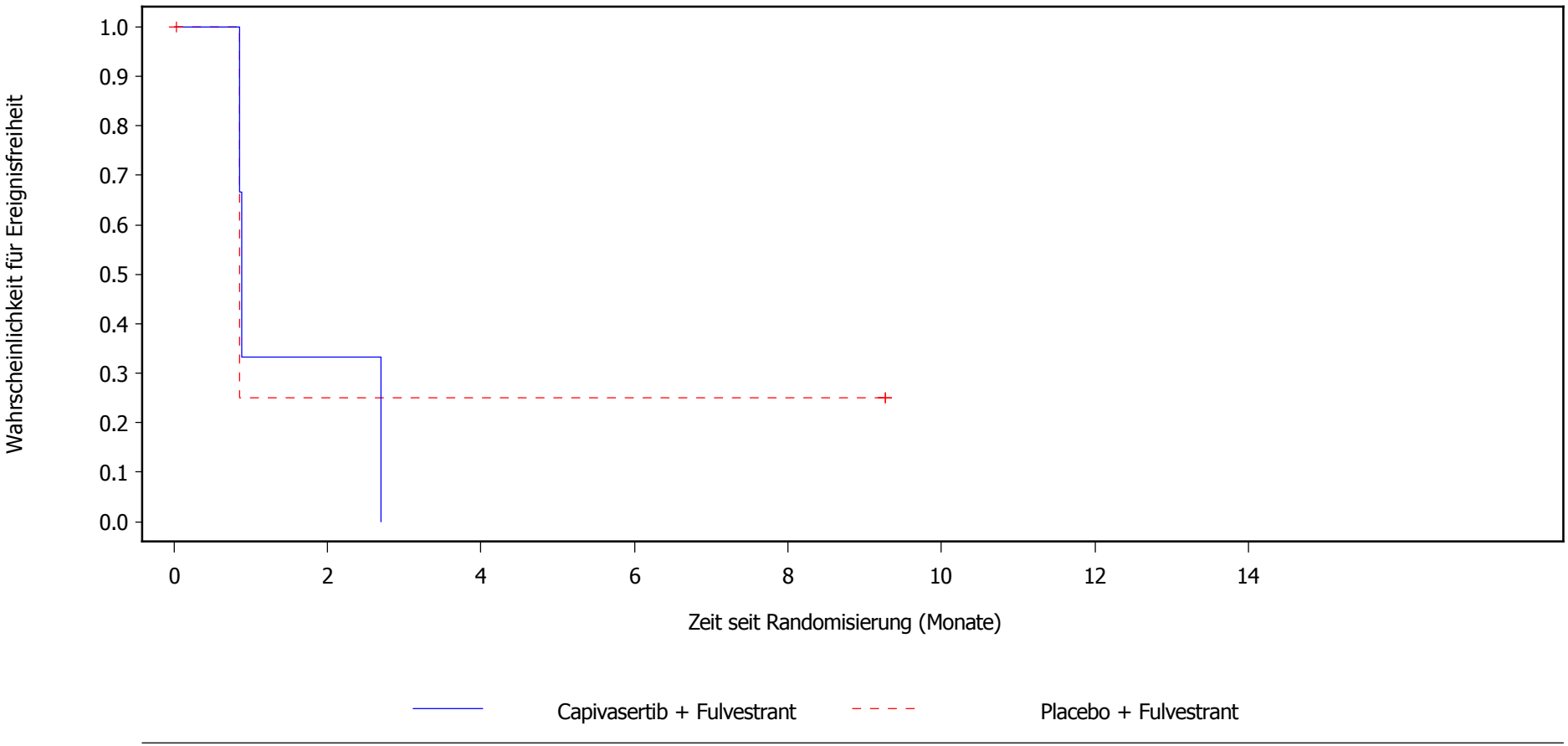


Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.7 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

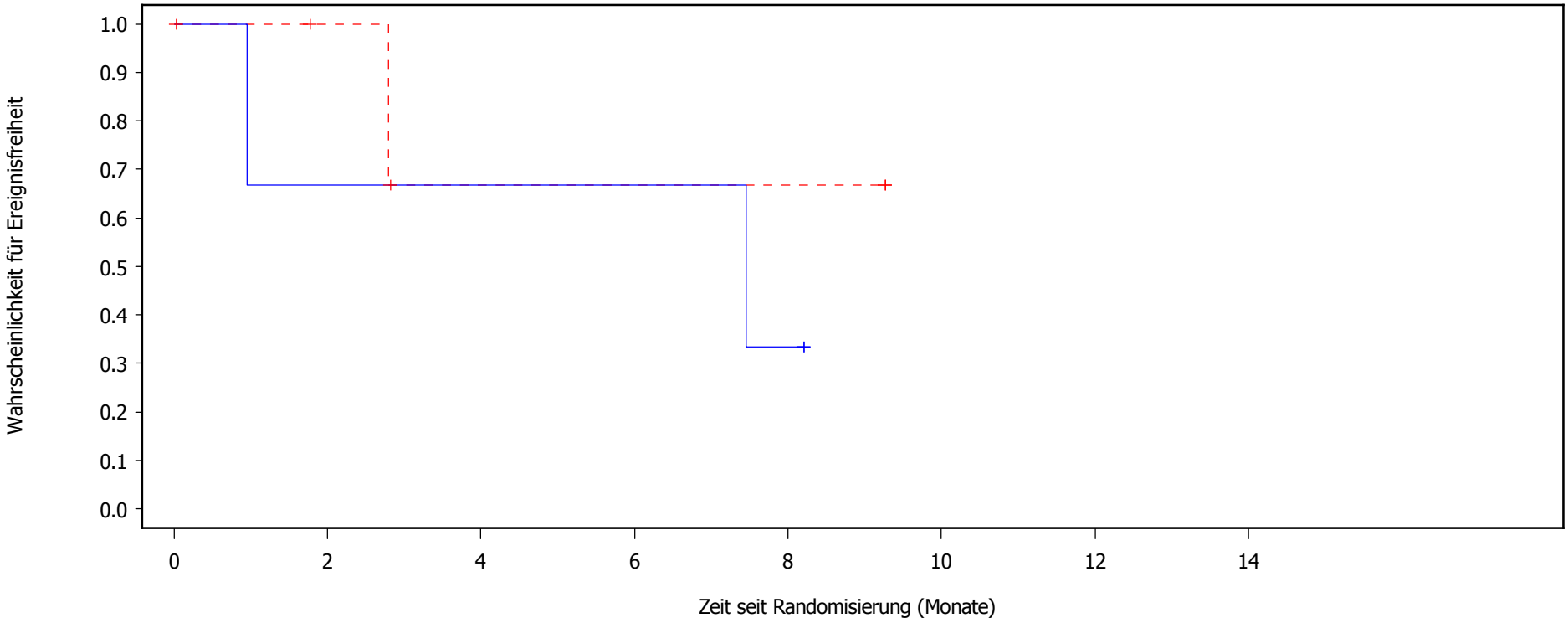


Anzahl an Patienten unter Risiko:

3	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.8 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

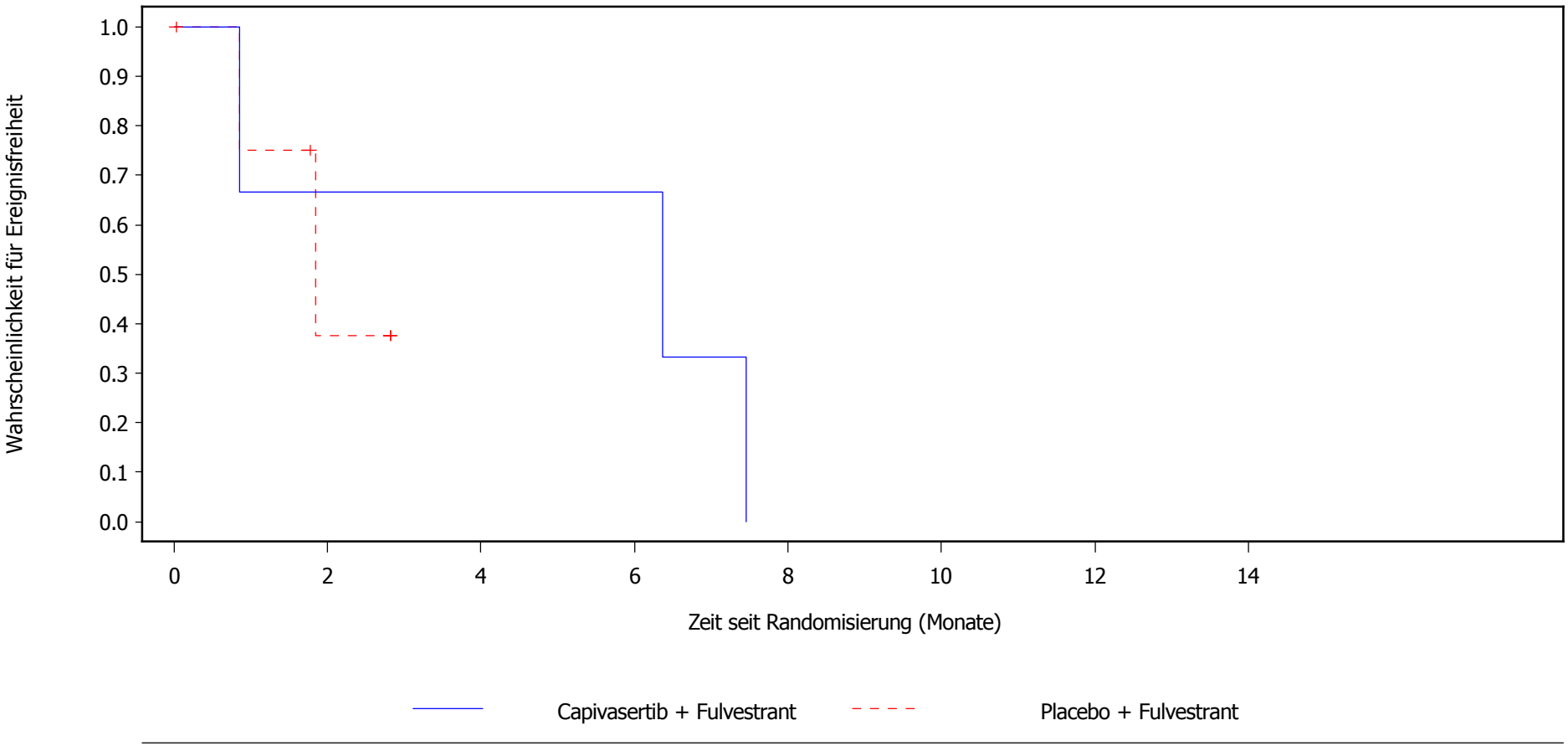


Anzahl an Patienten unter Risiko:

35	23	21	21	11	0	0	0	Capivasertib + Fulvestrant
35	23	11	11	11	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.9 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

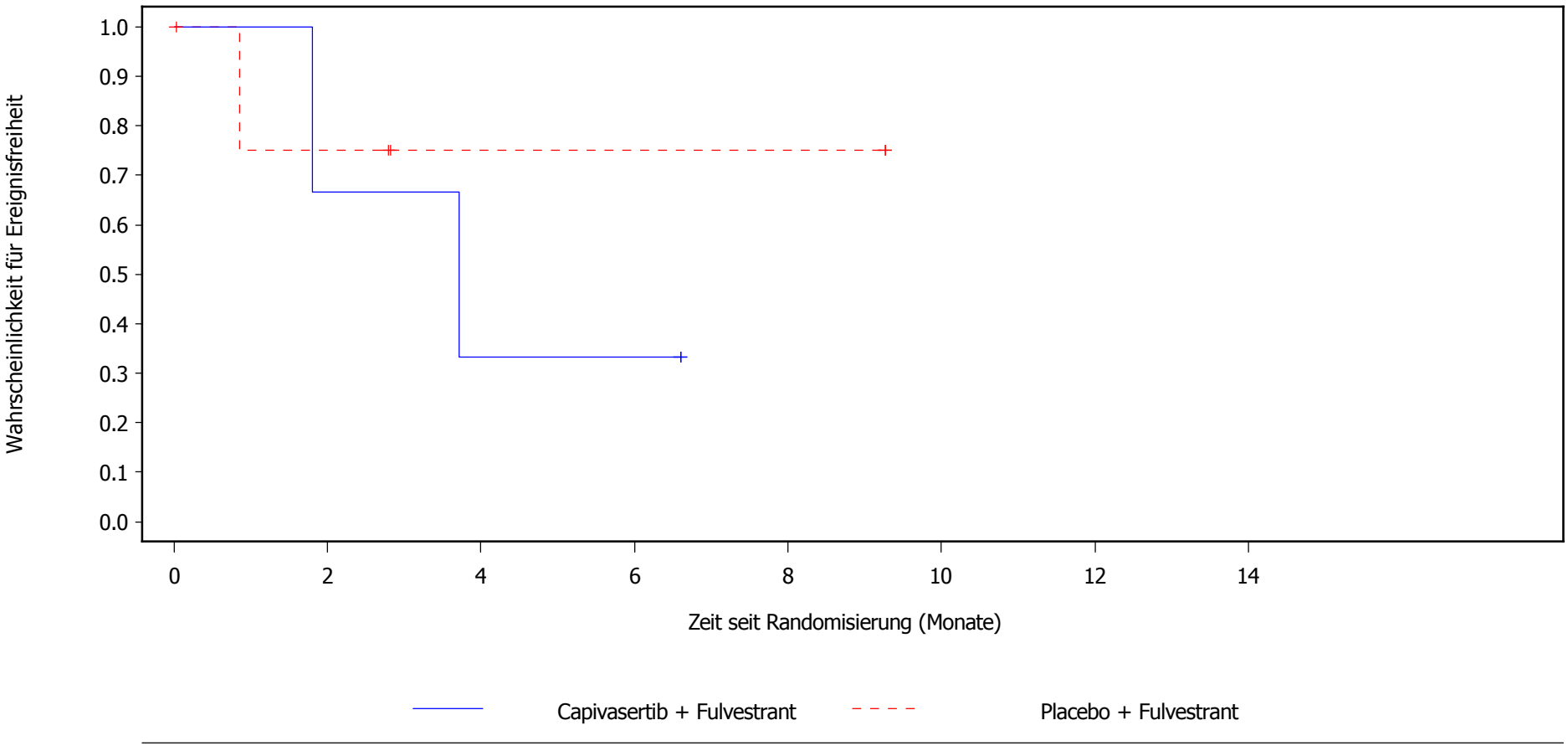


Anzahl an Patienten unter Risiko:

35	21	20	20	0	0	0	Capivasertib + Fulvestrant
				0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.10 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

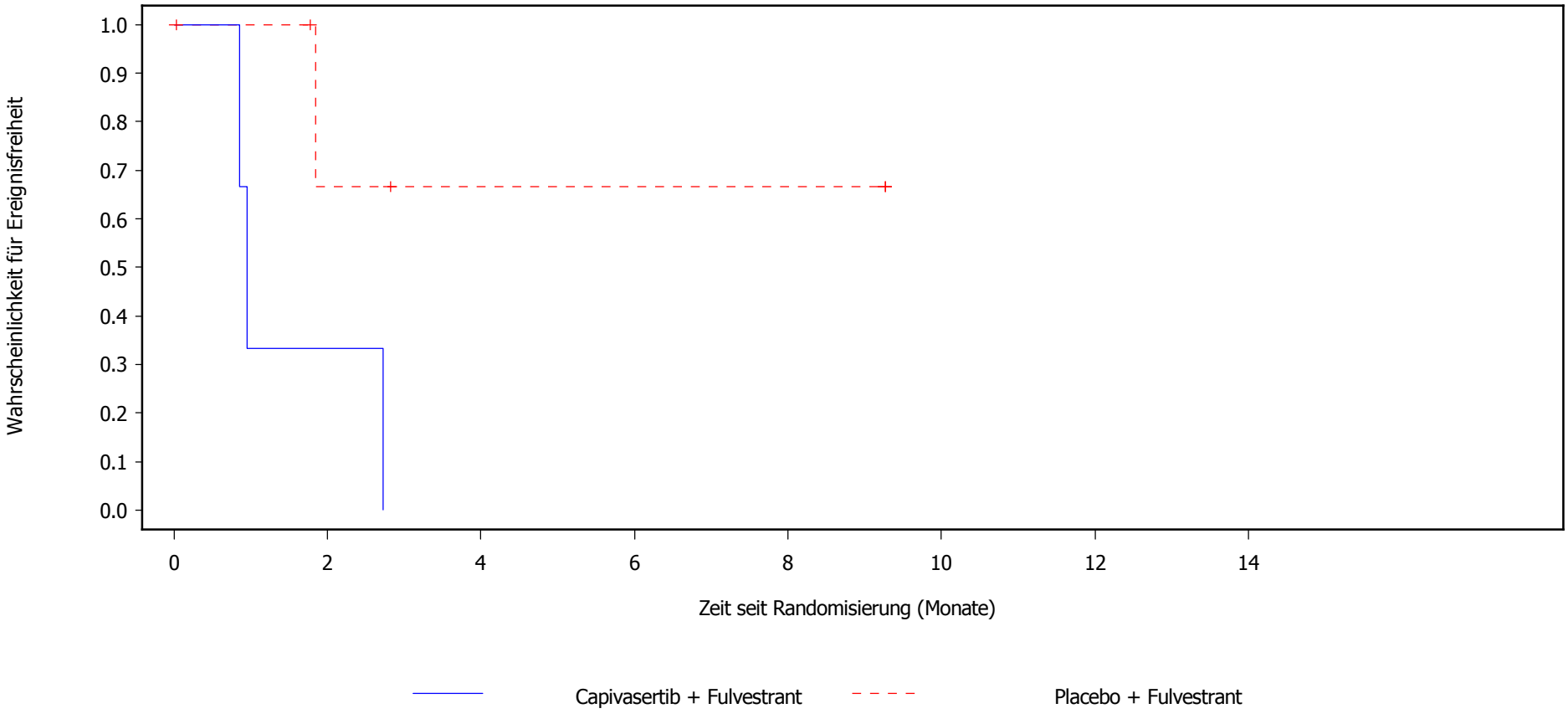


Anzahl an Patienten unter Risiko:

3	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.11 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Appetitverlust
Altered full analysis set DCO 08MAY2023

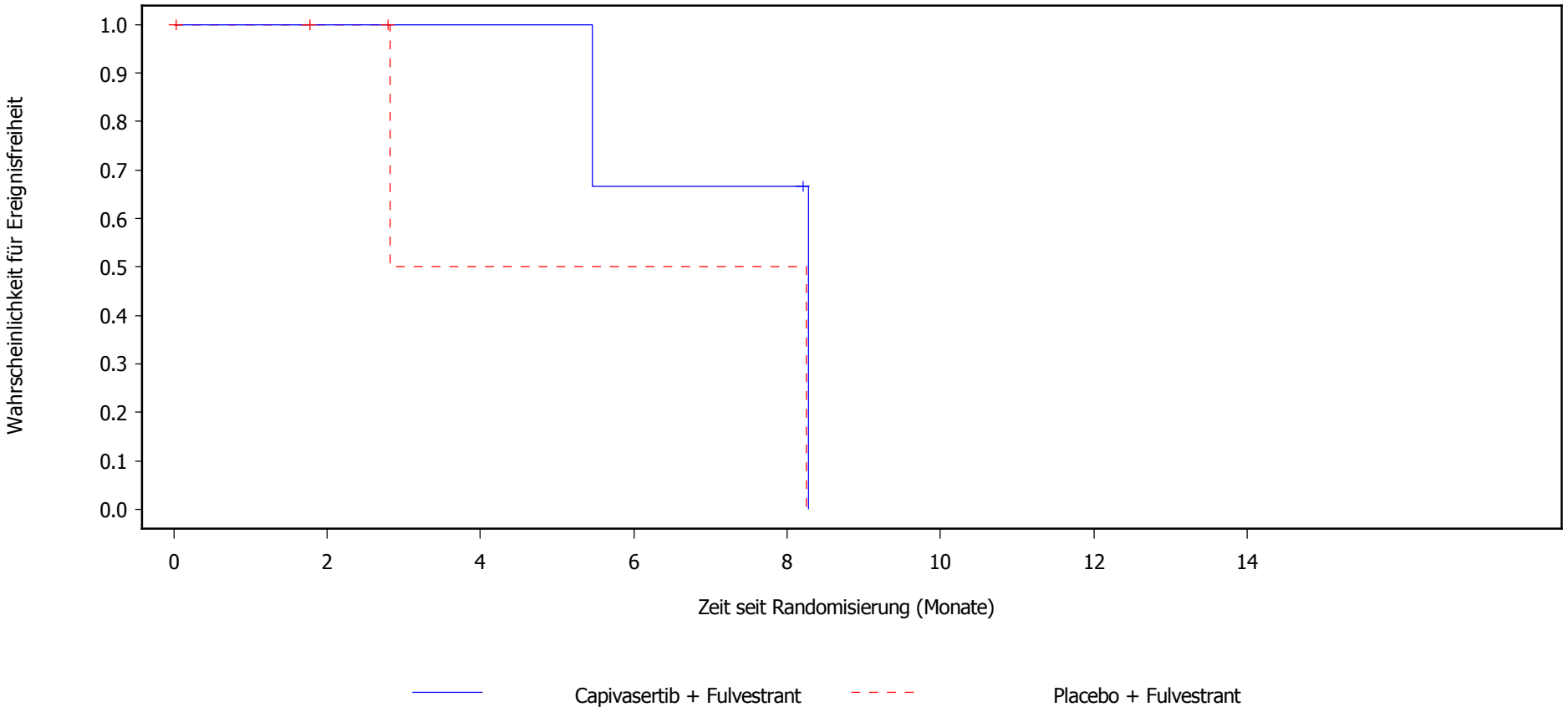


Anzahl an Patienten unter Risiko:

3	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.12 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

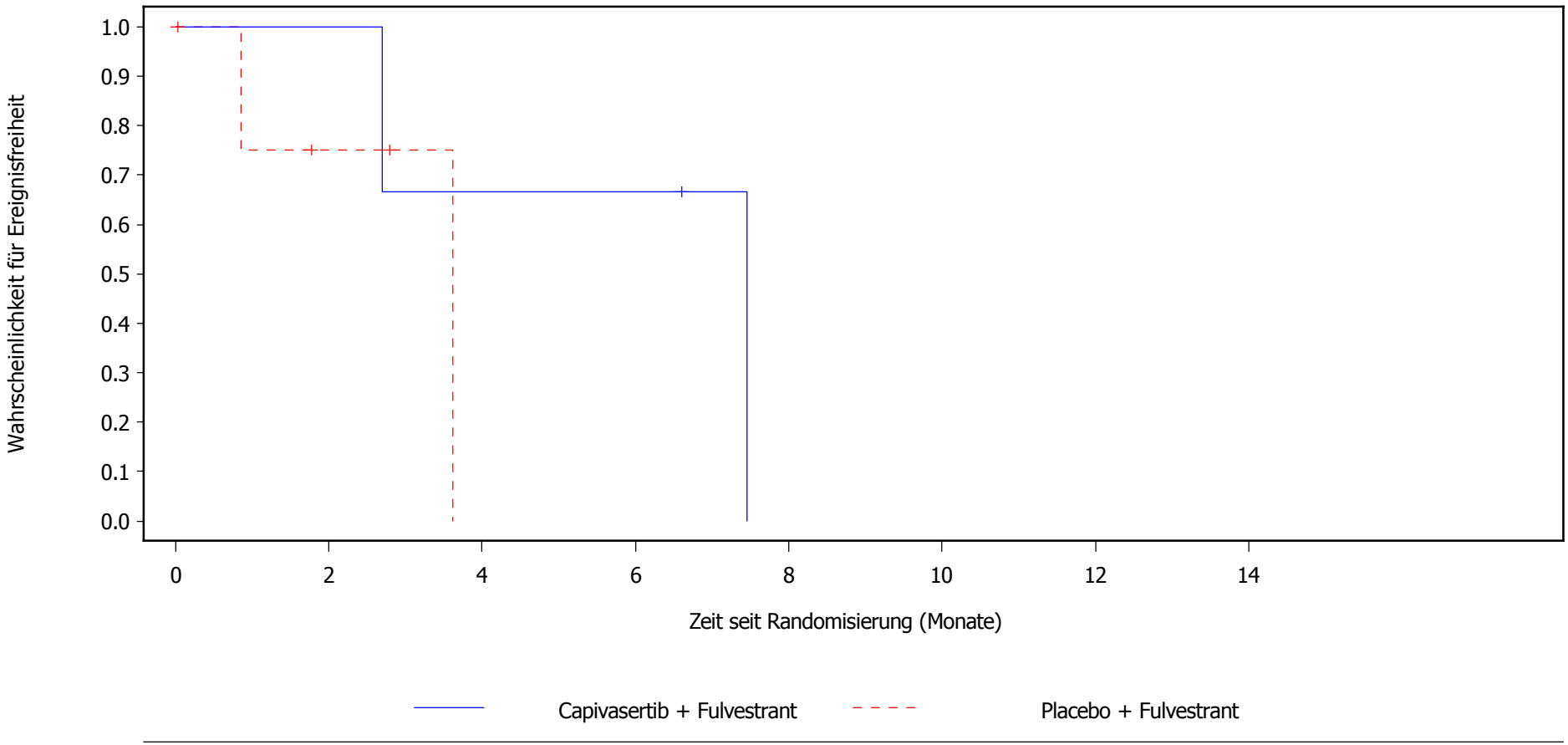


Anzahl an Patienten unter Risiko:

3	3	3	2	2	0	0	0	Capivasertib + Fulvestrant
5	3	1	1	1	0	0	0	Placebo + Fulvestrant

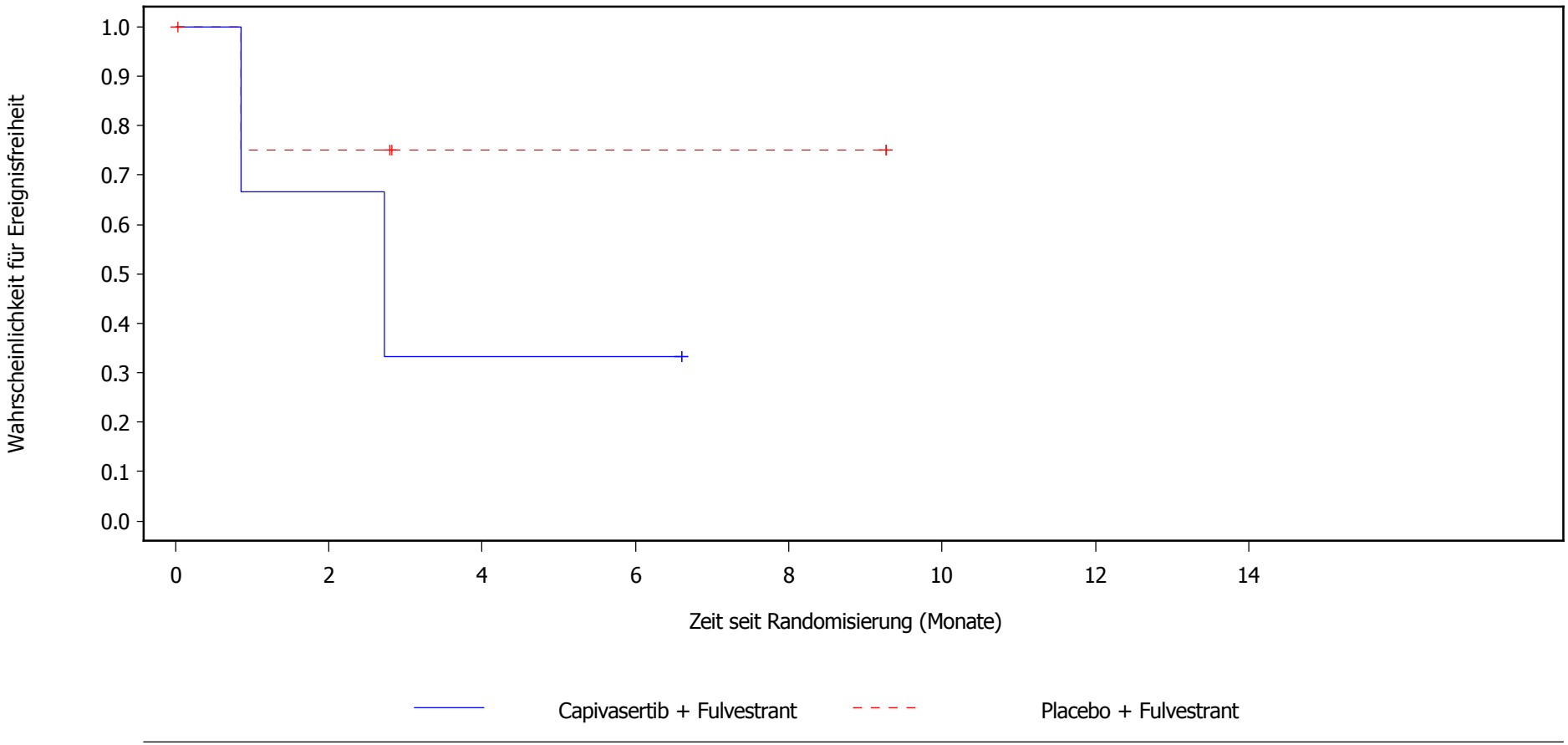
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.13 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023



Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.2.2.14 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.3.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild	13	6 (46,2)	4,6 [1,9; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,48	[0,47; 4,52]	0,4853
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	3,50	[0,44; 71,41]	0,2528
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven	13	3 (23,1)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,40	[0,09; 1,40]	0,1669
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	13	8 (61,5)	4,6 [1,1; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,51	[0,50; 4,75]	0,4531
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich	13	5 (38,5)	13,0 [1,9; NE]	18	2 (11,1)	NE [NE; NE]	2,51	[0,48; 18,26]	0,2800

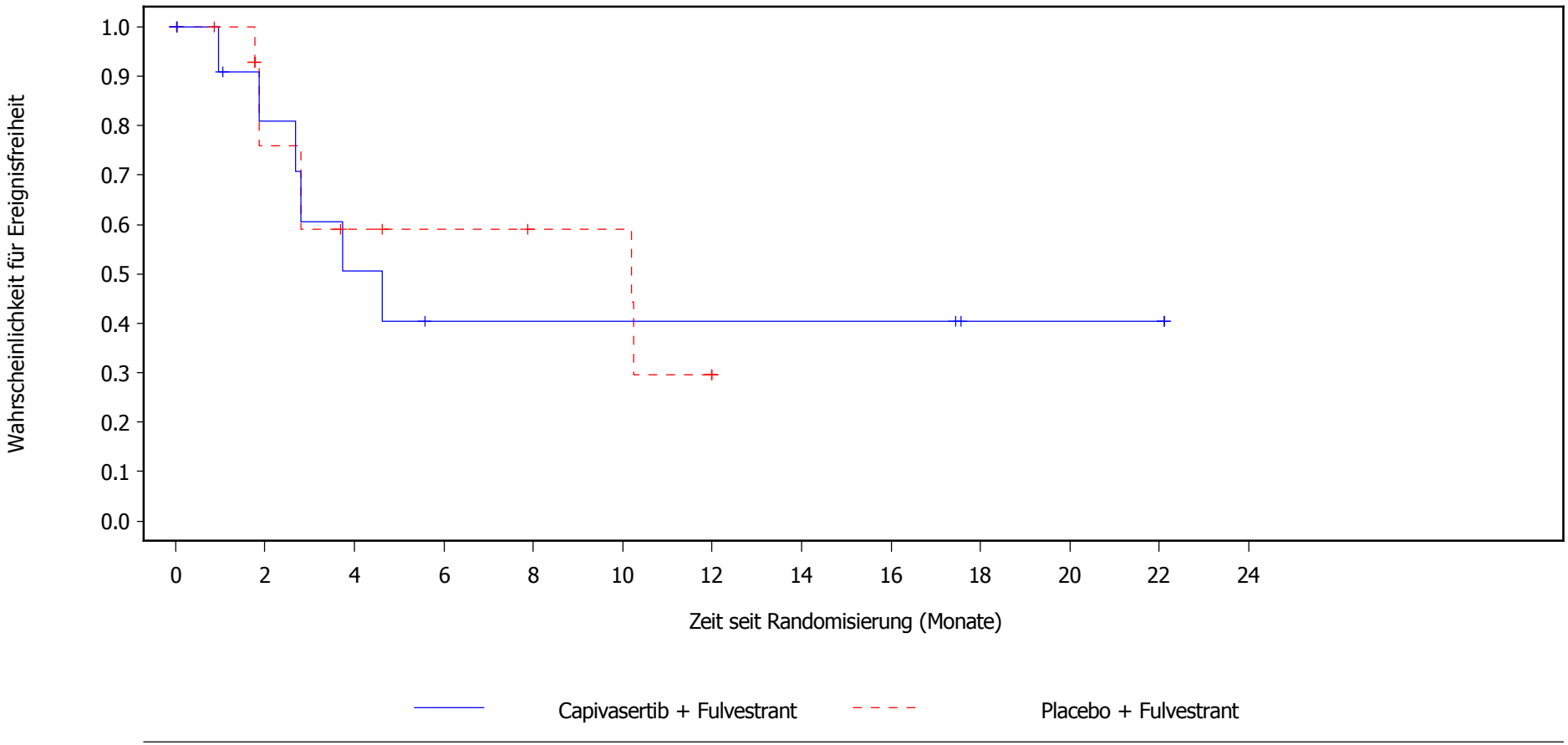
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.3.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich	13	7 (53,8)	4,7 [1,0; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,53	[0,51; 4,78]	0,4239
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,71	[0,03; 18,37]	0,8084

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.3.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

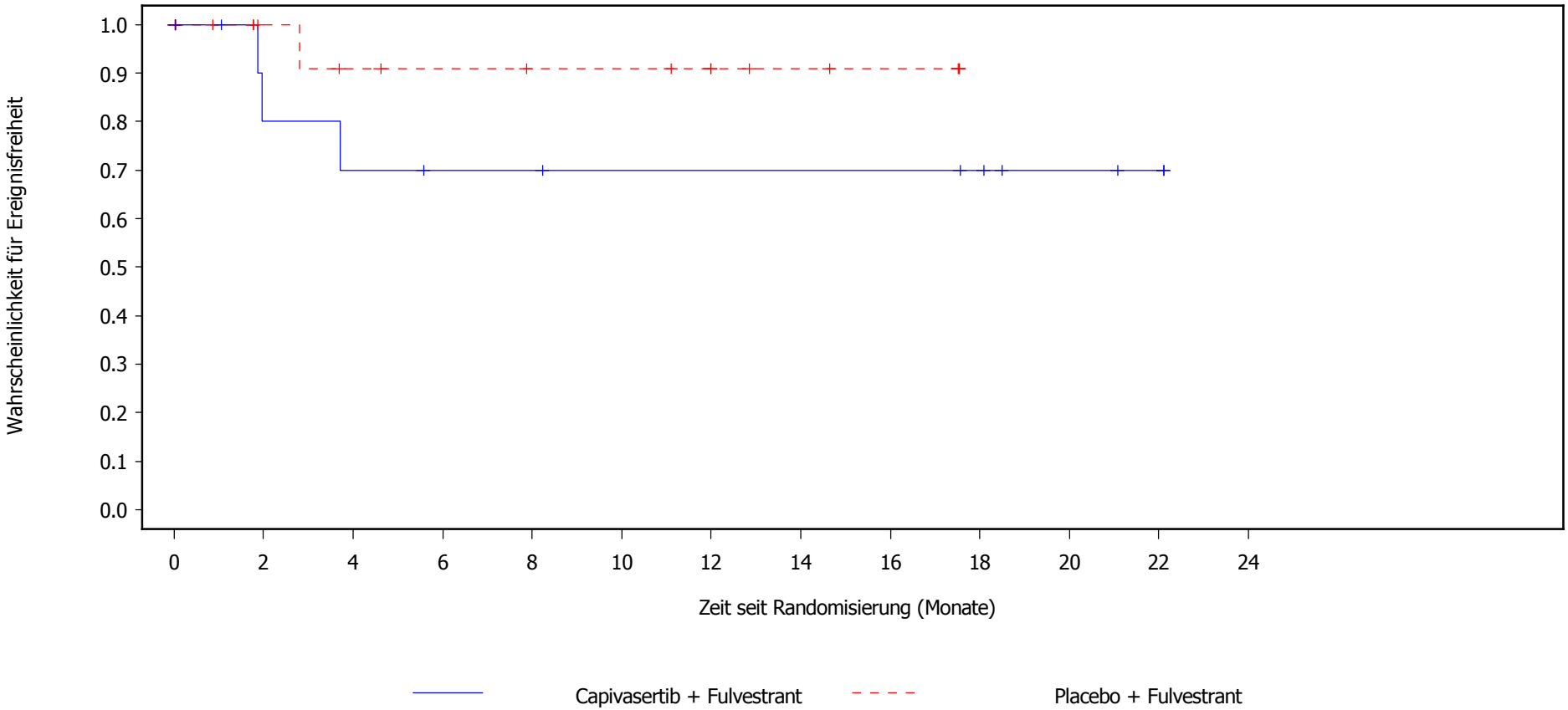


Anzahl an Patienten unter Risiko:

13	8	5	3	3	3	3	3	3	1	1	1	0	Capivasertib + Fulvestrant
18	9	6	5	4	4	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.2 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

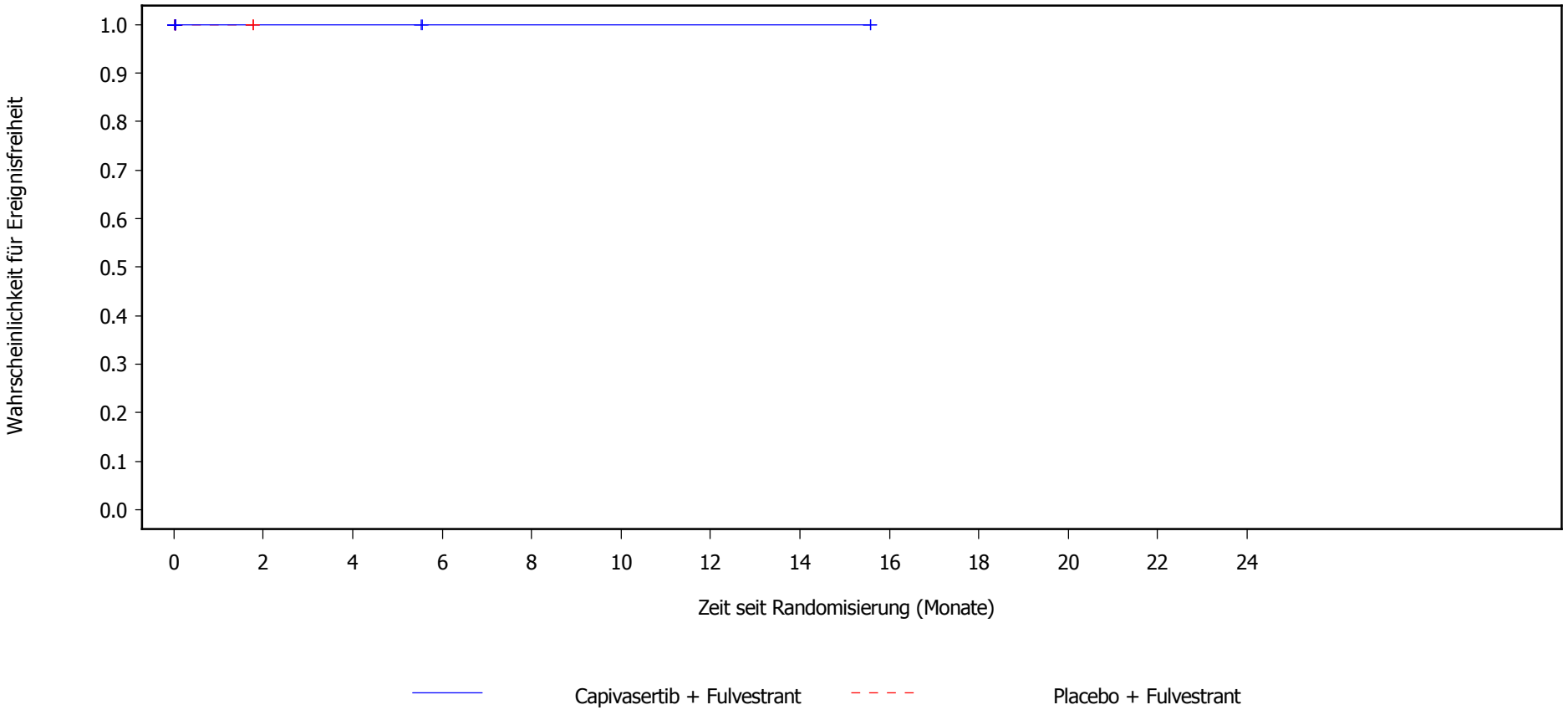


Anzahl an Patienten unter Risiko:

13	8	7	6	6	5	5	5	5	4	2	1	0	Capivasertib + Fulvestrant
18	11	9	8	7	7	4	3	2	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.3 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

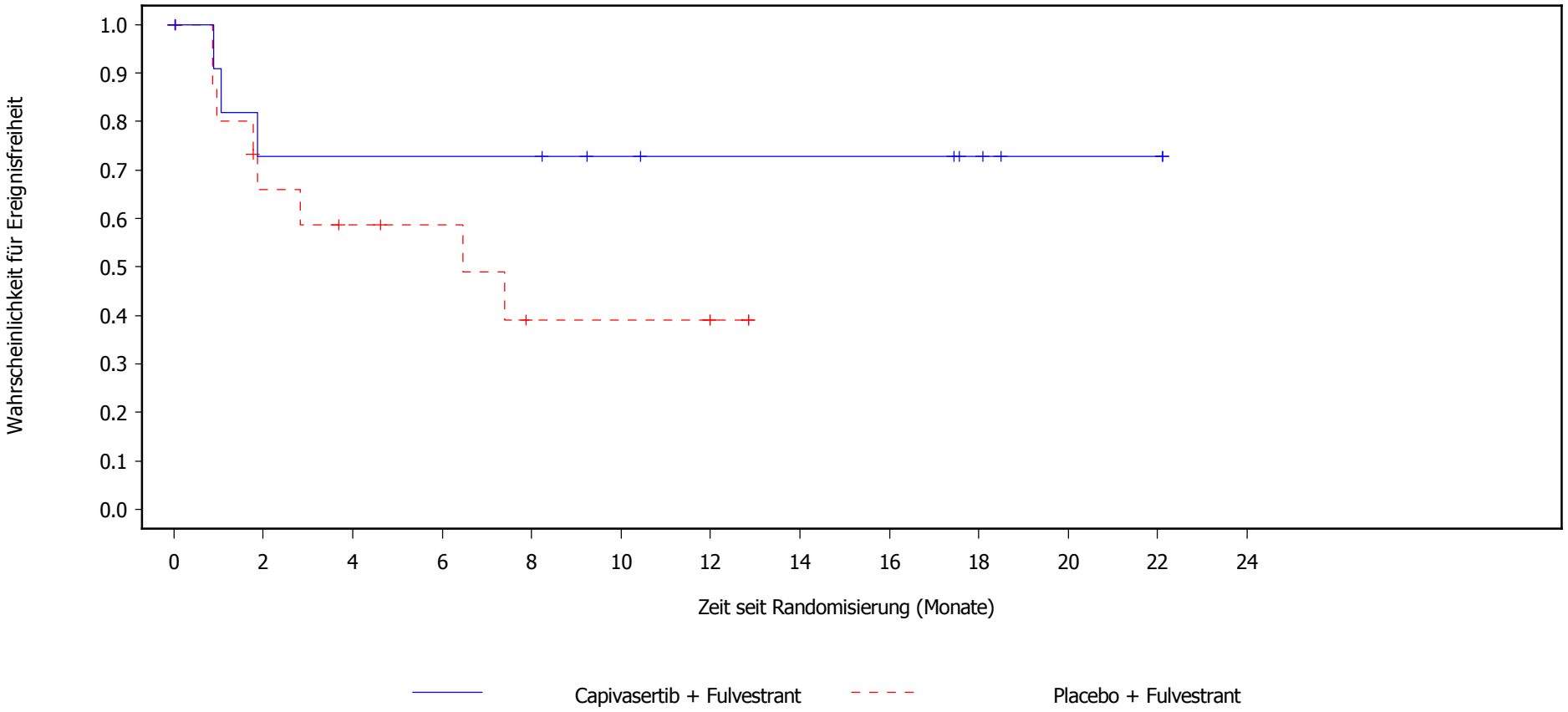


Anzahl an Patienten unter Risiko:

13	3	3	1	1	1	1	1	0	0	0	0	0	Capivasertib + Fulvestrant
18	0	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.4 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

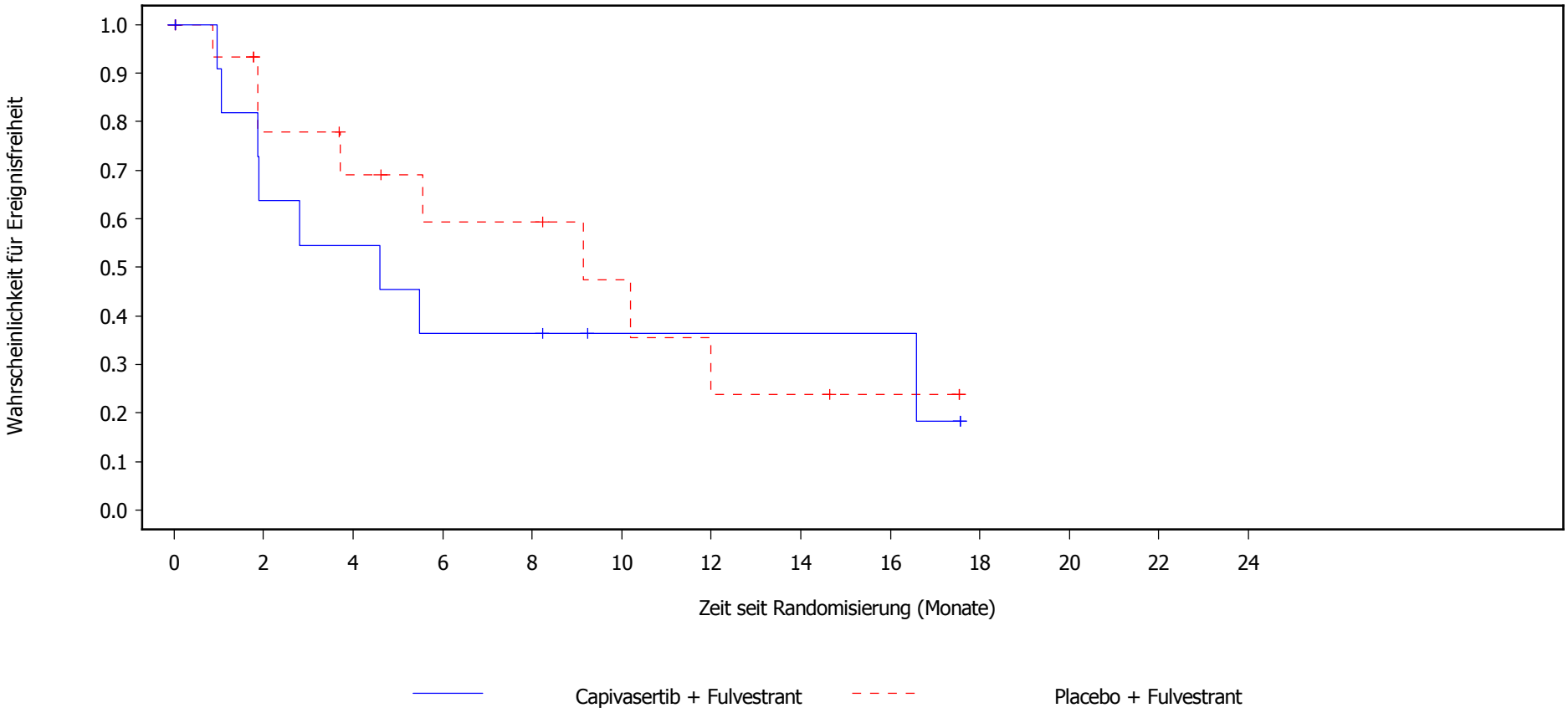


Anzahl an Patienten unter Risiko:

13	8	8	8	8	6	5	5	5	3	1	1	0	Capivasertib + Fulvestrant
18	9	7	6	3	3	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.5 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

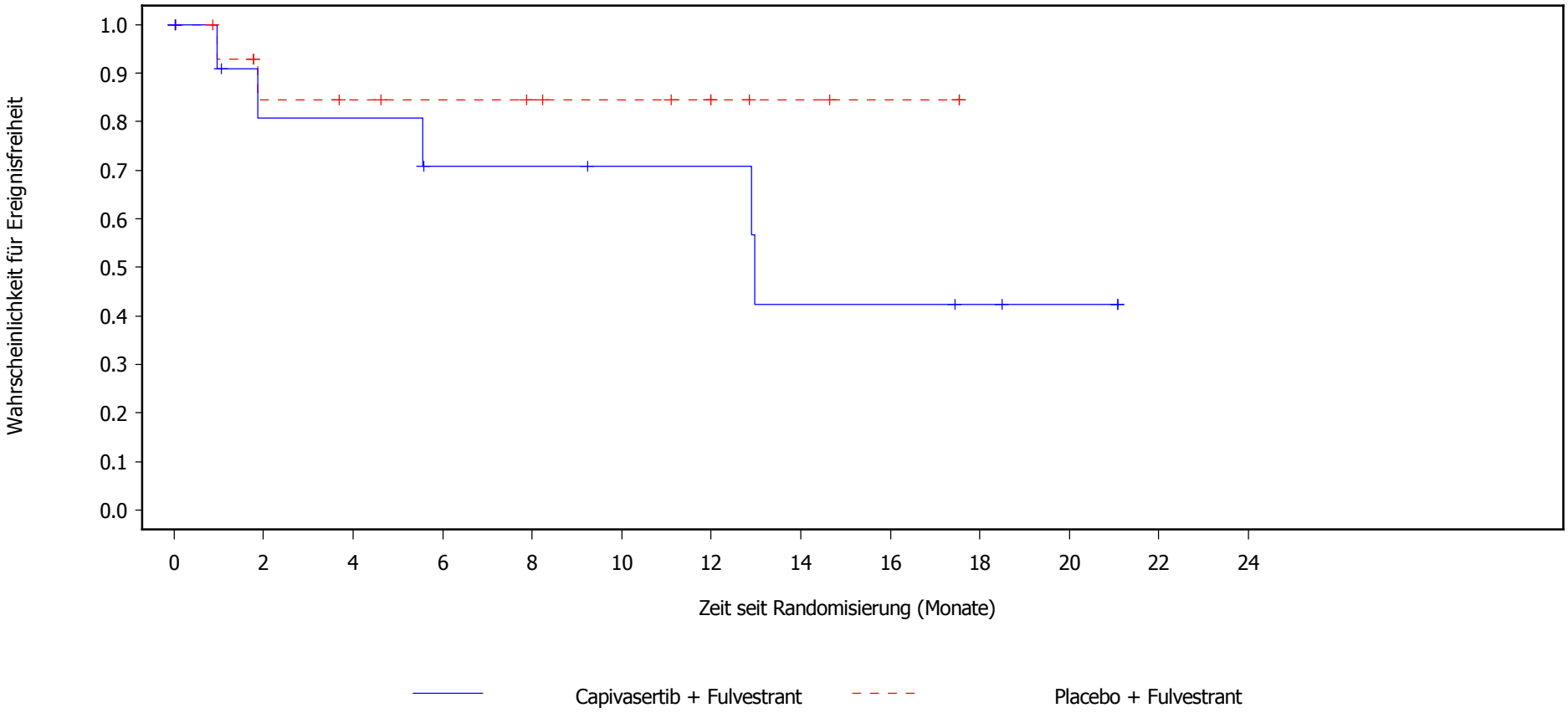


Anzahl an Patienten unter Risiko:

13	7	6	4	4	2	2	2	2	0	0	0	0	Capivasertib + Fulvestrant
18	10	8	6	6	4	2	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.6 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

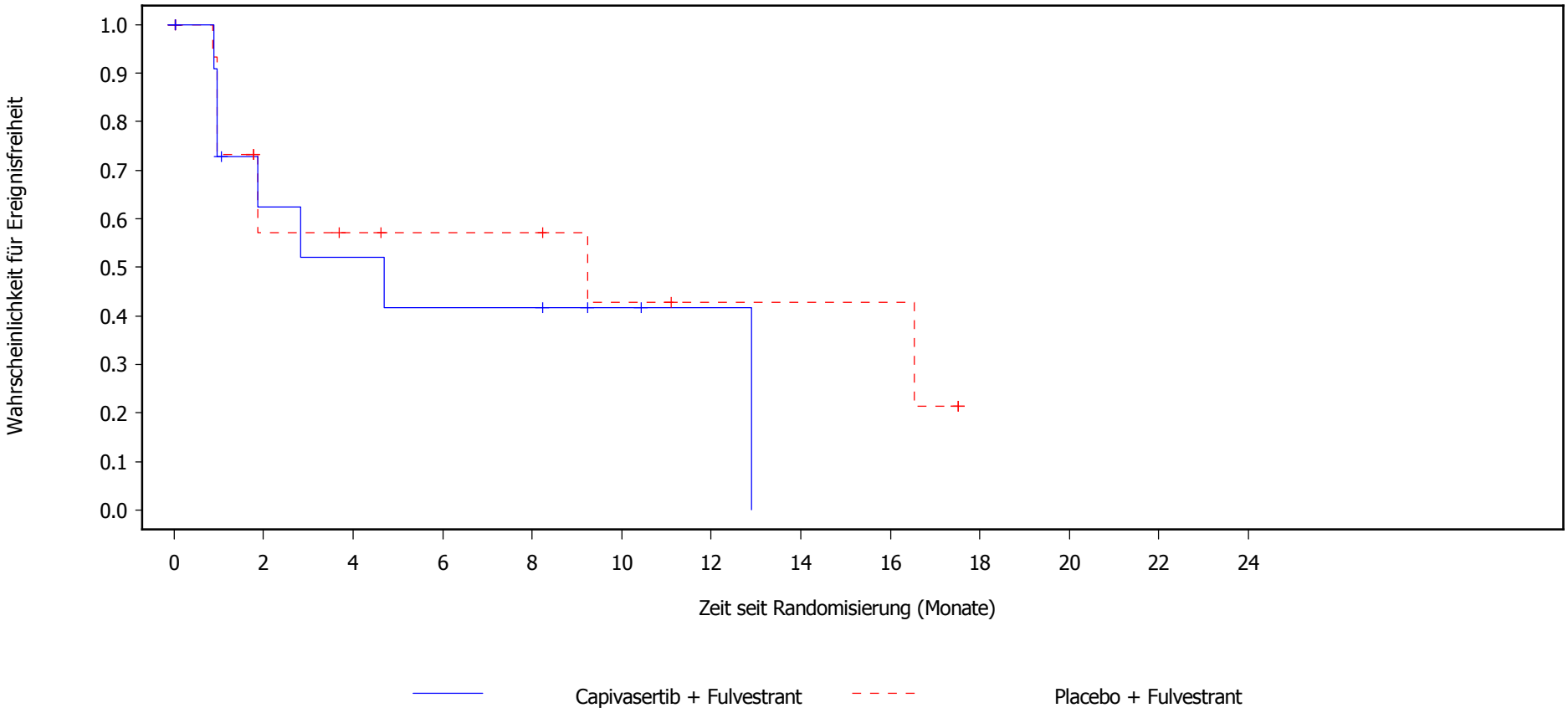


Anzahl an Patienten unter Risiko:

13	8	8	6	6	5	5	3	3	2	1	0	0	Capivasertib + Fulvestrant
18	10	9	8	7	6	3	2	1	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.7 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

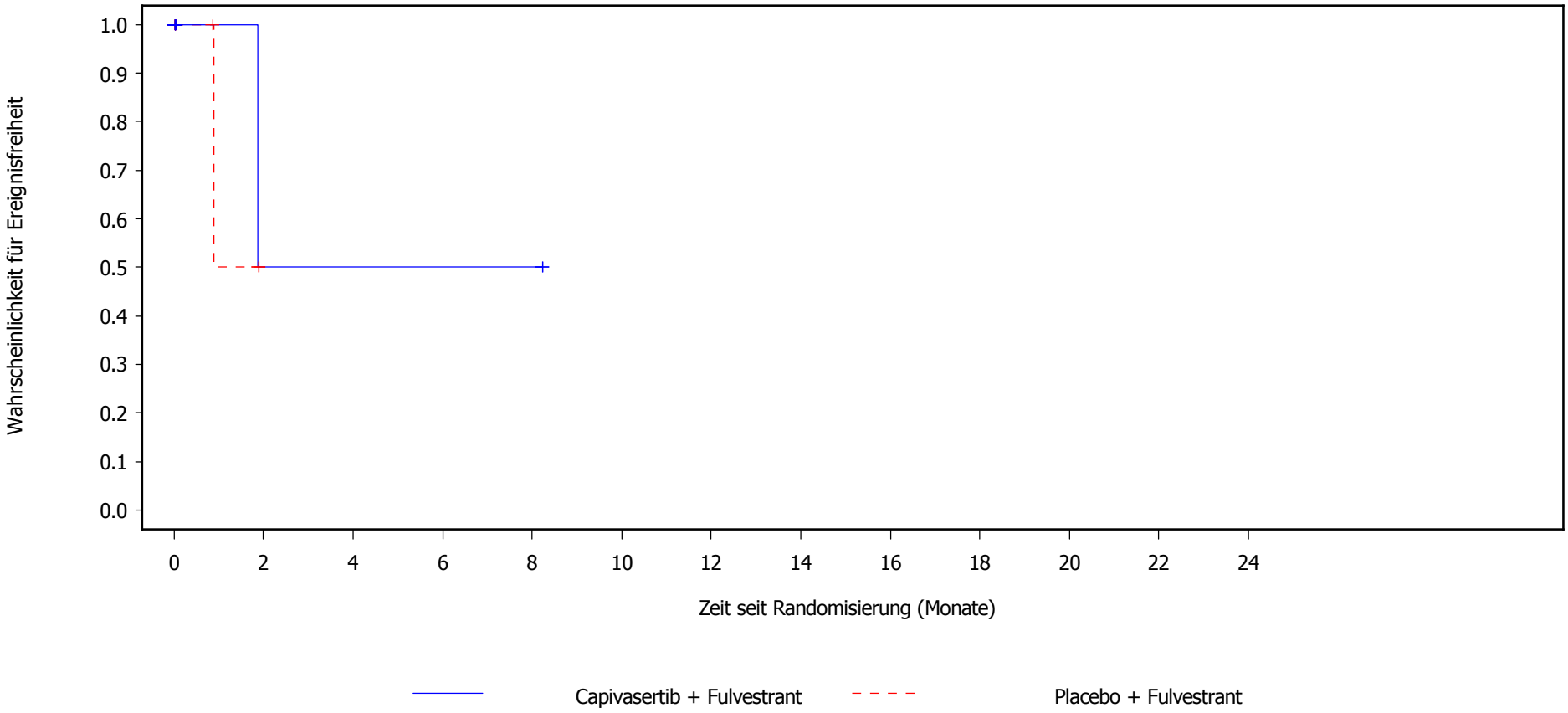


Anzahl an Patienten unter Risiko:

13	6	5	4	4	2	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	7	6	5	5	3	2	2	2	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.3.2.8 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	1	1	1	1	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	0	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.4.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	0,78	[0,04; 8,37]	1,0000
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	0,78	[0,04; 8,37]	1,0000
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	NC	NC
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	0,62	[0,03; 6,63]	0,6949

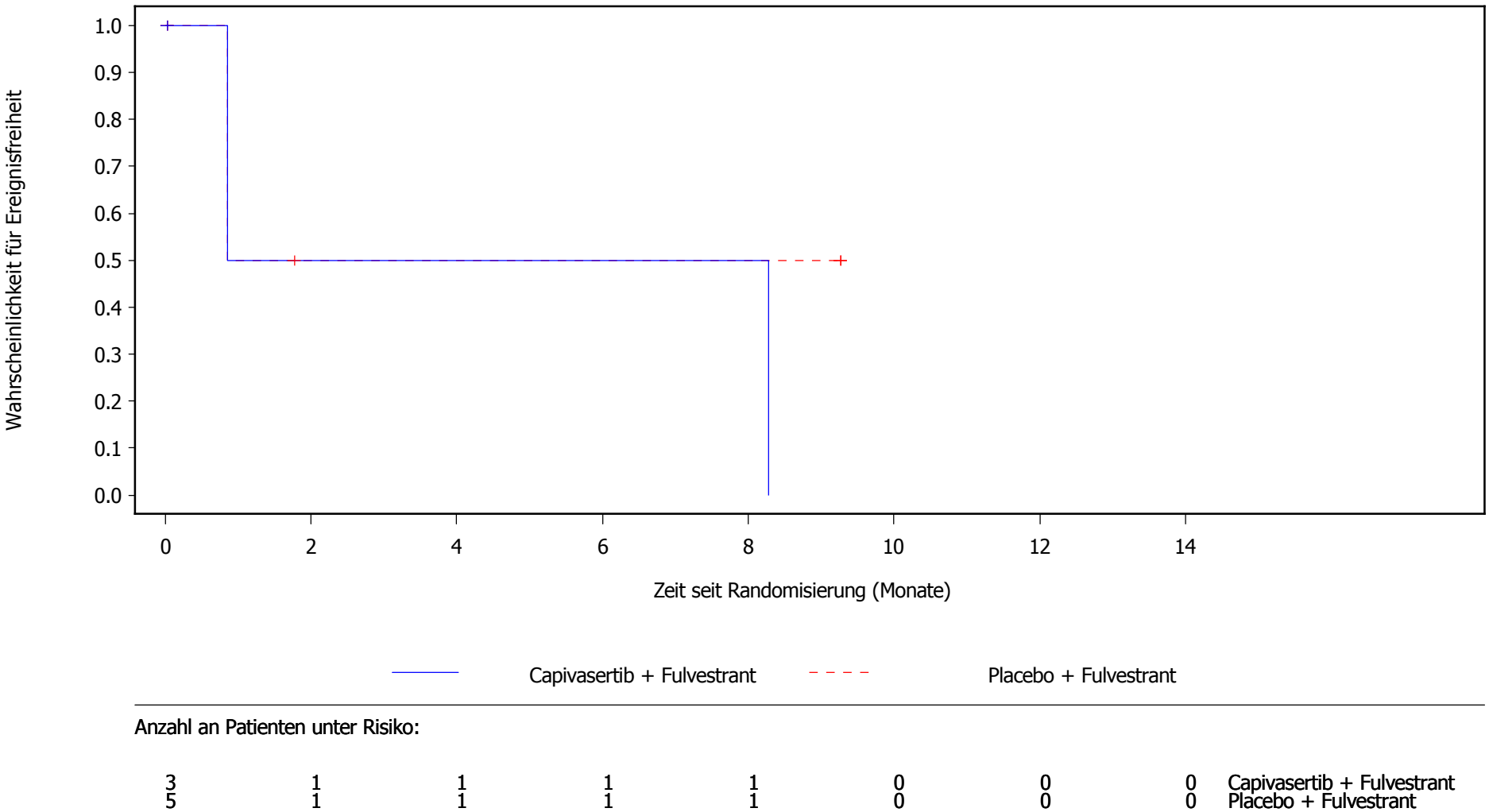
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 2.3.4.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	2,00	[0,08; 50,53]	0,6171
Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC

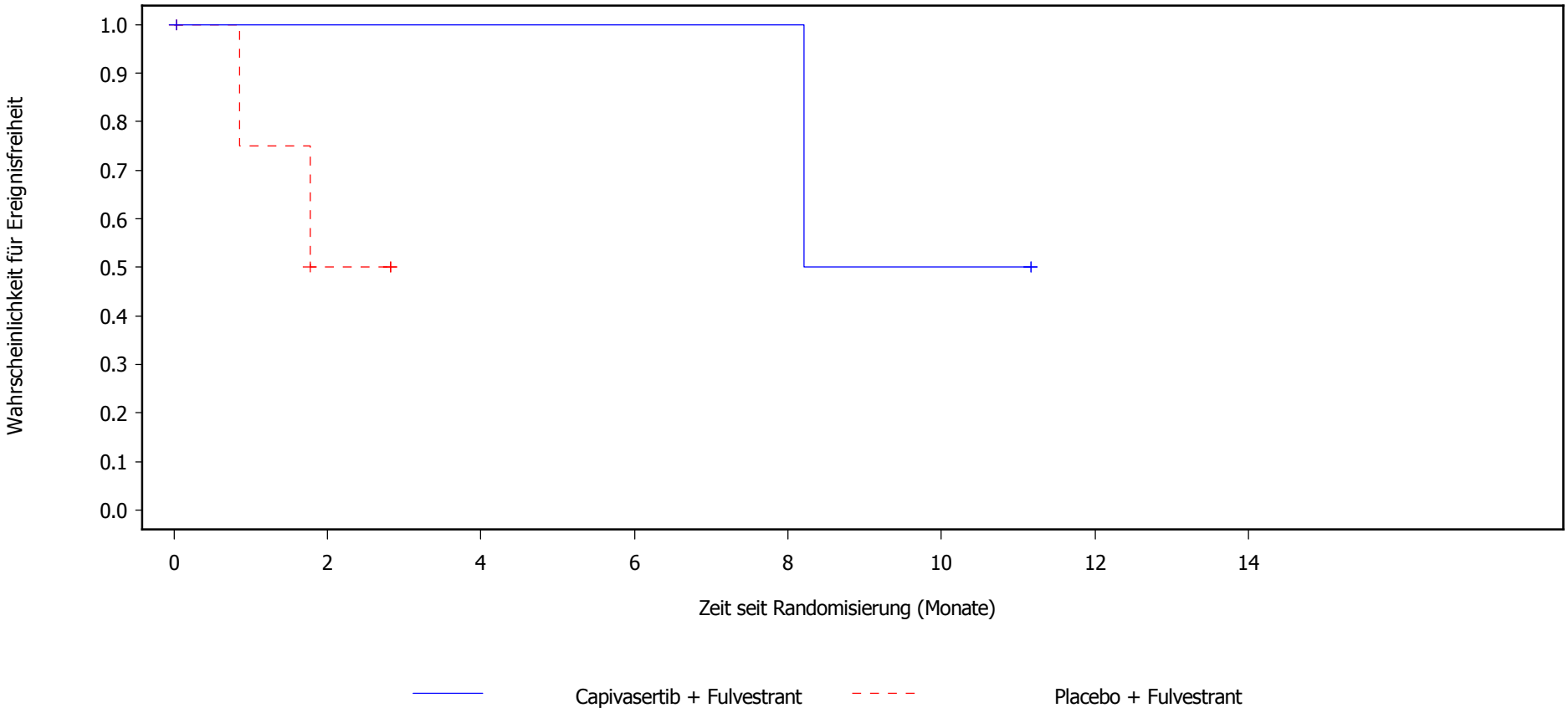
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.4.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023



Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.2 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

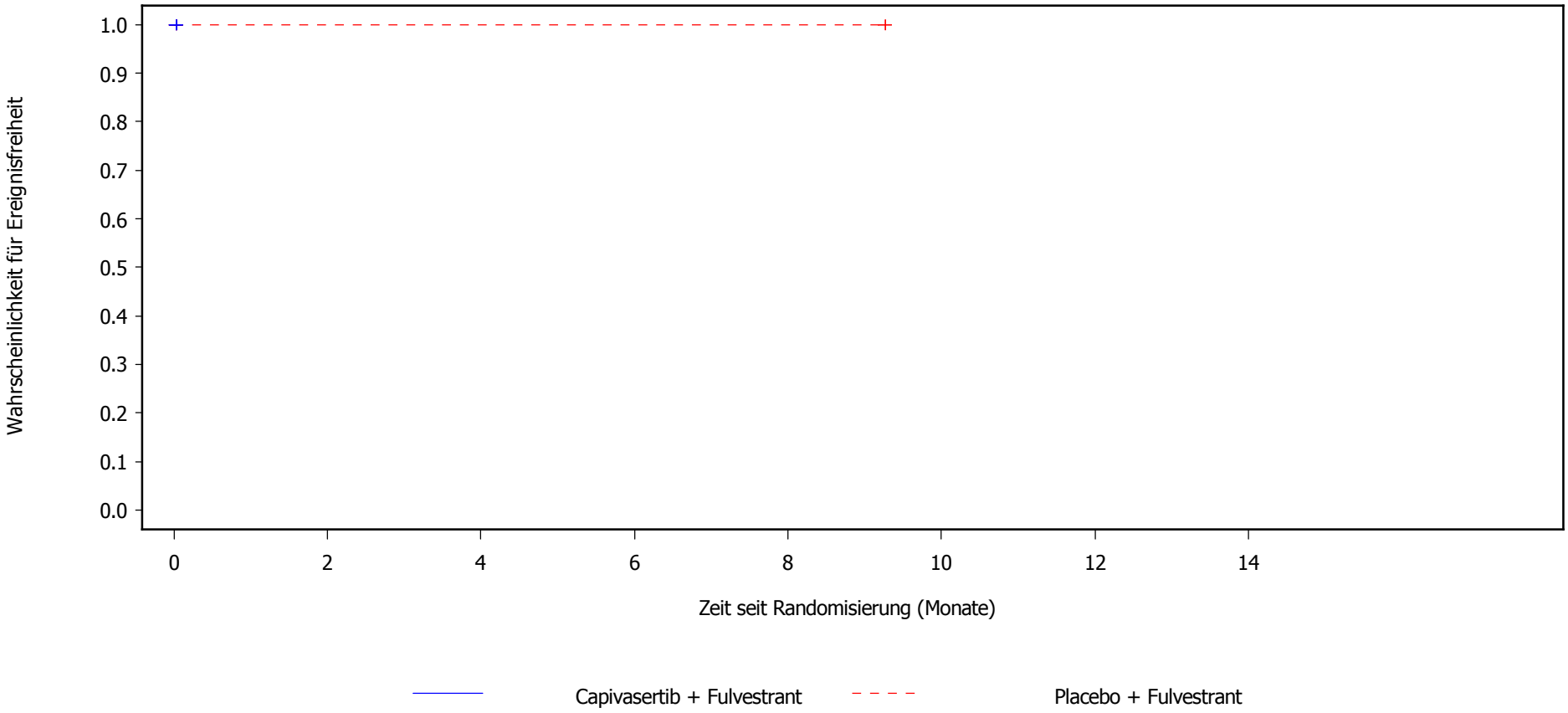


Anzahl an Patienten unter Risiko:

35	21	20	20	20	10	0	0	Capivasertib + Fulvestrant
								Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.3 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 08MAY2023

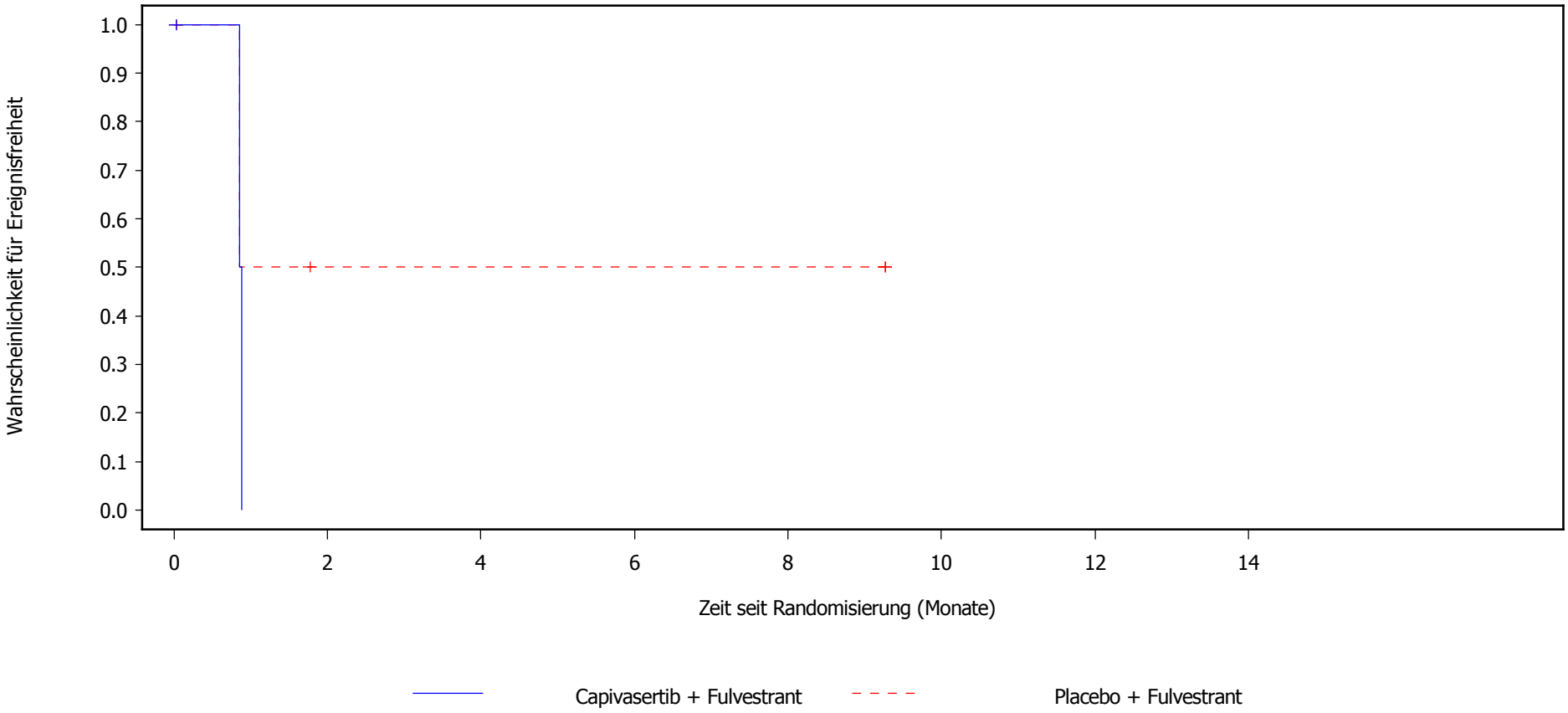


Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.4 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

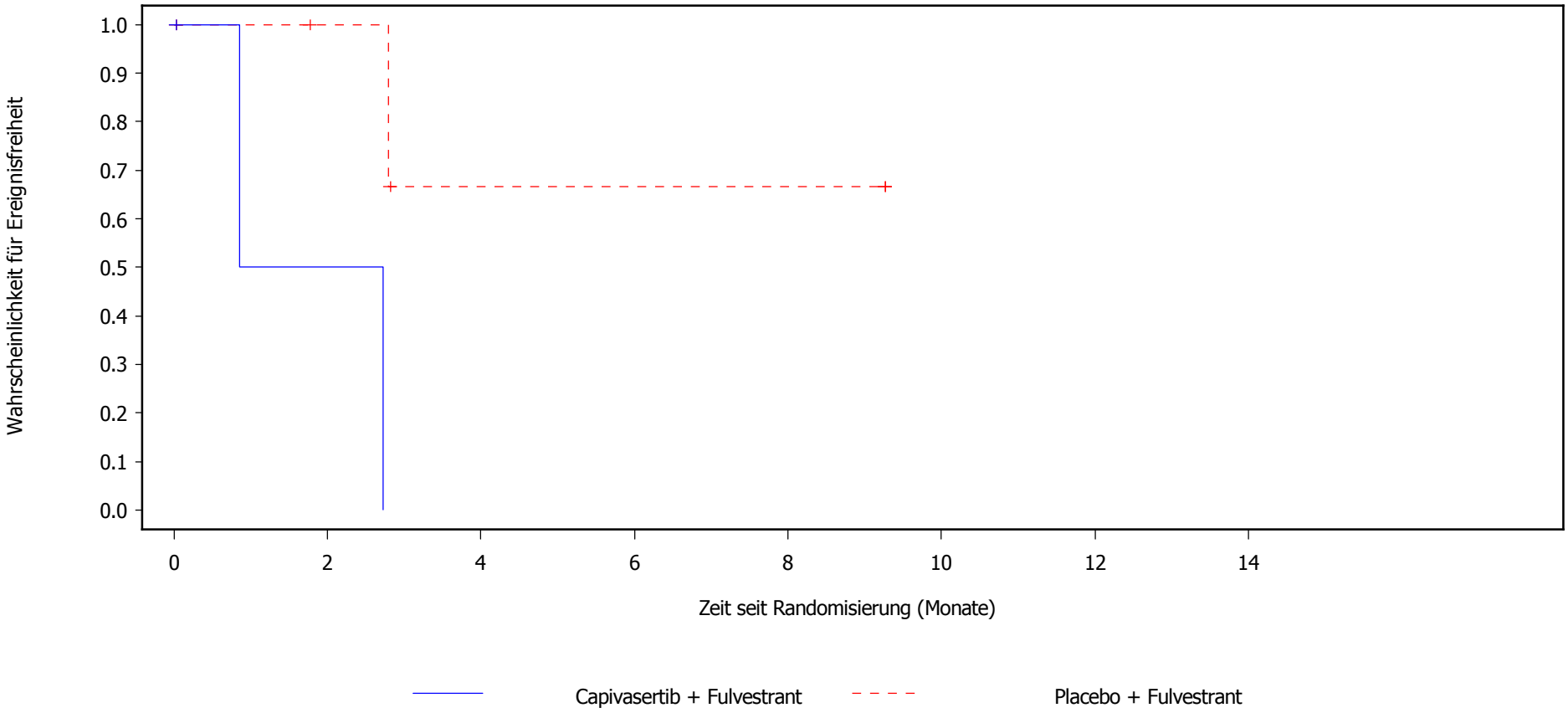


Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.5 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

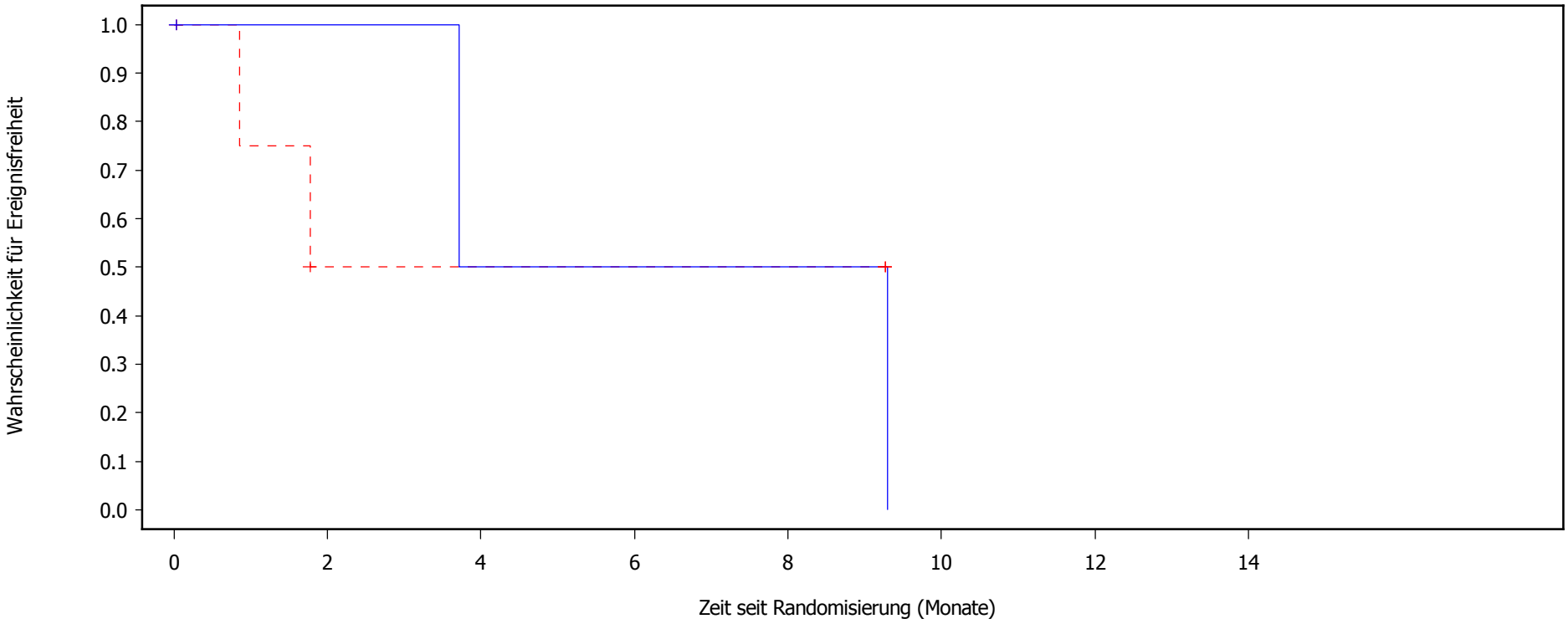


Anzahl an Patienten unter Risiko:

3	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	3	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.6 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

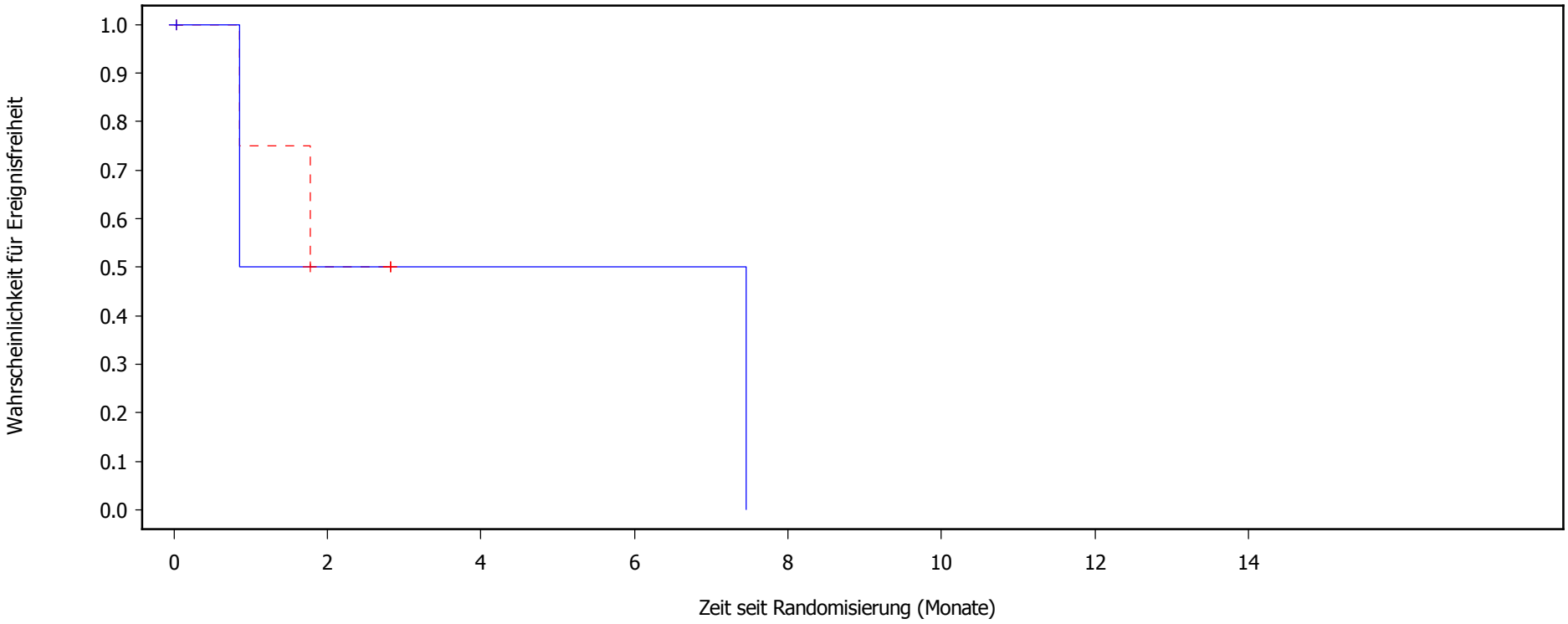


Anzahl an Patienten unter Risiko:

3	2	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.7 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

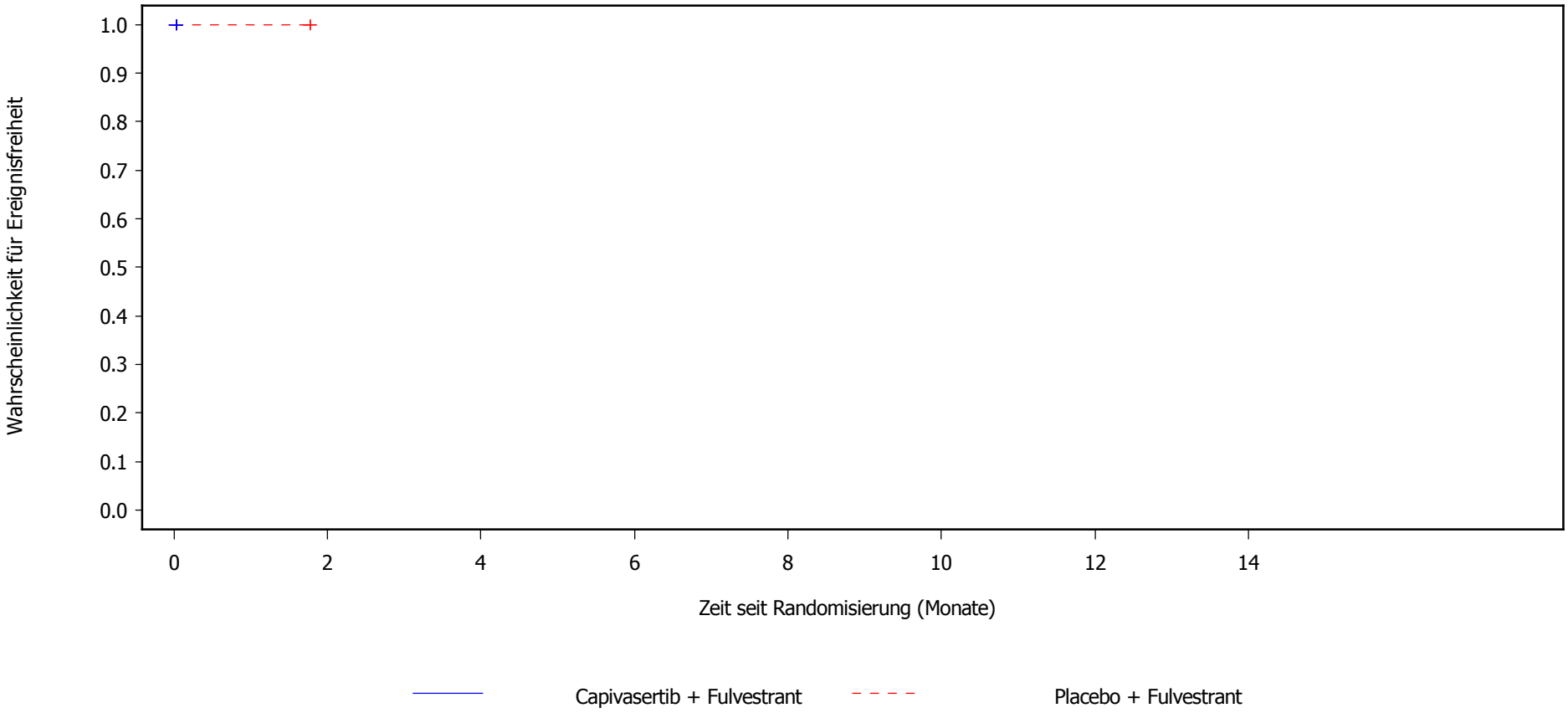


Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	0	Capivasertib + Fulvestrant
5	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.4.2.8 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	0	0	0	0	0	0	0	Placebo + Fulvestrant

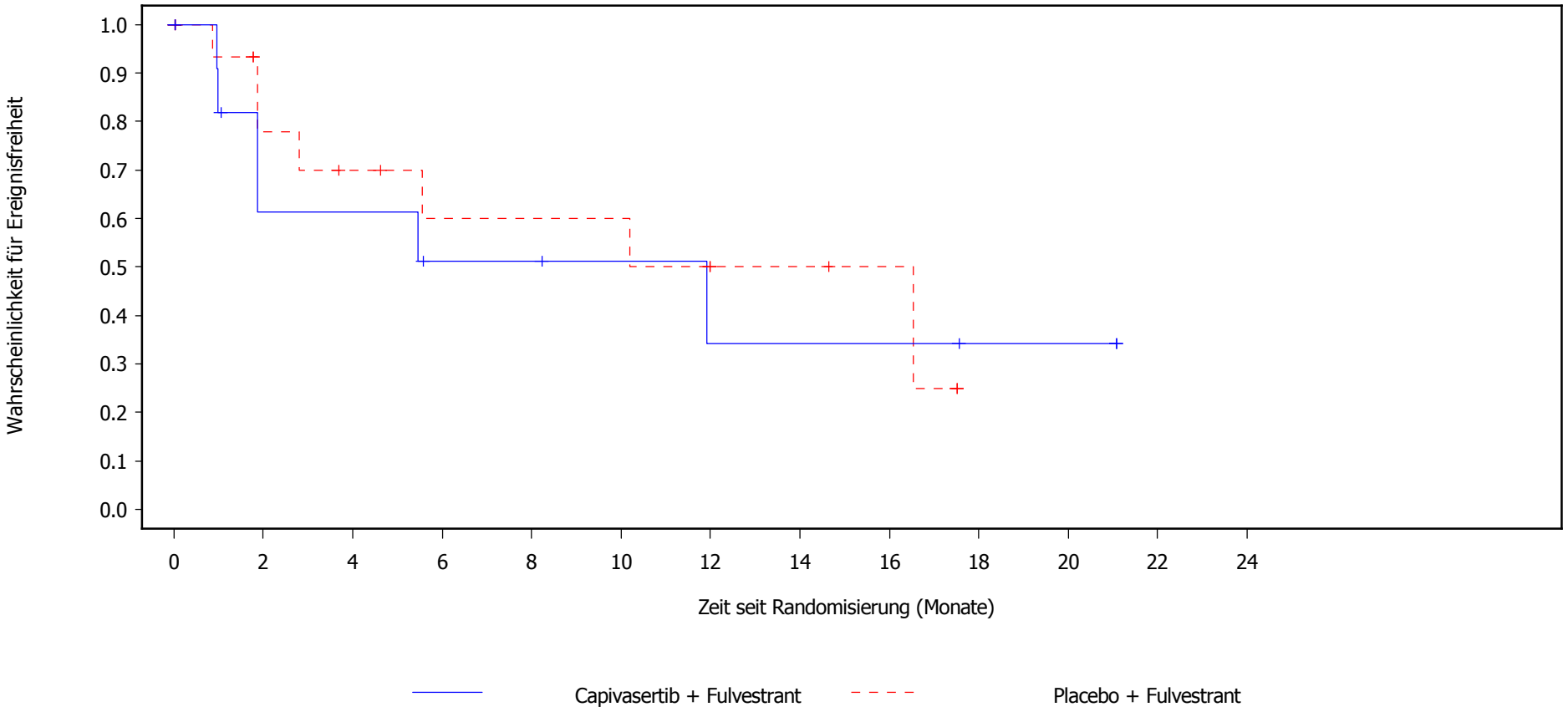
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.5.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in EQ-5D-5L Visual analogue scale
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,40	[0,43; 4,35]	0,5937
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,40	[0,43; 4,35]	0,5937

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.5.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

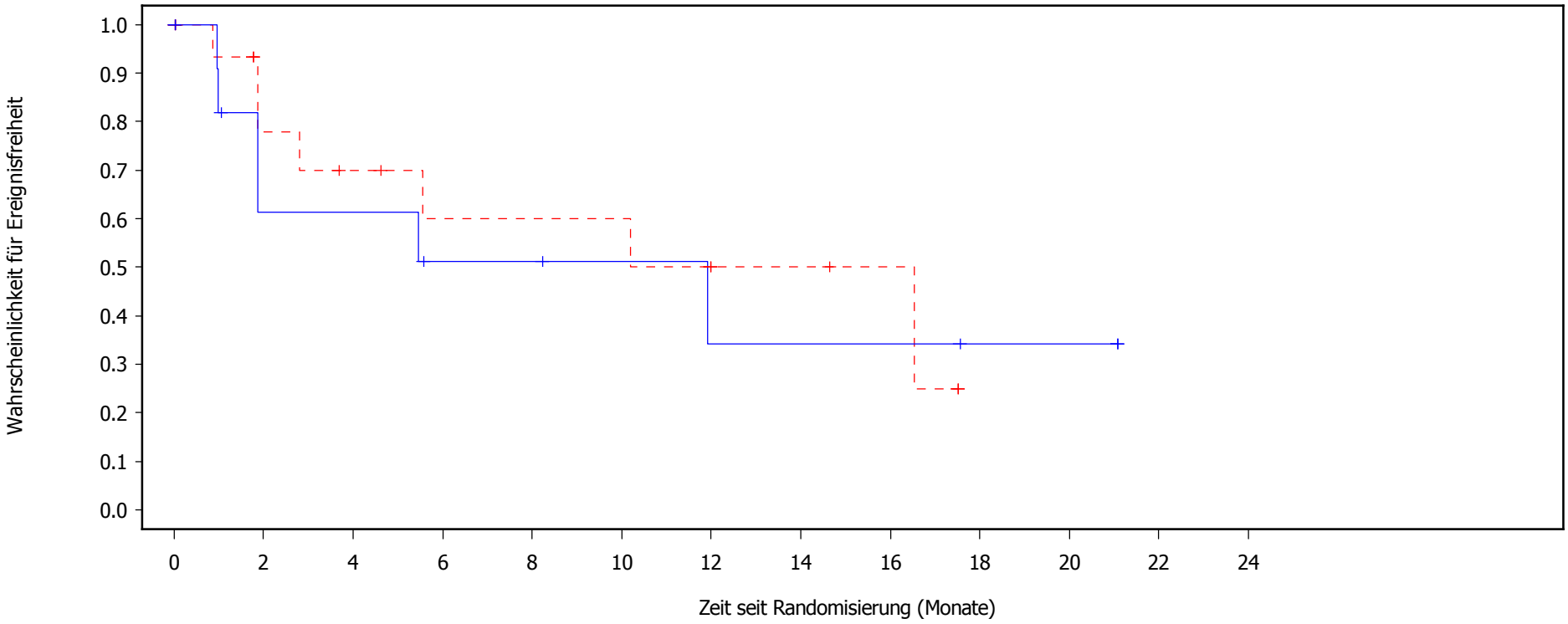


Anzahl an Patienten unter Risiko:

13	6	6	4	4	3	2	2	2	1	1	0	0	Capivasertib + Fulvestrant
18	10	8	6	6	6	3	3	2	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.5.2.2 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	6	6	4	4	3	2	2	2	1	1	0	0	Capivasertib + Fulvestrant
18	10	8	6	6	6	3	3	2	0	0	0	0	Placebo + Fulvestrant

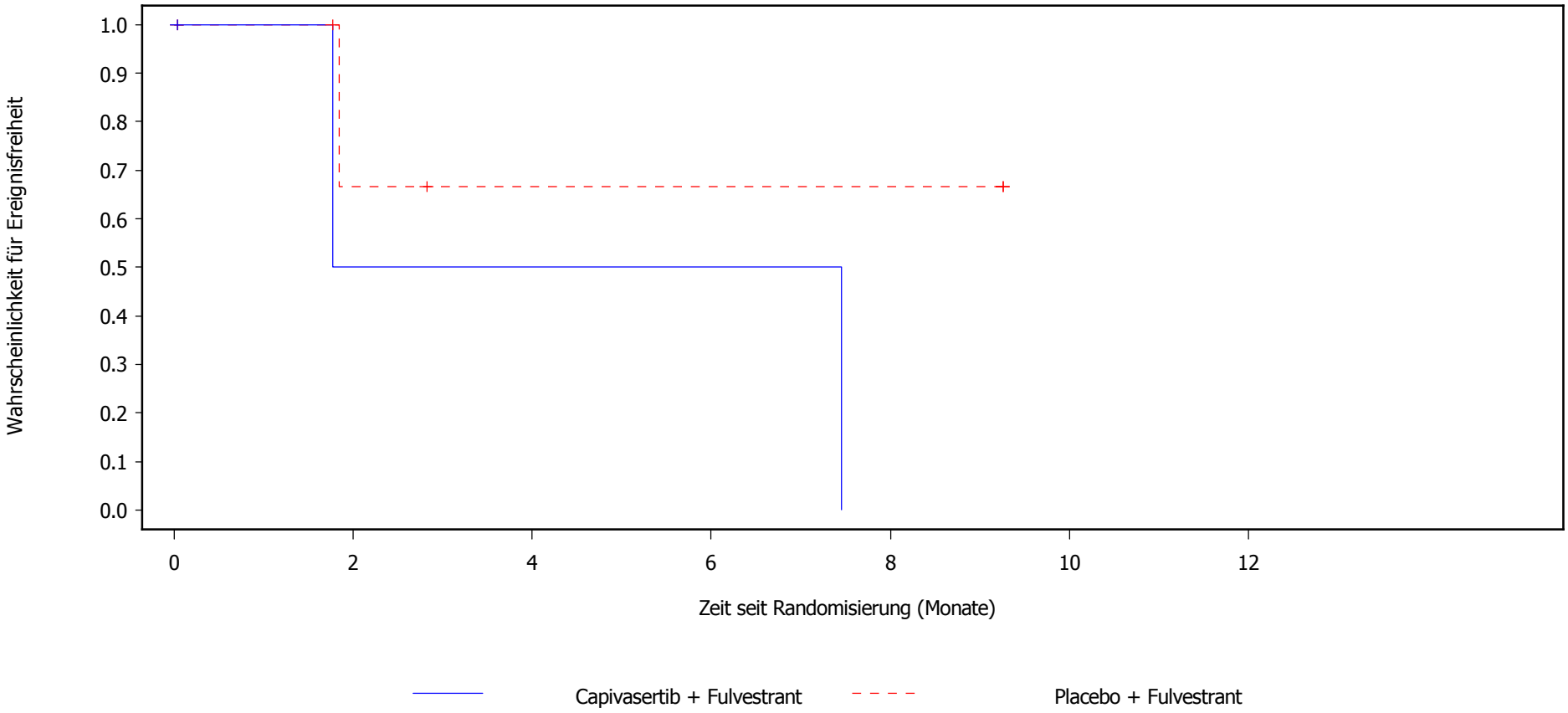
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.6.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in EQ-5D-5L Visual analogue scale
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	2,00	[0,08; 50,53]	0,6171

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.6.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.4.3.1 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	Deterioration	Total	7 (53,8)	10 (55,6)
	Censored	Total	6 (46,2)	8 (44,4)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	5 (27,8)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-C30 Funktionsskala: Körper	Deterioration	Total	7 (53,8)	7 (38,9)
	Censored	Total	6 (46,2)	11 (61,1)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	3 (23,1)	8 (44,4)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EORTC QLQ-C30 Funktionsskala: Rolle	Deterioration	Total	8 (61,5)	10 (55,6)
	Censored	Total	5 (38,5)	8 (44,4)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	3 (23,1)	5 (27,8)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Kognition	Deterioration	Total	8 (61,5)	8 (44,4)
	Censored	Total	5 (38,5)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	3 (23,1)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Emotionalität	Deterioration	Total	3 (23,1)	6 (33,3)
	Censored	Total	10 (76,9)	12 (66,7)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.1 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	6 (46,2)	9 (50,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-C30 Funktionsskala: Sozial	Deterioration	Total	4 (30,8)	8 (44,4)
	Censored	Total	9 (69,2)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	5 (38,5)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-C30 Fatigue	Deterioration	Total	8 (61,5)	8 (44,4)
	Censored	Total	5 (38,5)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-C30 Übelkeit und Erbrechen	Deterioration	Total	9 (69,2)	5 (27,8)
	Censored	Total	4 (30,8)	13 (72,2)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	10 (55,6)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EORTC QLQ-C30 Schmerzen	Deterioration	Total	10 (76,9)	7 (38,9)
	Censored	Total	3 (23,1)	11 (61,1)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	0	8 (44,4)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.1 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
EORTC QLQ-C30 Dyspnoe	Deterioration	Total	8 (61,5)	8 (44,4)
	Censored	Total	5 (38,5)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EORTC QLQ-C30 Appetitverlust	Deterioration	Total	9 (69,2)	8 (44,4)
	Censored	Total	4 (30,8)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Schlaflosigkeit	Deterioration	Total	8 (61,5)	6 (33,3)
	Censored	Total	5 (38,5)	12 (66,7)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	9 (50,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-C30 Verstopfung	Deterioration	Total	4 (30,8)	4 (22,2)
	Censored	Total	9 (69,2)	14 (77,8)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	6 (46,2)	11 (61,1)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EORTC QLQ-C30 Diarrhö	Deterioration	Total	10 (76,9)	6 (33,3)
	Censored	Total	3 (23,1)	12 (66,7)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	9 (50,0)
		Missing 2 or more consecutive visits	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.1 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.2 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
EORTC QLQ-BR23 Körperbild	Deterioration	Total	6 (46,2)	7 (38,9)
	Censored	Total	7 (53,8)	11 (61,1)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	5 (38,5)	8 (44,4)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Sexuelle Aktivität	Deterioration	Total	3 (23,1)	1 (5,6)
	Censored	Total	10 (76,9)	17 (94,4)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	6 (46,2)	14 (77,8)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-BR23 Freude an Sex	Deterioration	Total	0	0
	Censored	Total	13 (100,0)	18 (100,0)
		No baseline or post-baseline score	10 (76,9)	17 (94,4)
		Last evaluable assessment without deterioration [a]	2 (15,4)	1 (5,6)
		Missing 2 or more consecutive visits	1 (7,7)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Zukunftsperspektiven	Deterioration	Total	3 (23,1)	8 (44,4)
	Censored	Total	10 (76,9)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	5 (38,5)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	3 (23,1)	0
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Deterioration	Total	8 (61,5)	8 (44,4)
	Censored	Total	5 (38,5)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	7 (38,9)
		Missing 2 or more consecutive visits	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.2 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EORTC QLQ-BR23 Symptome im Brustbereich	Deterioration	Total	5 (38,5)	2 (11,1)
	Censored	Total	8 (61,5)	16 (88,9)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	6 (46,2)	13 (72,2)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Symptome im Armbereich	Deterioration	Total	7 (53,8)	8 (44,4)
	Censored	Total	6 (46,2)	10 (55,6)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	7 (38,9)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0
EORTC QLQ-BR23 Belastung durch Haarausfall	Deterioration	Total	1 (7,7)	1 (5,6)
	Censored	Total	12 (92,3)	17 (94,4)
		No baseline or post-baseline score	11 (84,6)	15 (83,3)
		Last evaluable assessment without deterioration [a]	0	1 (5,6)
		Missing 2 or more consecutive visits	0	1 (5,6)
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.3 CAPItello-291 (Global A2): Summary of status at time of first deterioration in EQ-5D-5L VAS
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
EQ-5D-5L Visuelle Analogskala	Deterioration	Total	6 (46,2)	7 (38,9)
	Censored	Total	7 (53,8)	11 (61,1)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	4 (30,8)	8 (44,4)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	Deterioration	Total	6 (46,2)	7 (38,9)
	Censored	Total	7 (53,8)	11 (61,1)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	4 (30,8)	8 (44,4)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.1 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
EORTC QLQ-C30 Allgemeine Lebensqualität/ Gesundheitsszustand	Deterioration	Total	3 (100,0)	3 (60,0)
	Censored	Total	0	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Körper	Deterioration	Total	2 (66,7)	3 (60,0)
	Censored	Total	1 (33,3)	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	1 (20,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Rolle	Deterioration	Total	2 (66,7)	3 (60,0)
	Censored	Total	1 (33,3)	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Kognition	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Emotionalität	Deterioration	Total	3 (100,0)	1 (20,0)
	Censored	Total	0	4 (80,0)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.1 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Funktionsskala: Sozial	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Fatigue	Deterioration	Total	3 (100,0)	3 (60,0)
	Censored	Total	0	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Übelkeit und Erbrechen	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	3 (60,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Schmerzen	Deterioration	Total	3 (100,0)	2 (40,0)
	Censored	Total	0	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.1 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
EORTC QLQ-C30 Dyspnoe	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Appetitverlust	Deterioration	Total	3 (100,0)	1 (20,0)
	Censored	Total	0	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Schlaflosigkeit	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	2 (40,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Verstopfung	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-C30 Diarrhö	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.1 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-C30 questionnaire
Altered full analysis set DCO 15AUG2022

Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.2 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
EORTC QLQ-BR23 Körperbild	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Sexuelle Aktivität	Deterioration	Total	1 (33,3)	2 (40,0)
	Censored	Total	2 (66,7)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Freude an Sex	Deterioration	Total	0	0
	Censored	Total	3 (100,0)	5 (100,0)
		No baseline or post-baseline score	3 (100,0)	4 (80,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Zukunftsperspektiven	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.2 CAPItello-291 (China A2): Summary of status at time of first deterioration in EORTC-QLQ-BR23 questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Symptome im Brustbereich	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Symptome im Armbereich	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EORTC QLQ-BR23 Belastung durch Haarausfall	Deterioration	Total	0	0
	Censored	Total	3 (100,0)	5 (100,0)
		No baseline or post-baseline score	2 (66,7)	3 (60,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	1 (33,3)	1 (20,0)
		Death within 2 visits of the last evaluable PRO assessment	0	0

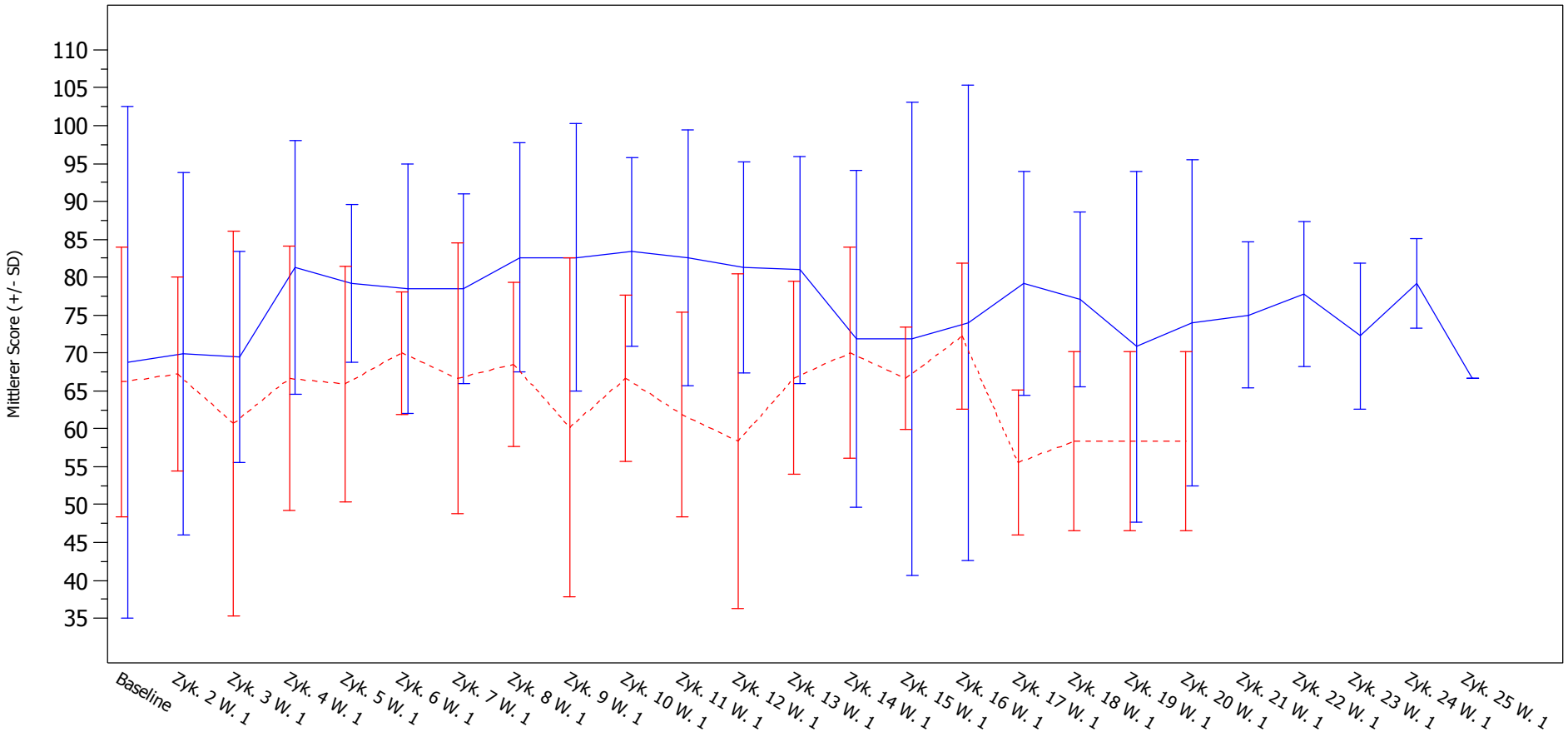
[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.3 CAPItello-291 (China A2): Summary of status at time of first deterioration in EQ-5D-5L VAS
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
EQ-5D-5L Visuelle Analogskala	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

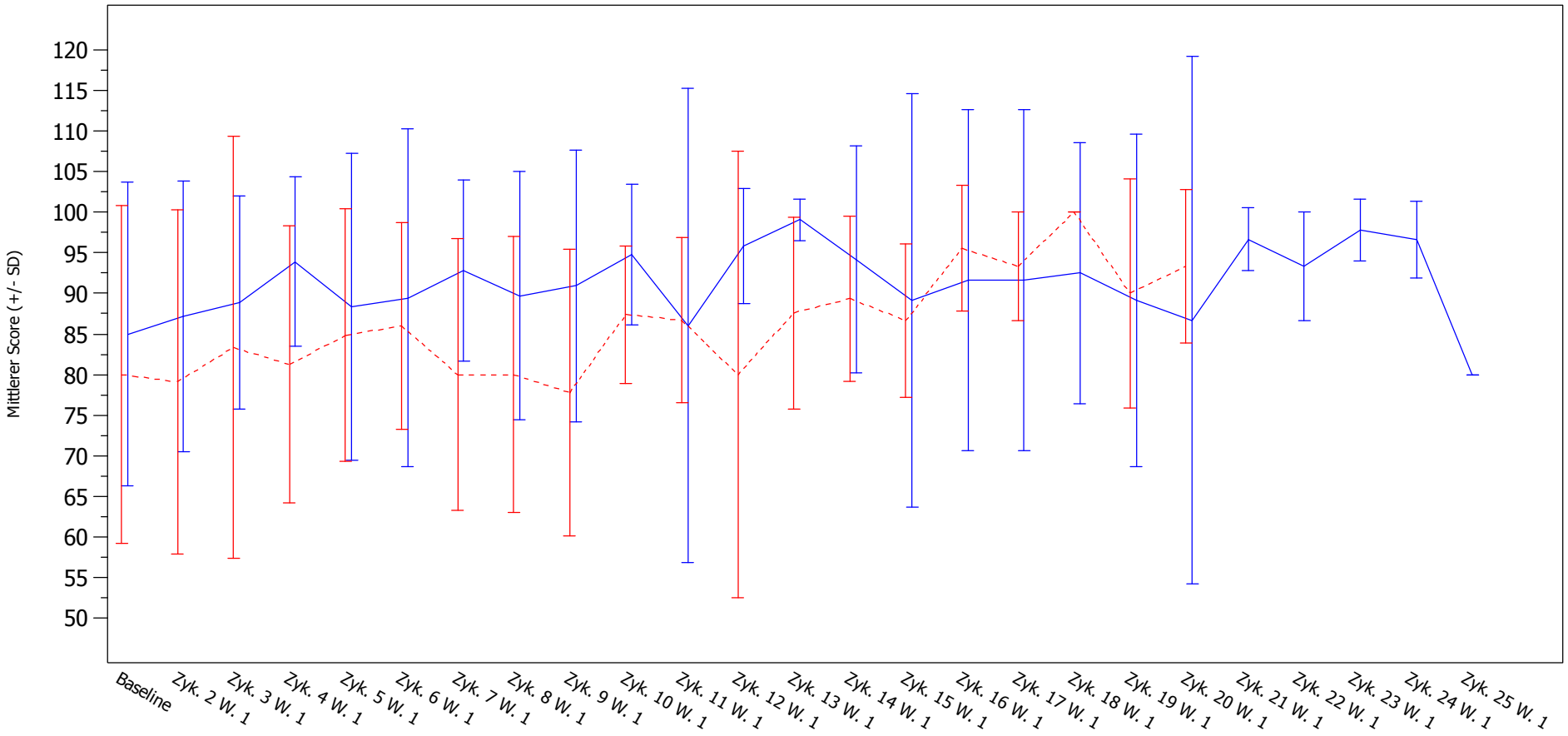
Figure 2.5.1.3.1 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

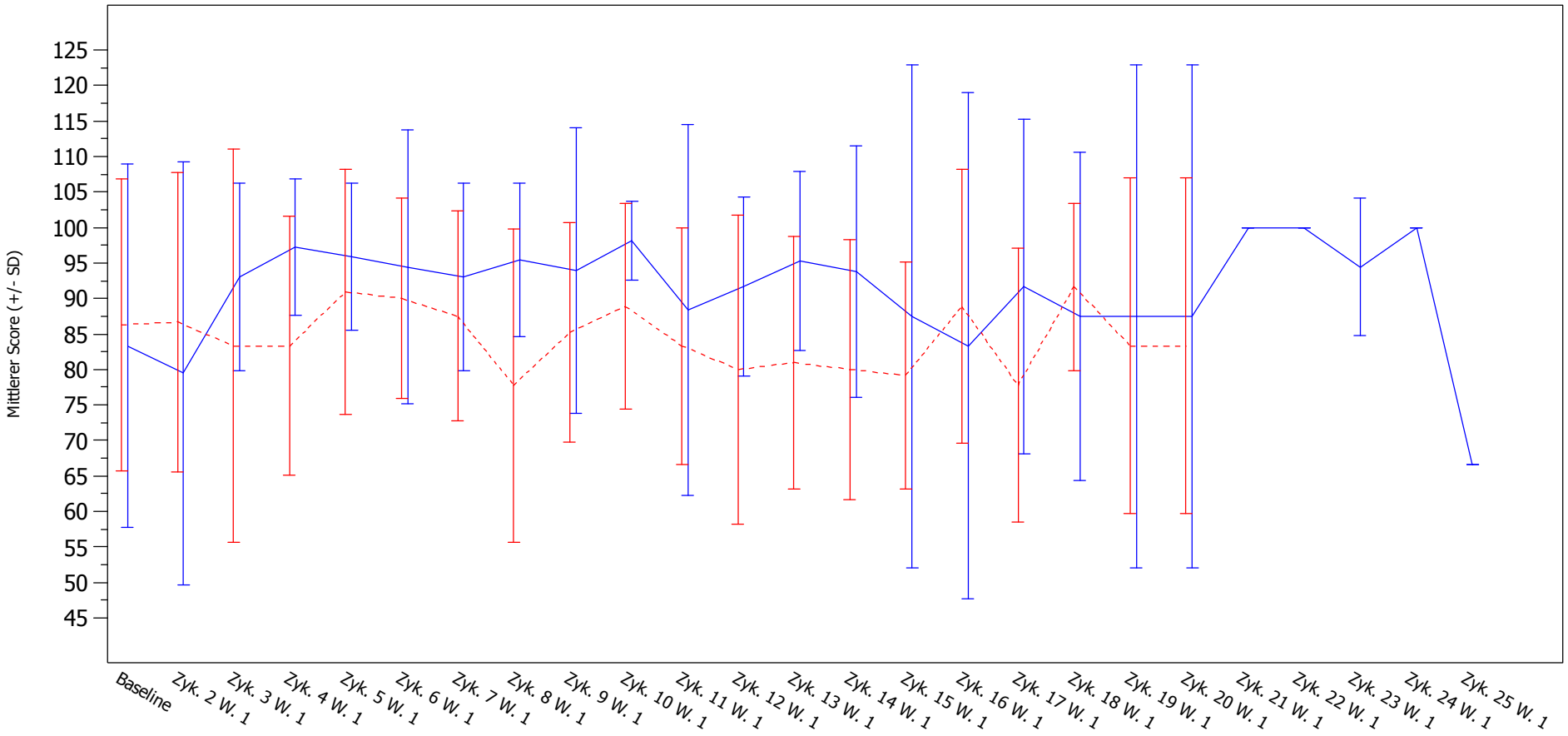
Figure 2.5.1.3.2 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Körper across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

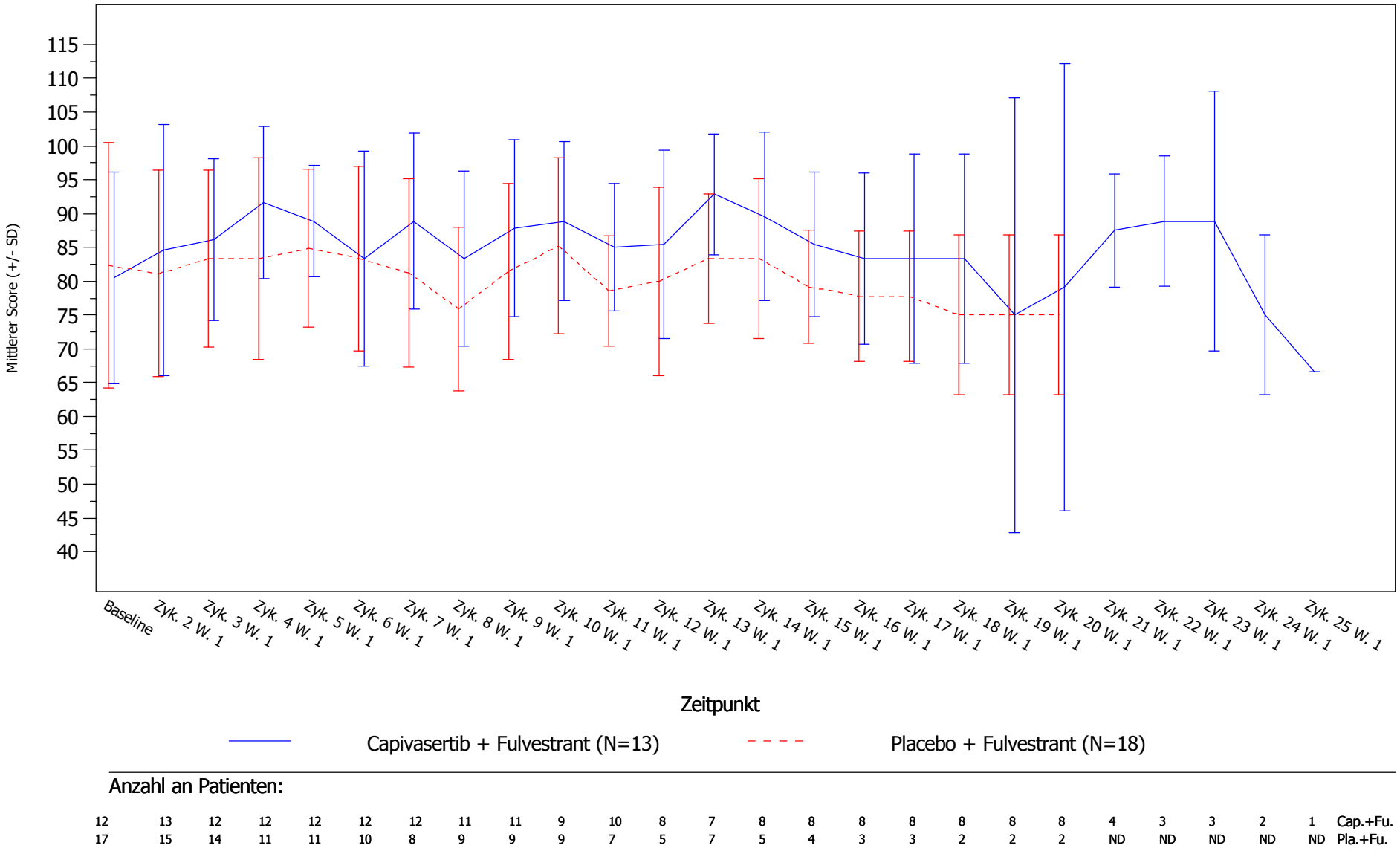
Figure 2.5.1.3.3 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Rolle across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

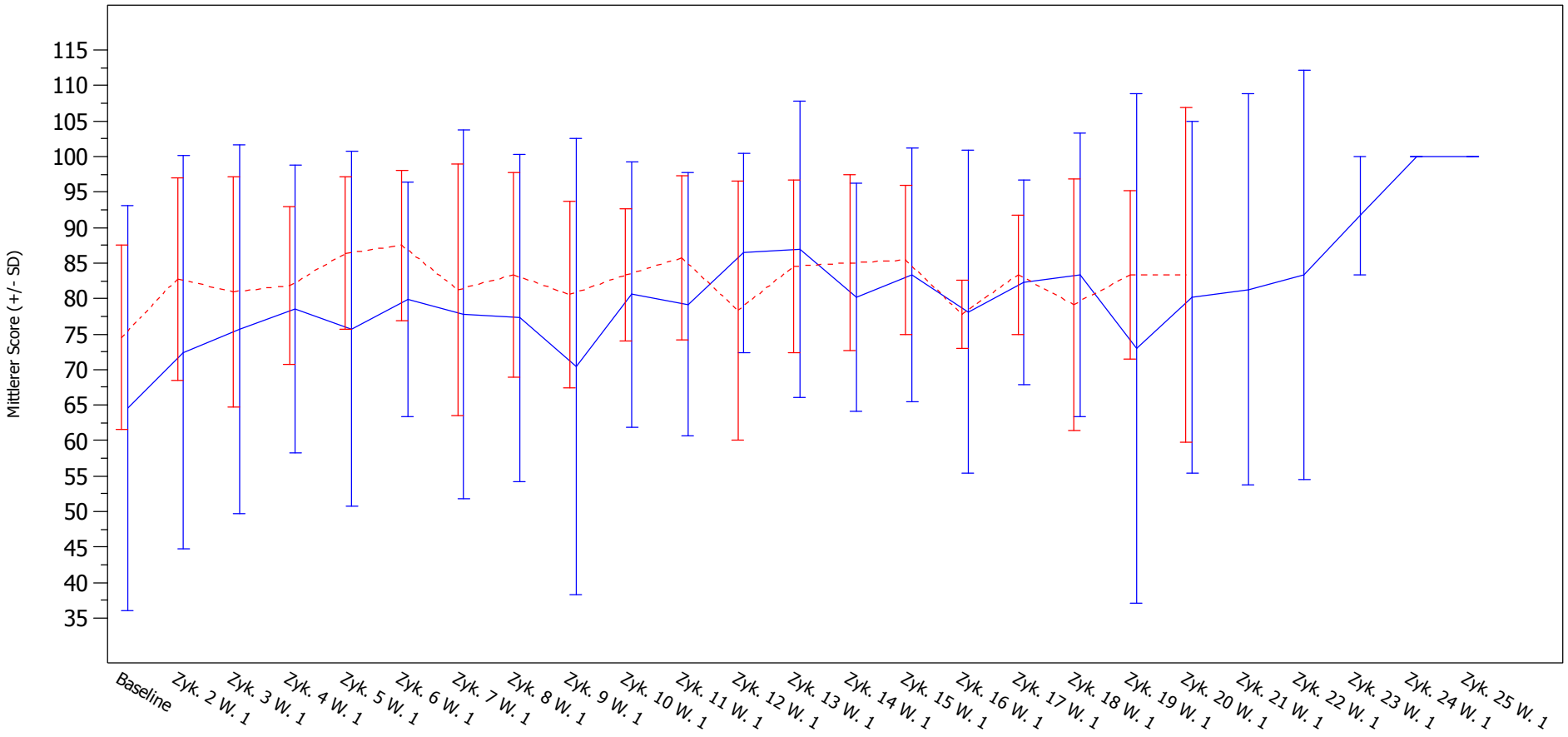
Figure 2.5.1.3.4 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Kognition across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

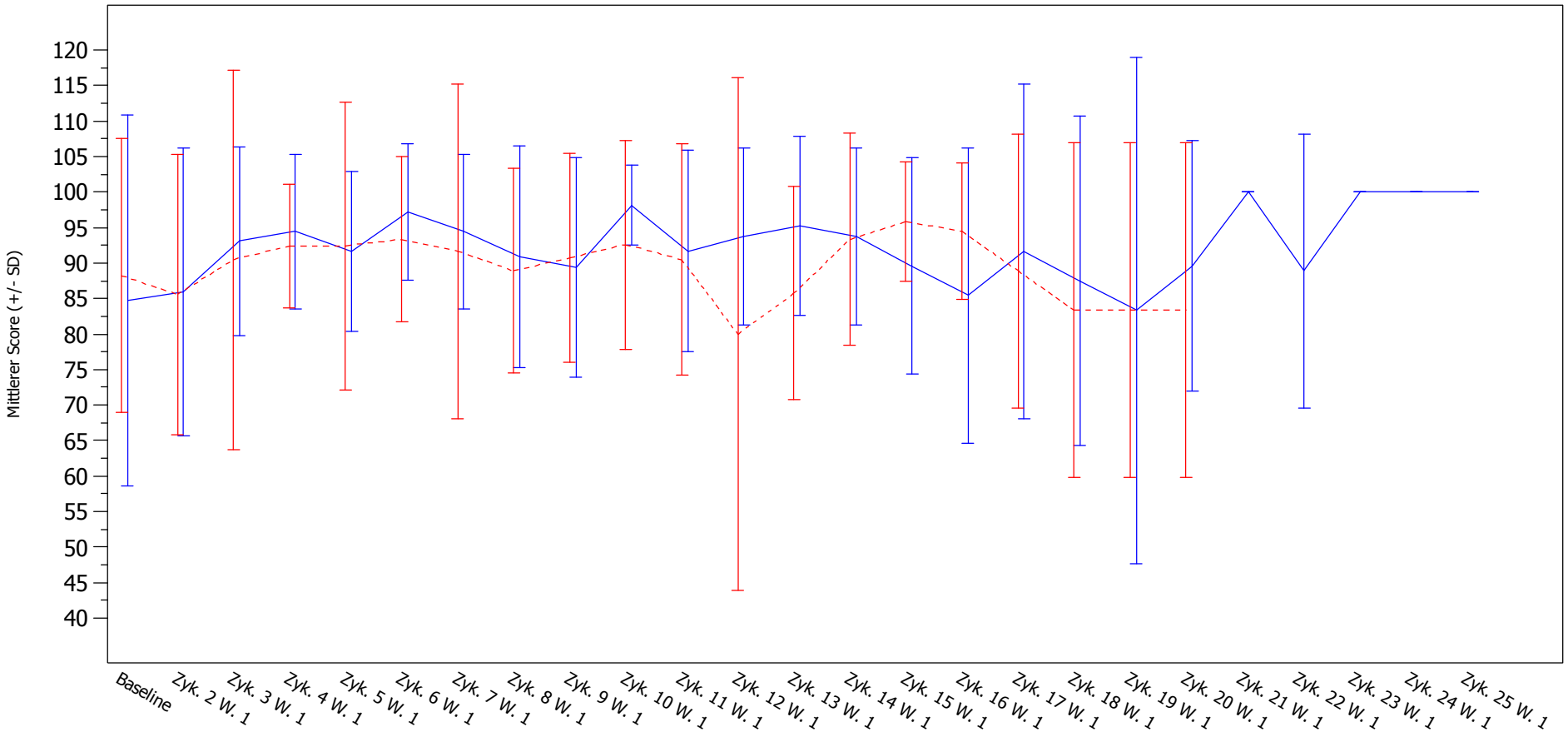
Figure 2.5.1.3.5 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Emotionalität across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

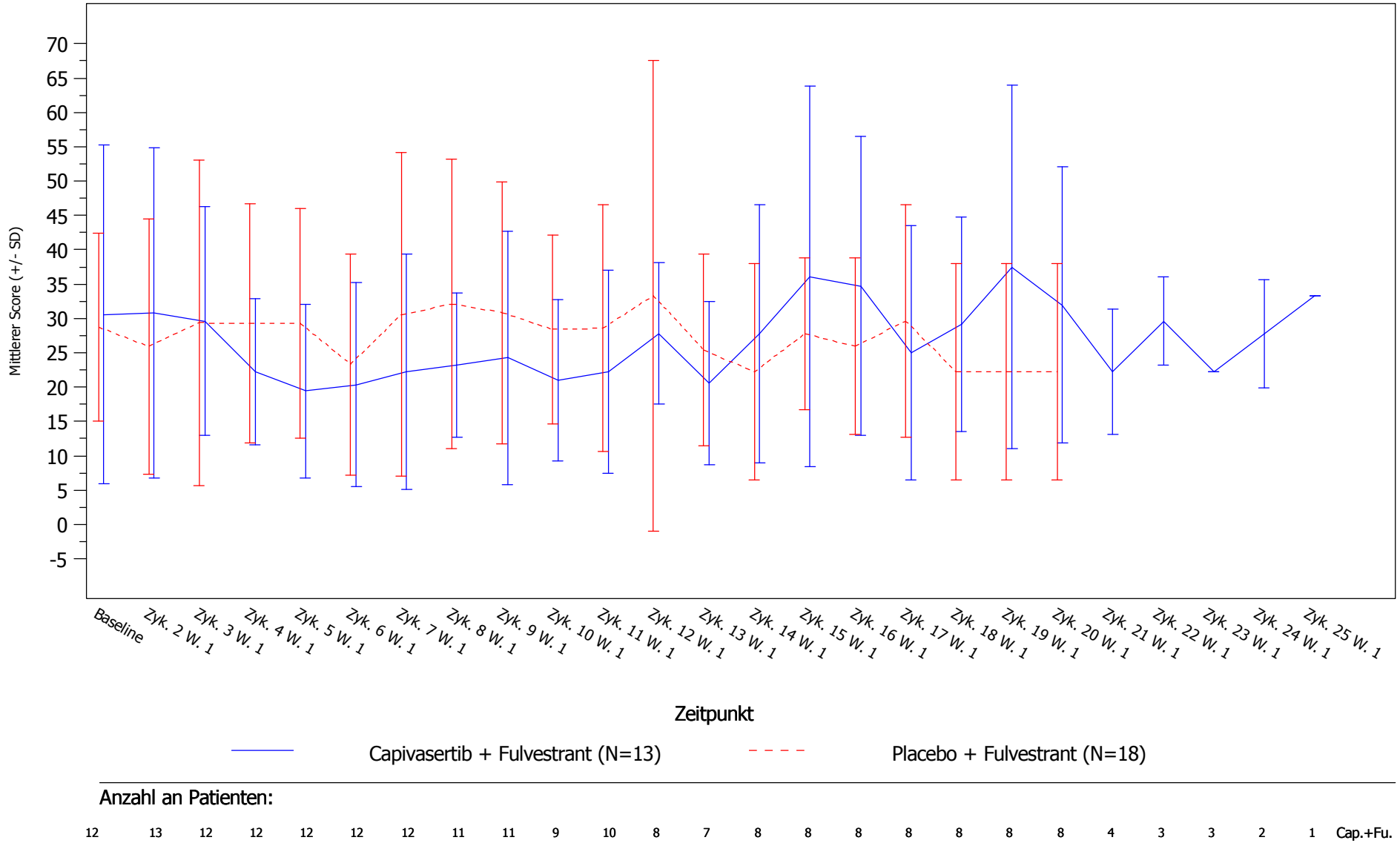
Figure 2.5.1.3.6 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Sozial across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

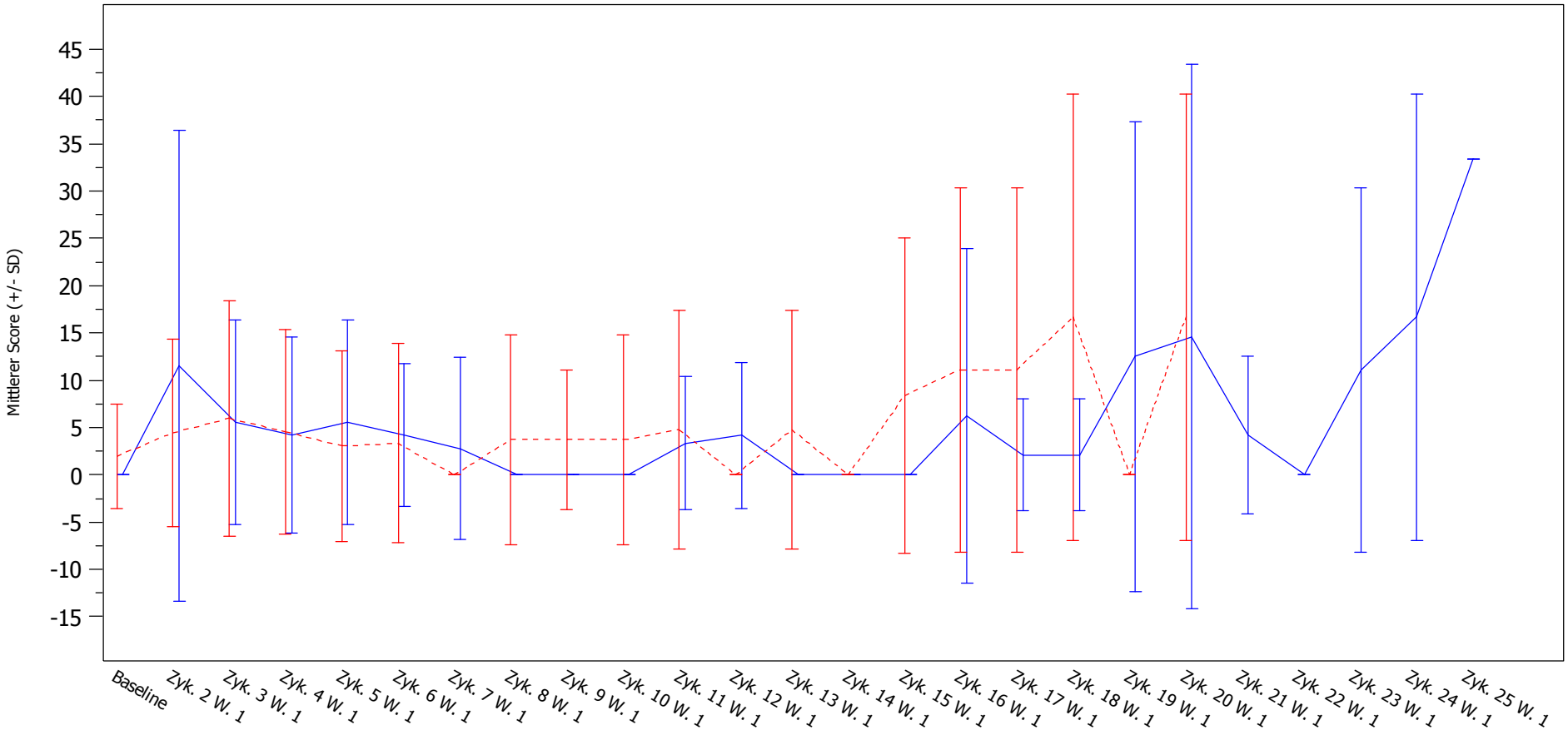
Figure 2.5.1.3.7 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Fatigue across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

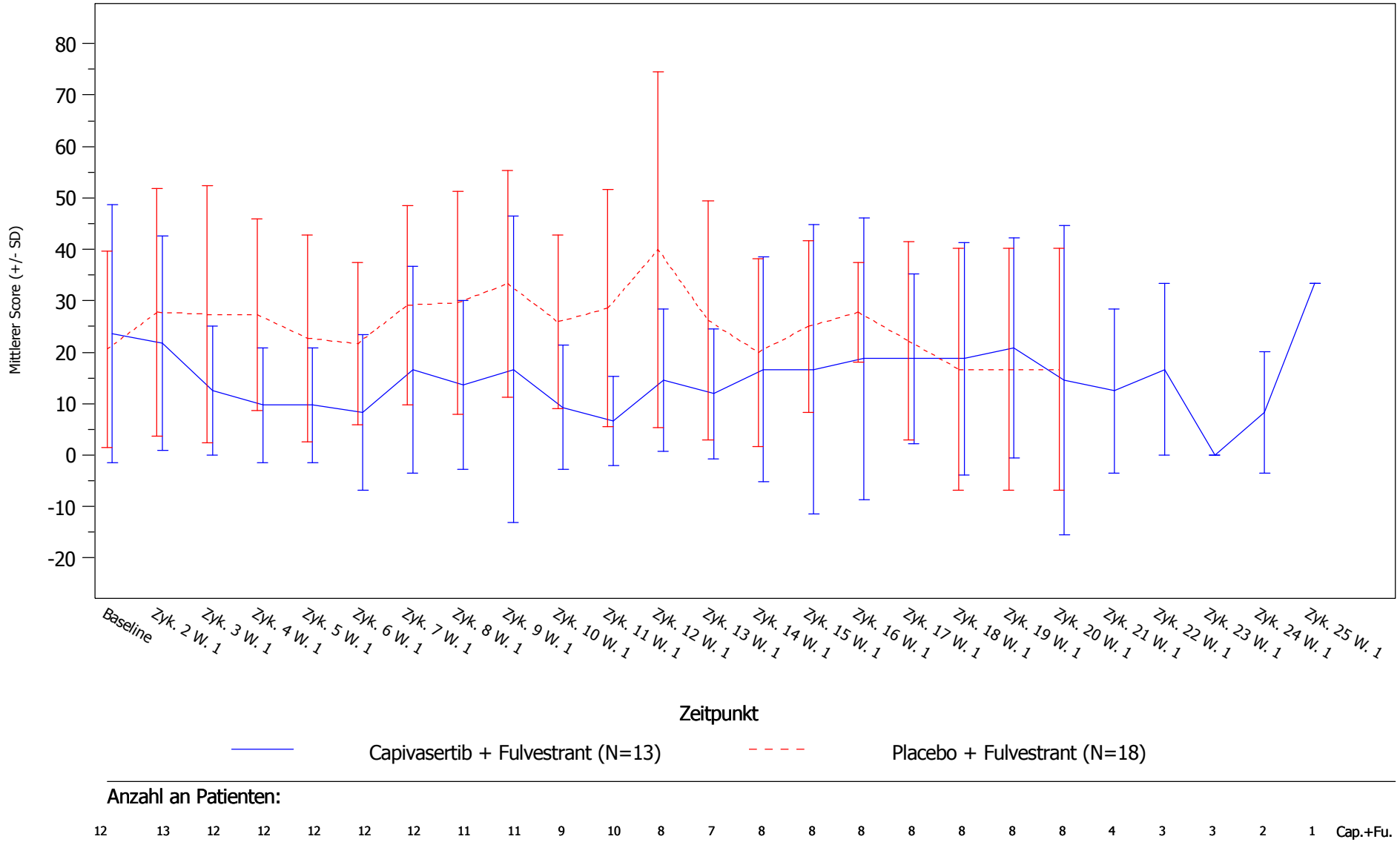
Figure 2.5.1.3.8 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Übelkeit und Erbrechen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

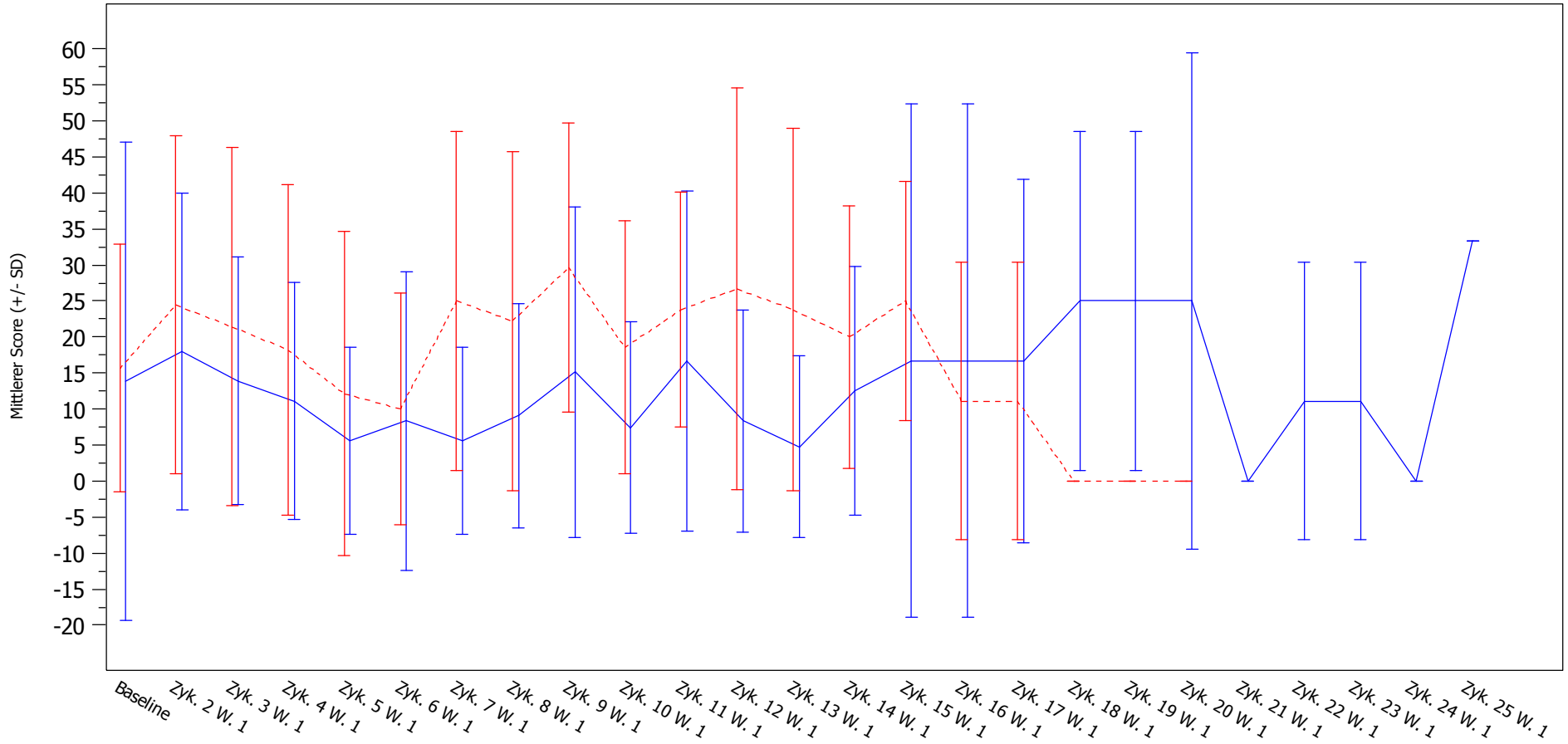
Figure 2.5.1.3.9 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Schmerzen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

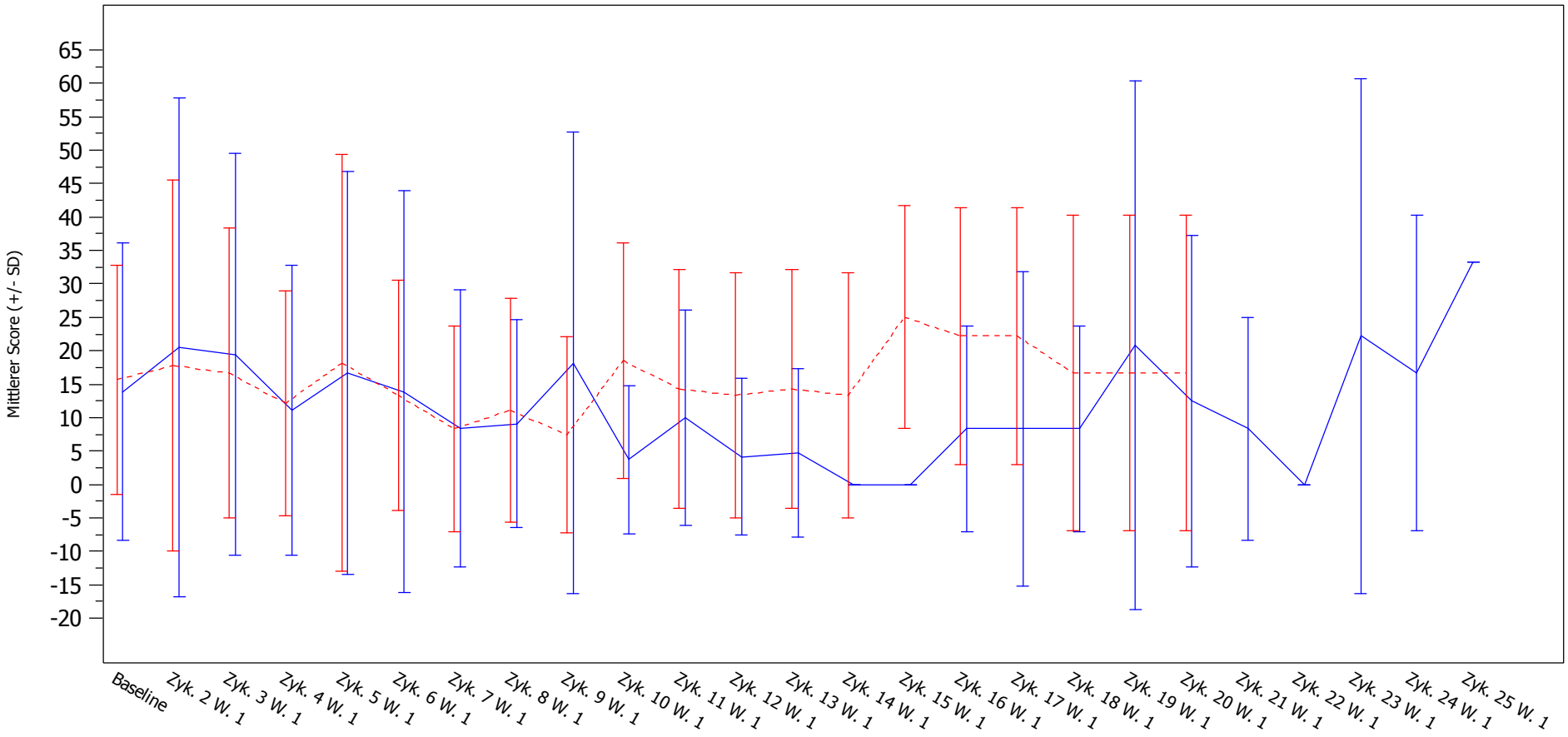
Figure 2.5.1.3.10 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Dyspnoe across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

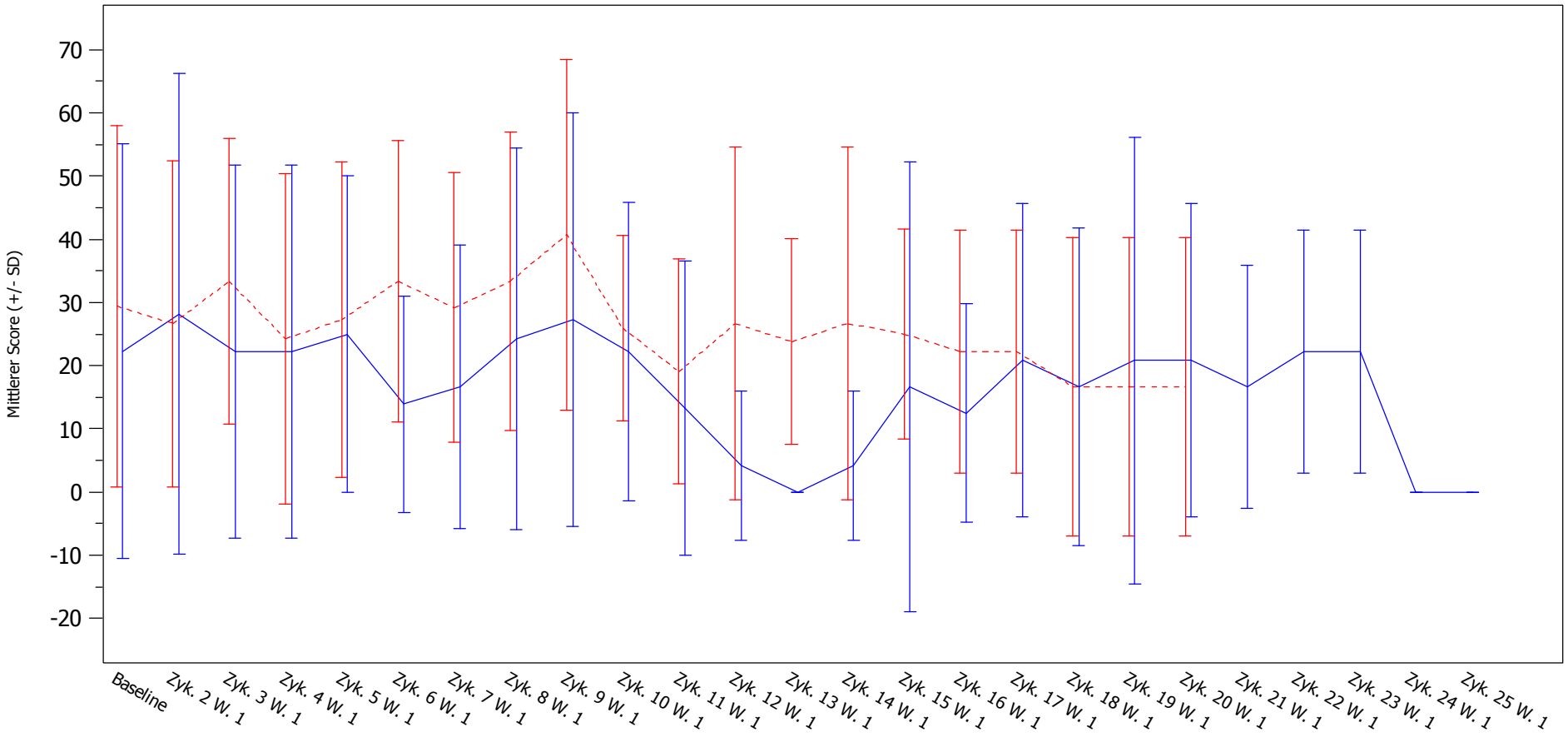
Figure 2.5.1.3.11 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Appetitverlust across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

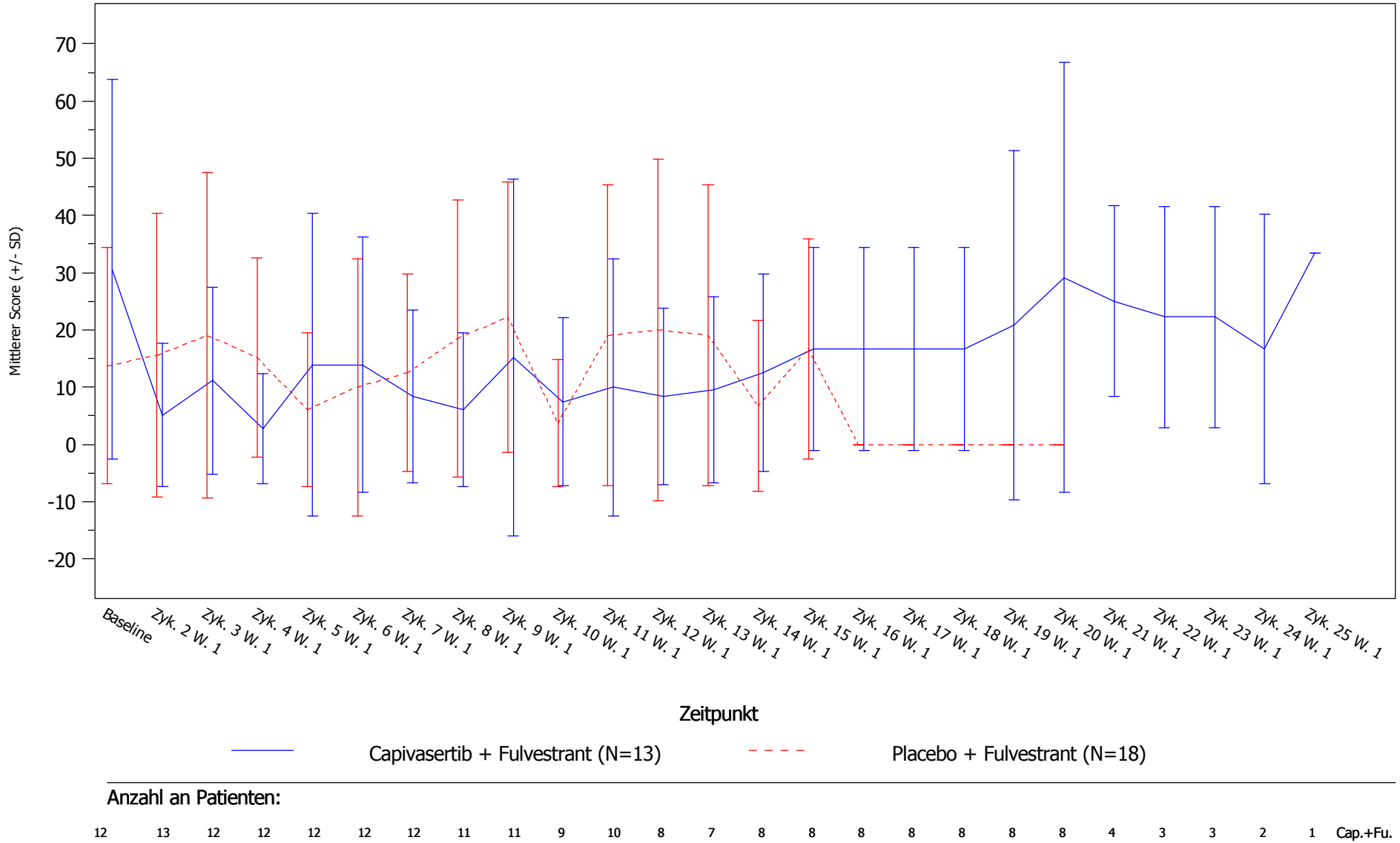
Figure 2.5.1.3.12 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Schlaflosigkeit across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

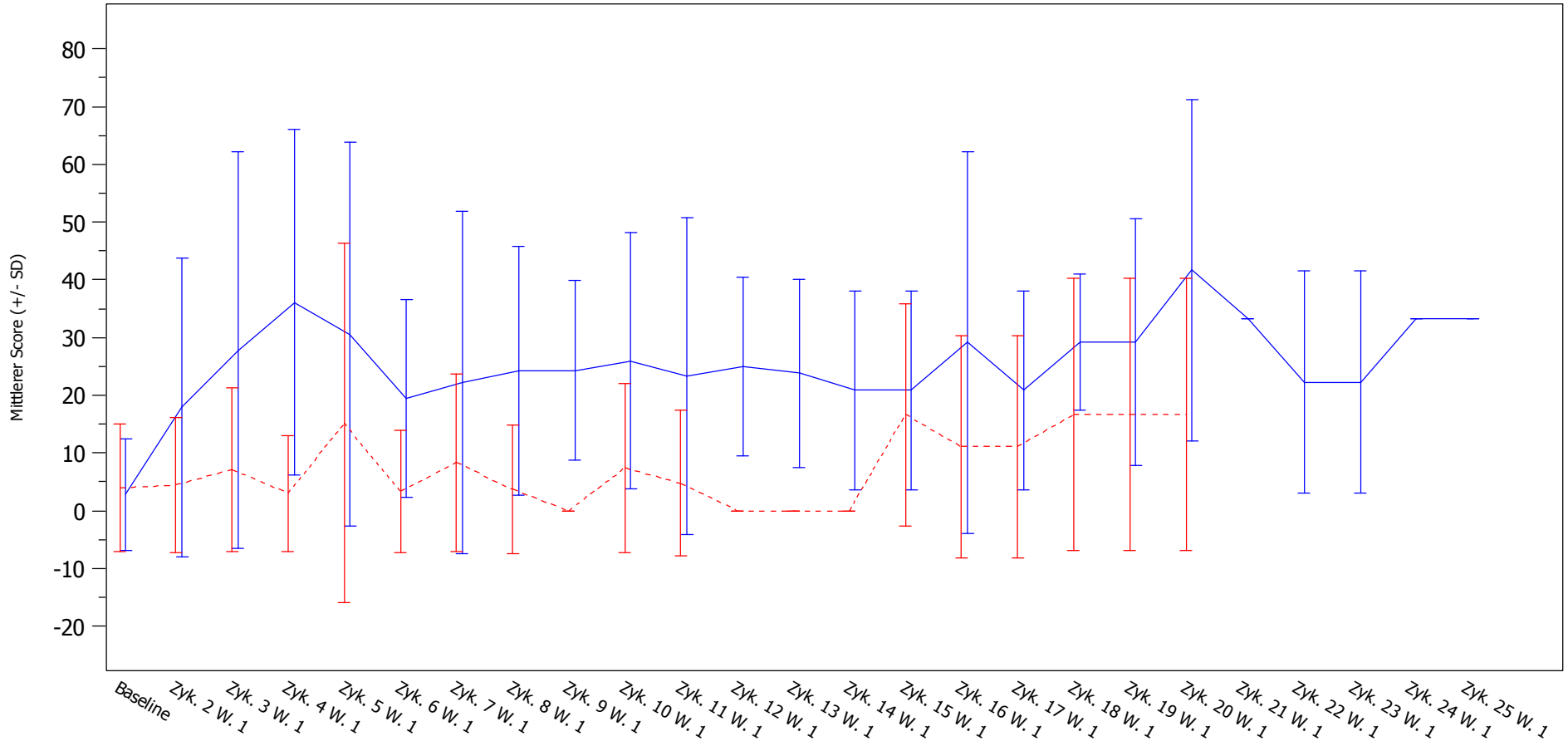
Figure 2.5.1.3.13 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Verstopfung across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

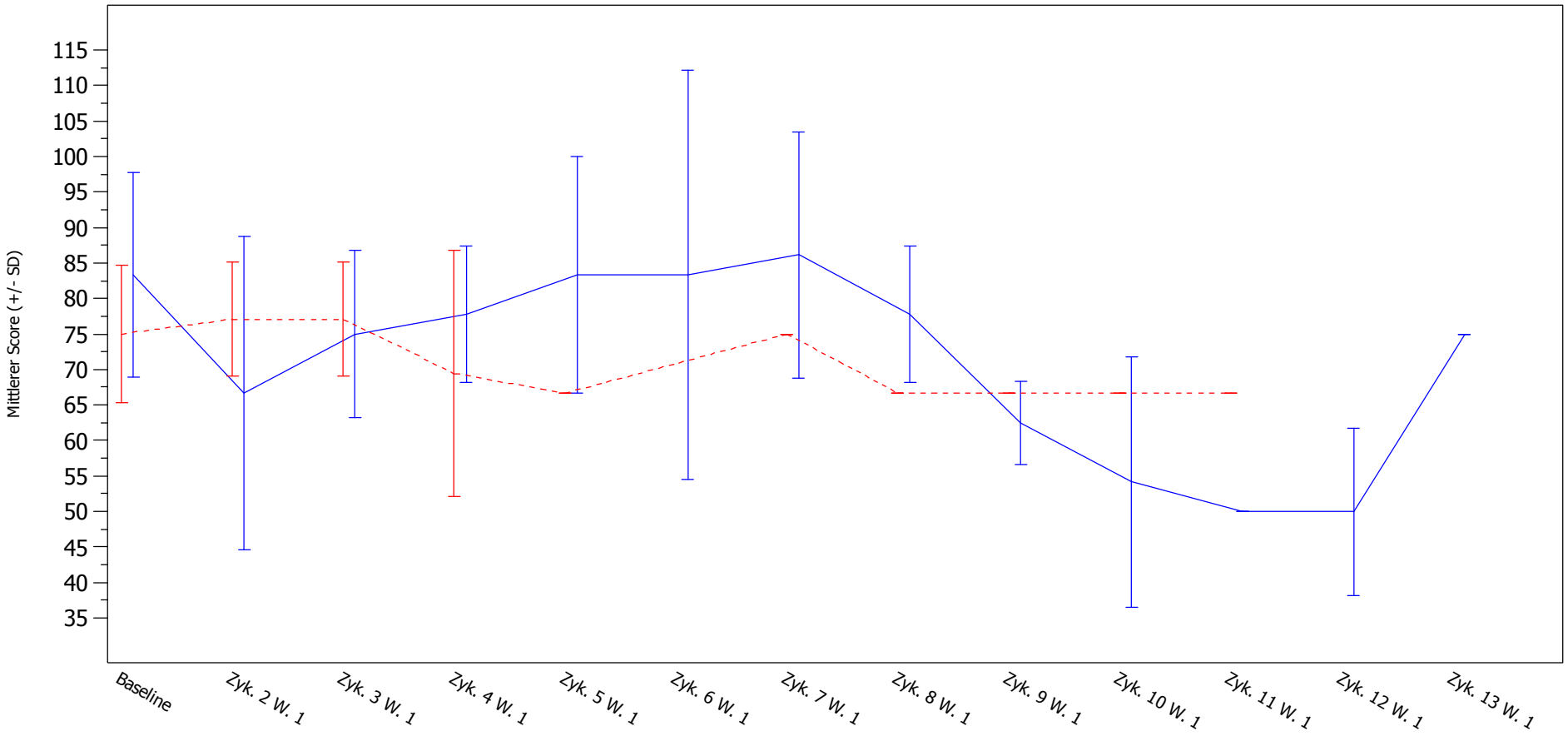
Figure 2.5.1.3.14 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-C30 Diarrhö across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	15	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

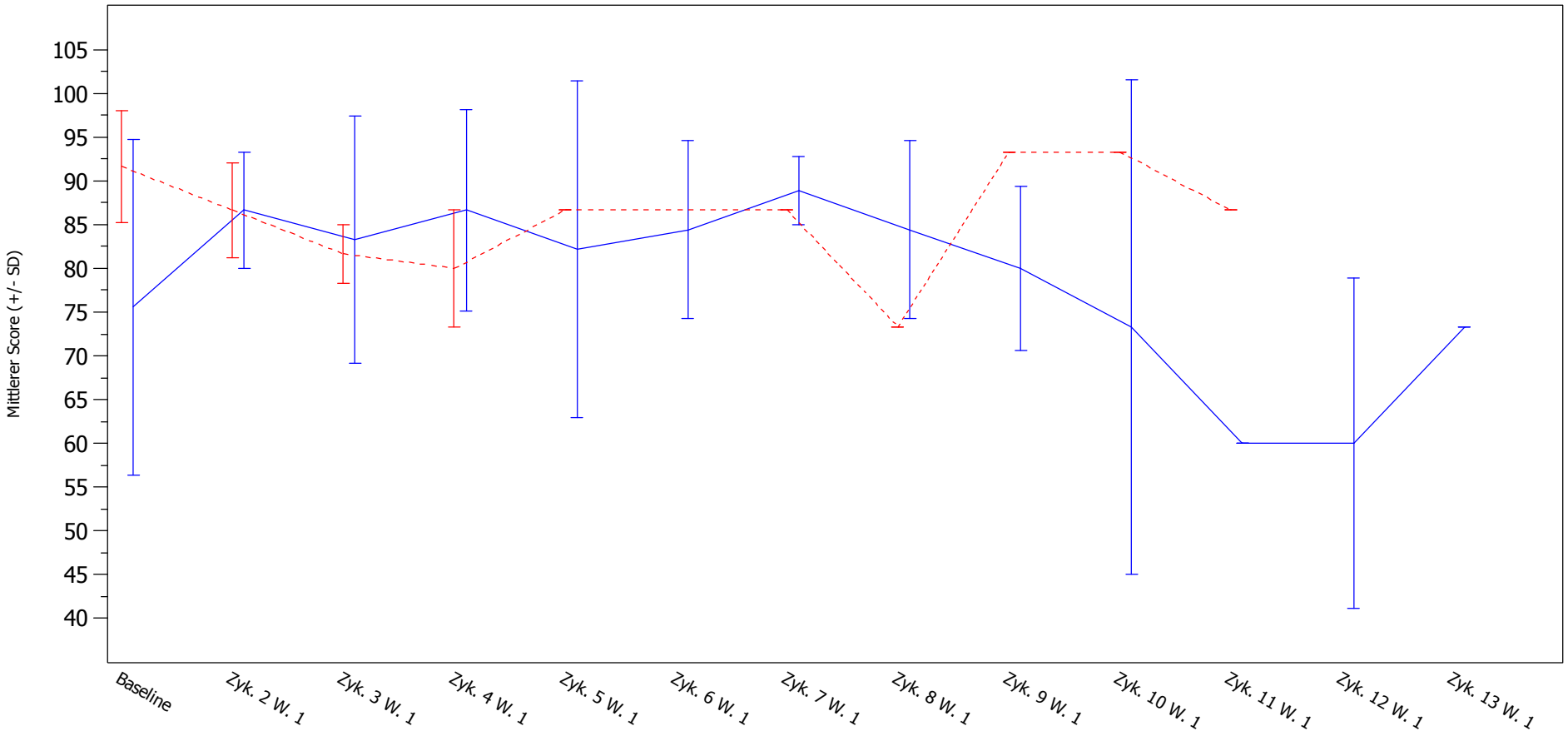
Figure 2.5.1.4.1 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

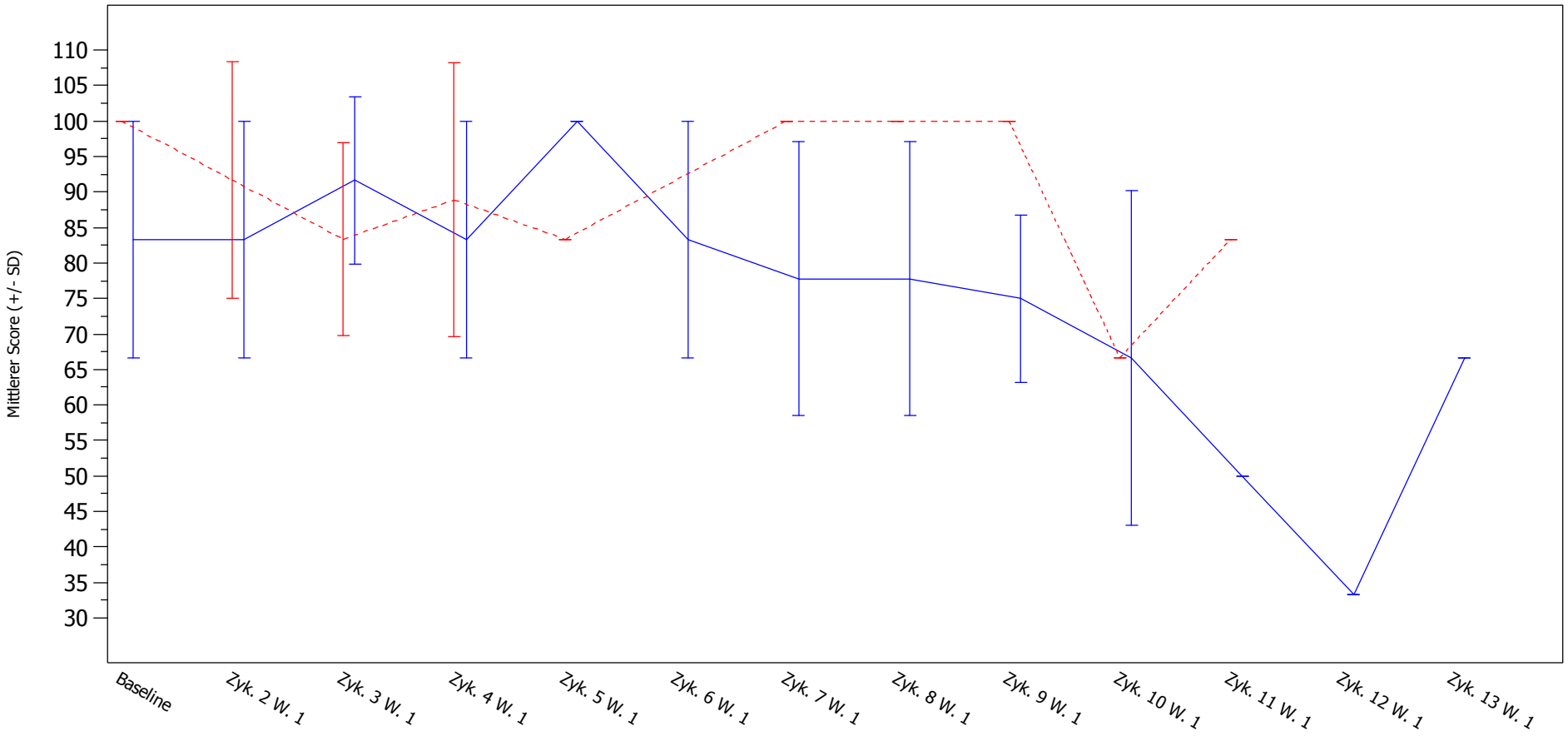
Figure 2.5.1.4.2 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Körper across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

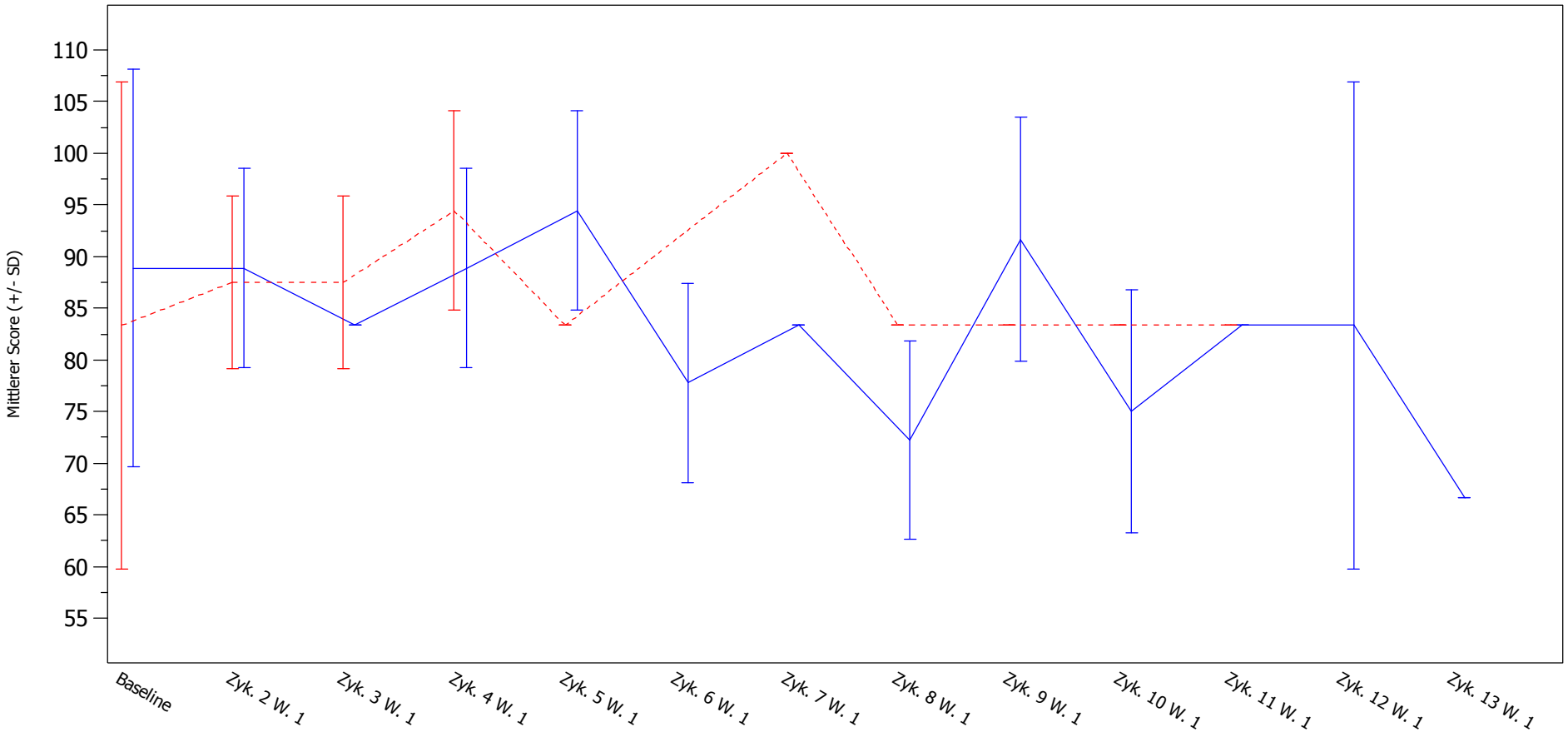
Figure 2.5.1.4.3 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Rolle across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

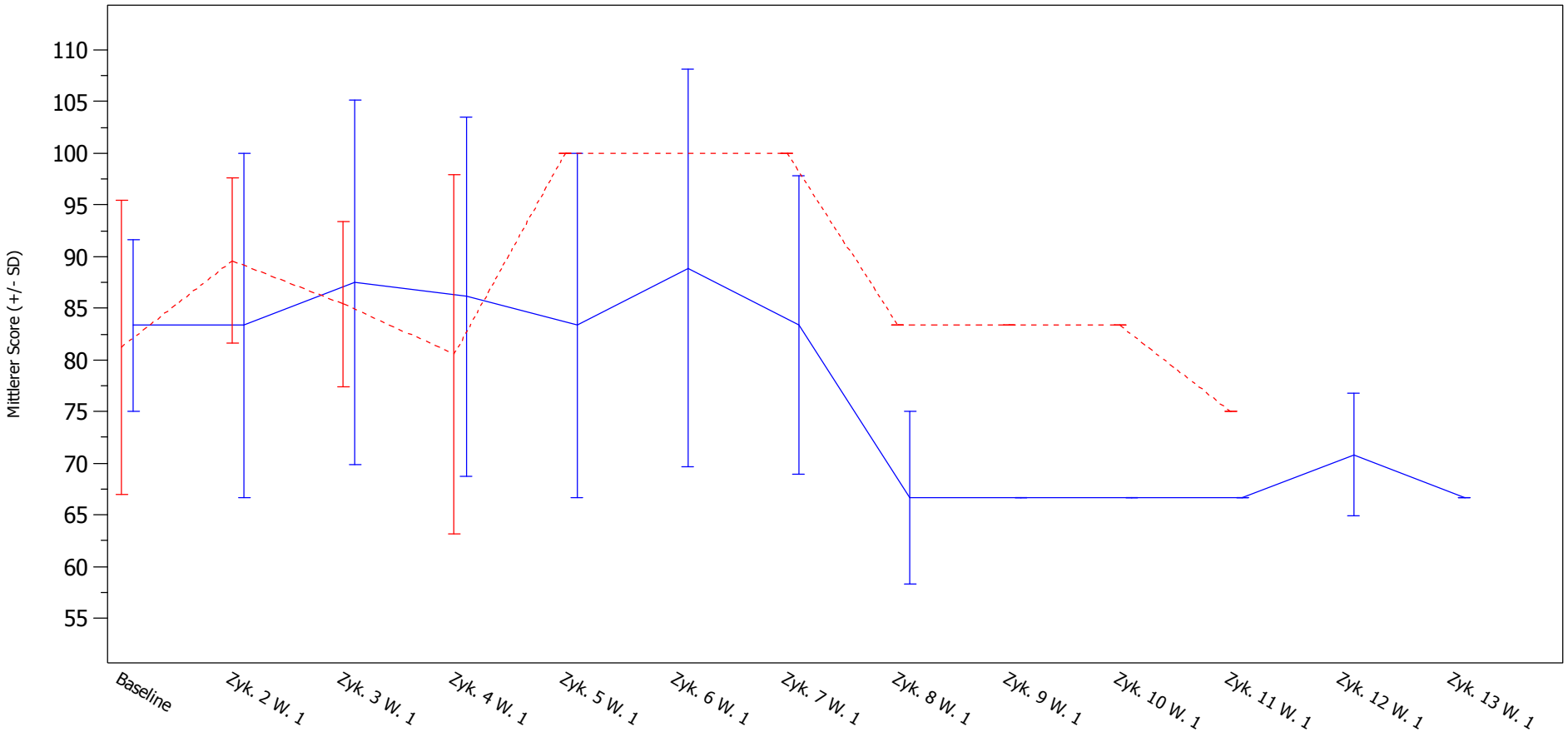
Figure 2.5.1.4.4 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Kognition across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

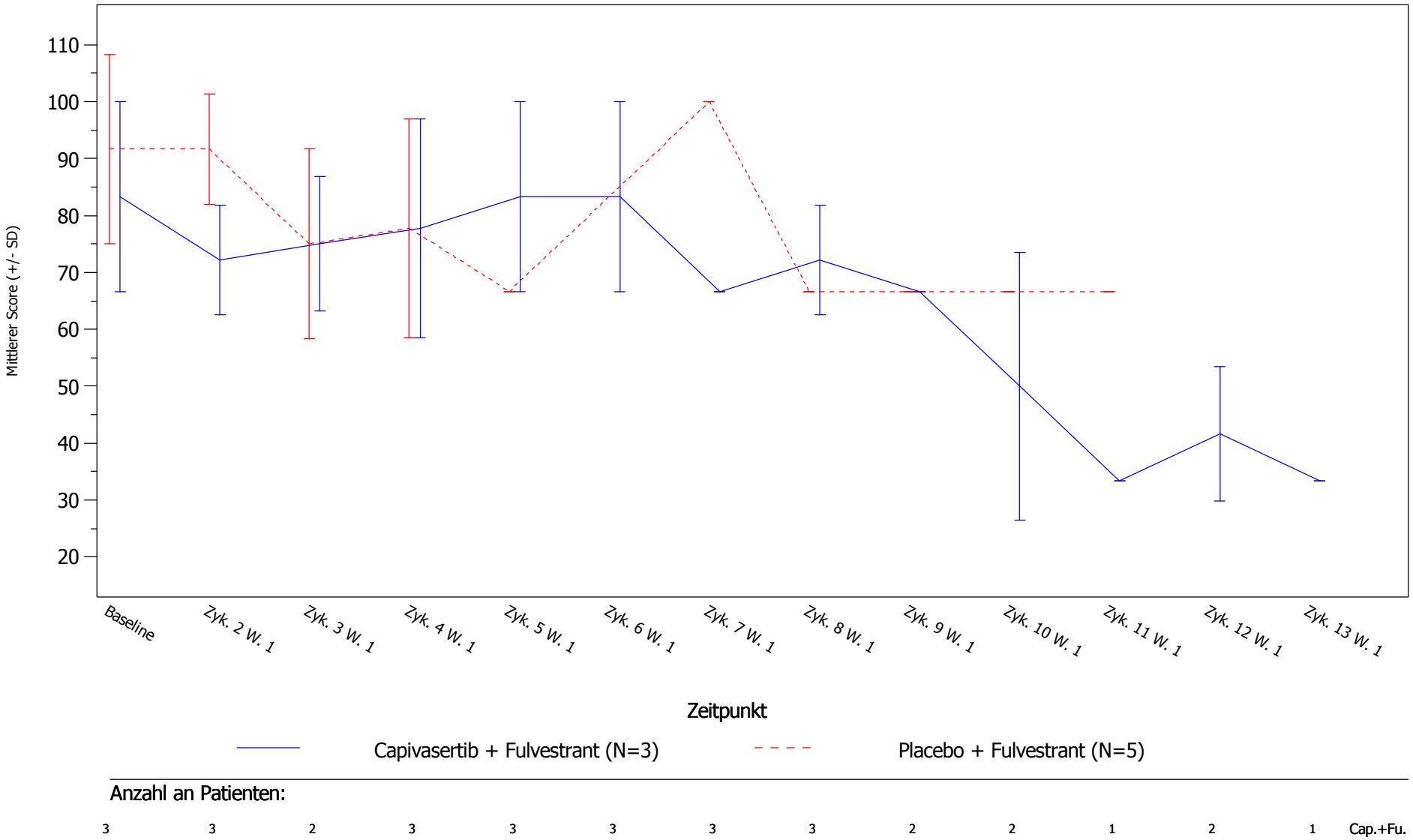
Figure 2.5.1.4.5 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Emotionalität across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

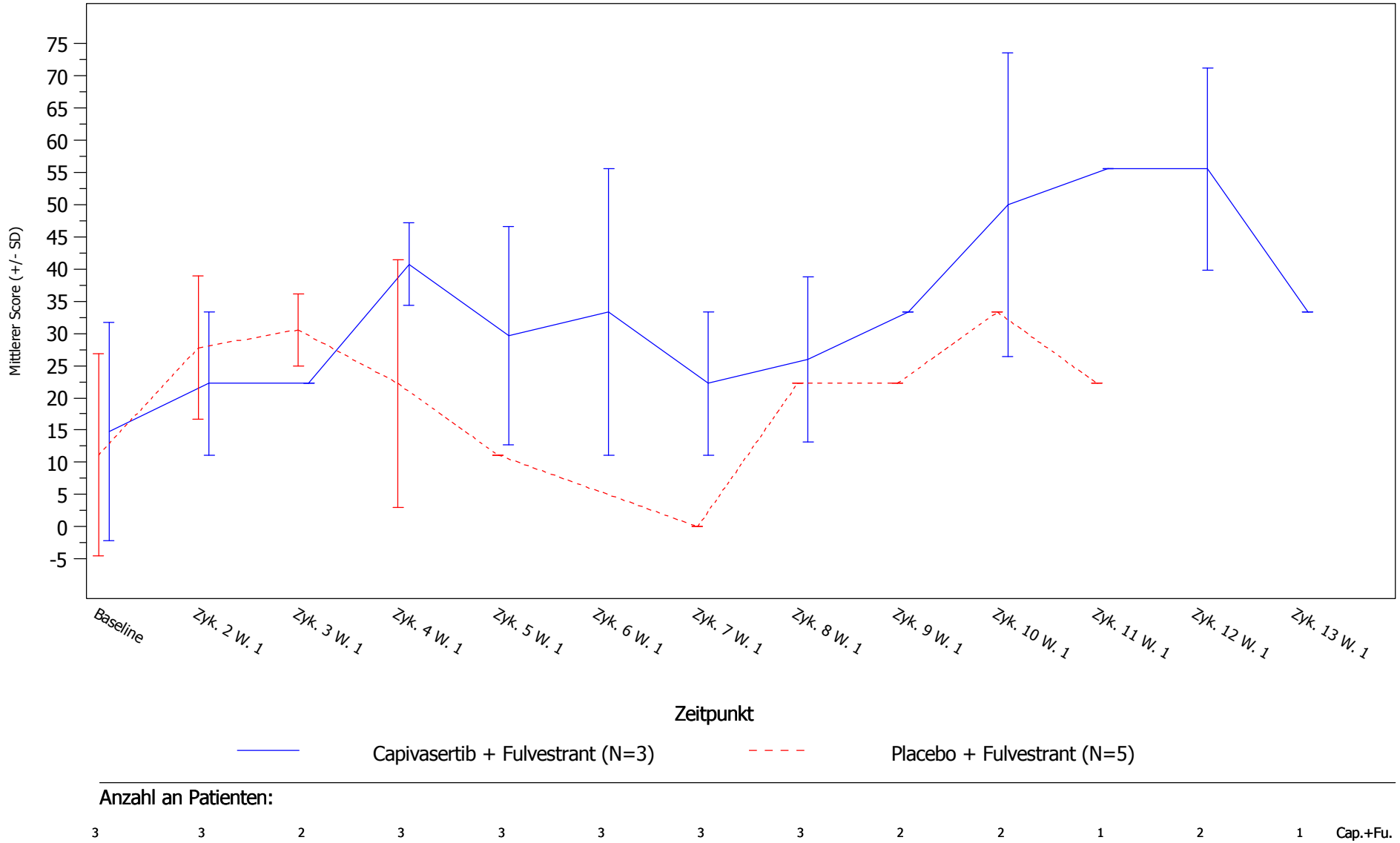
Figure 2.5.1.4.6 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Funktionsskala: Sozial across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

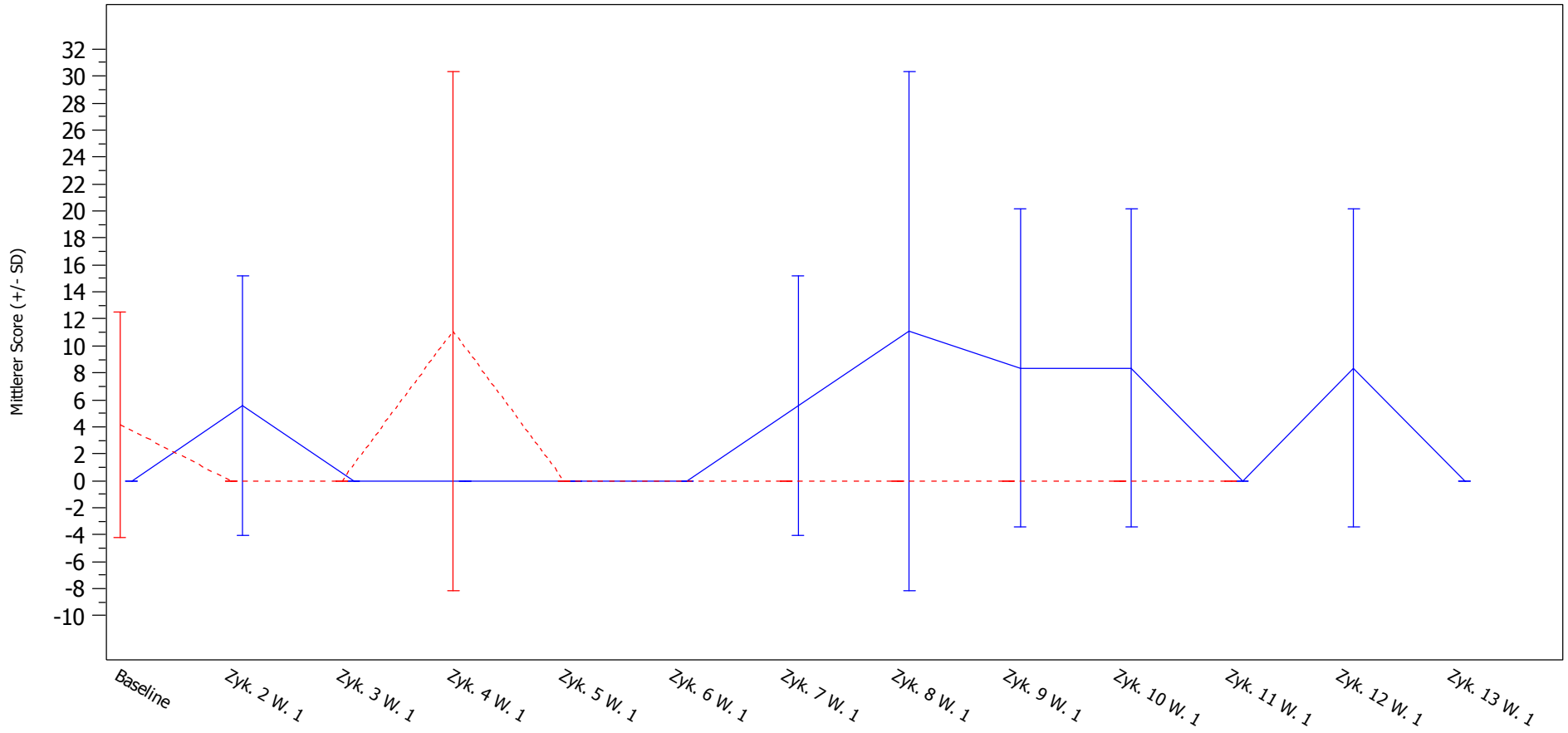
Figure 2.5.1.4.7 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Fatigue across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

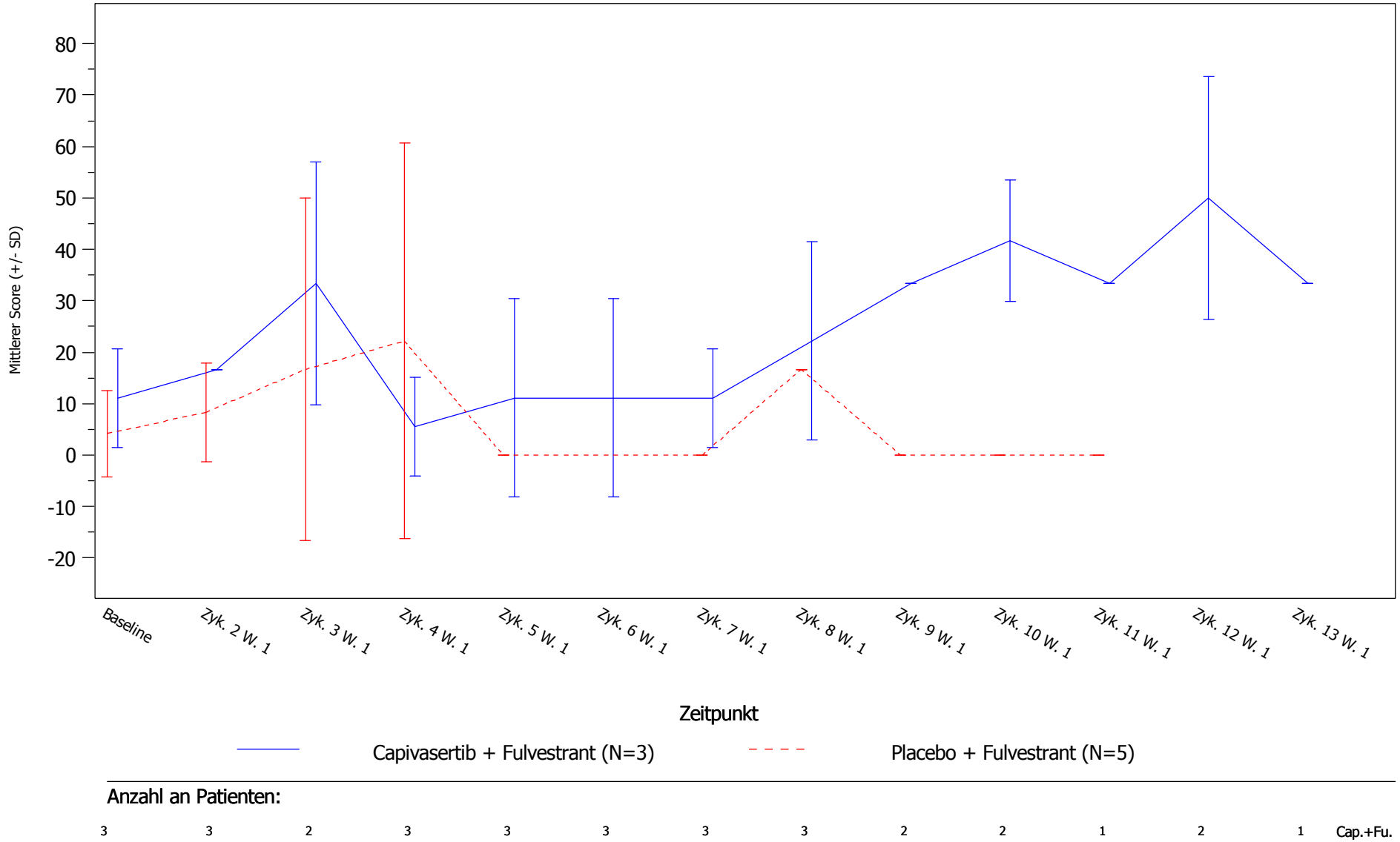
Figure 2.5.1.4.8 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Übelkeit und Erbrechen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

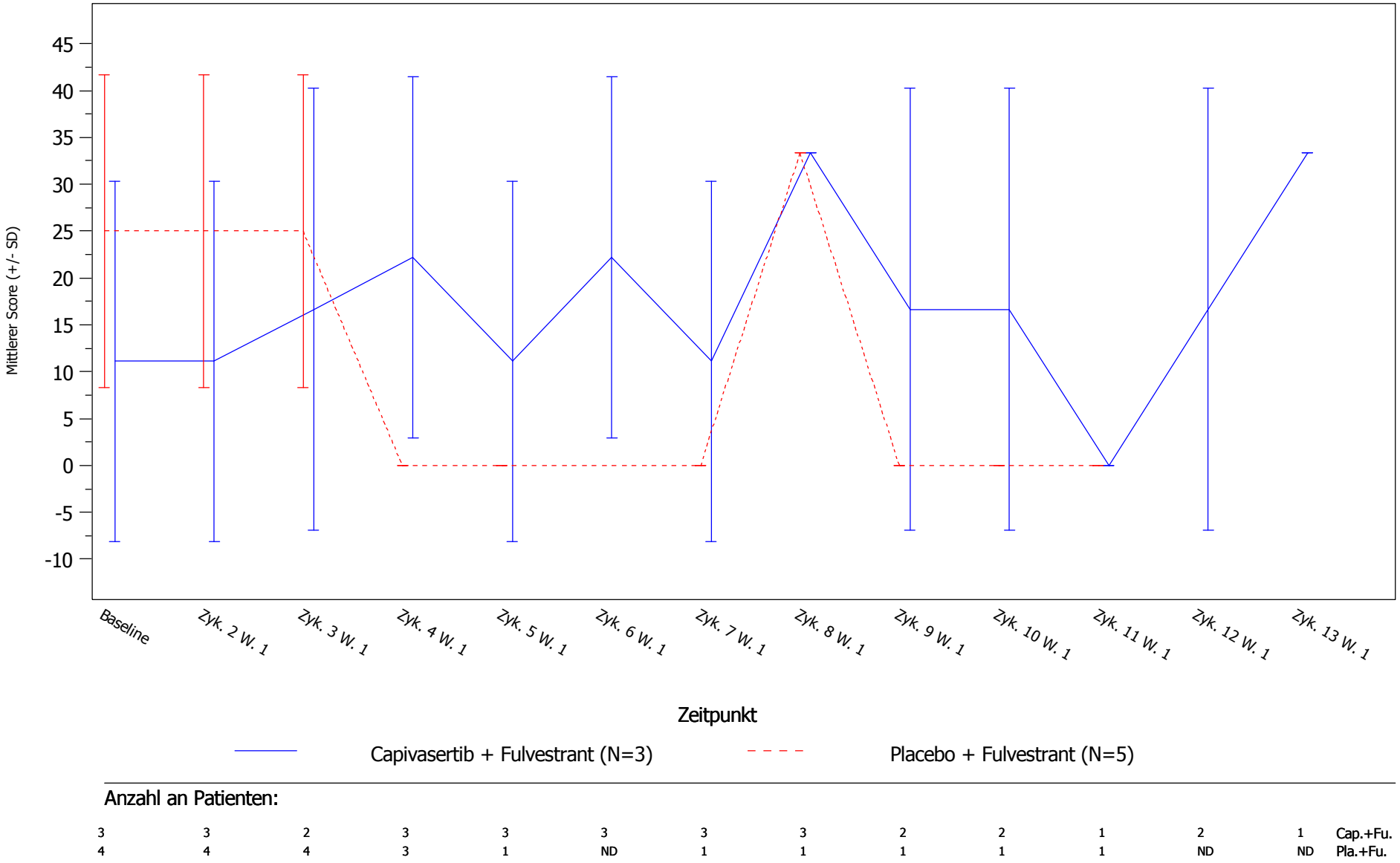
Figure 2.5.1.4.9 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Schmerzen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

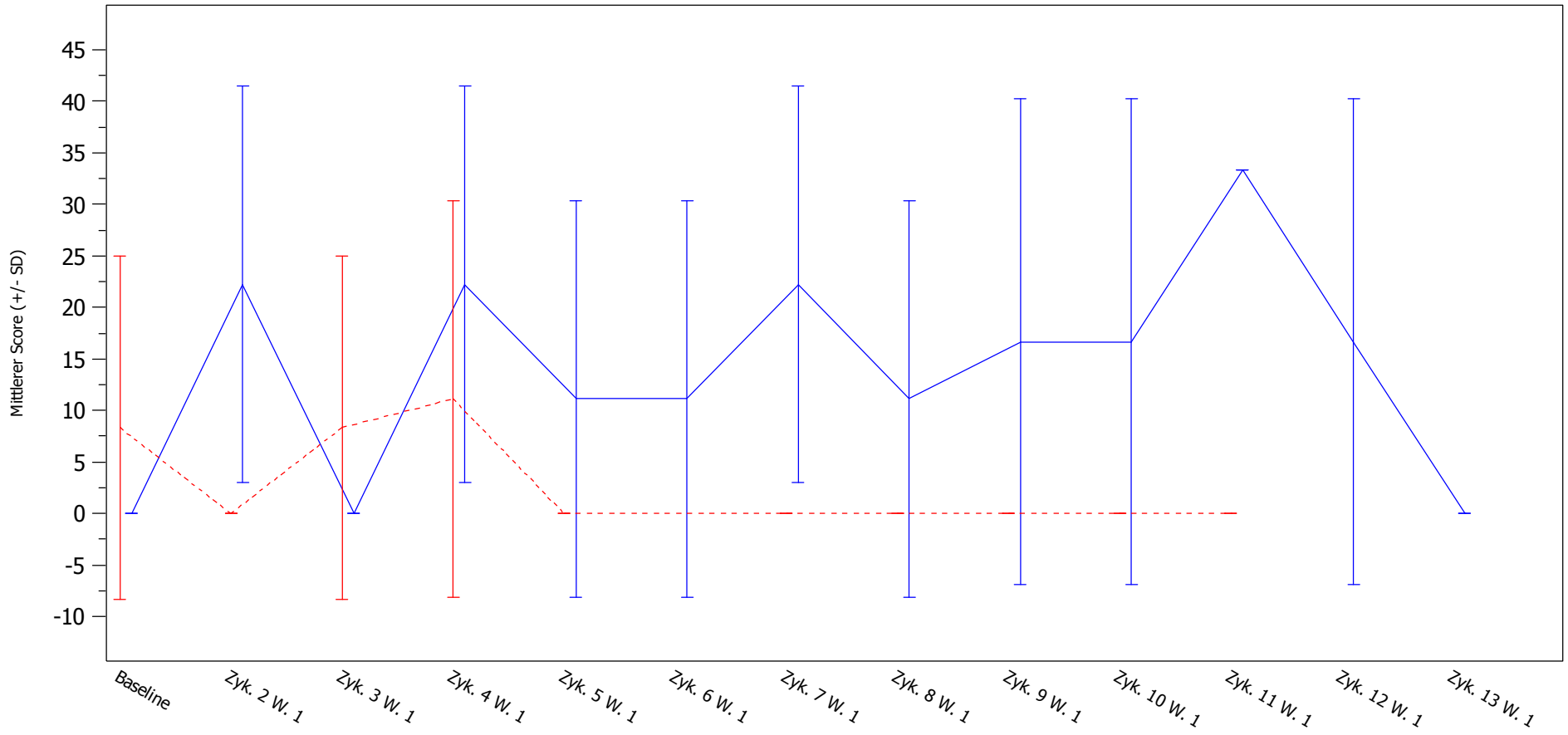
Figure 2.5.1.4.10 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Dyspnoe across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

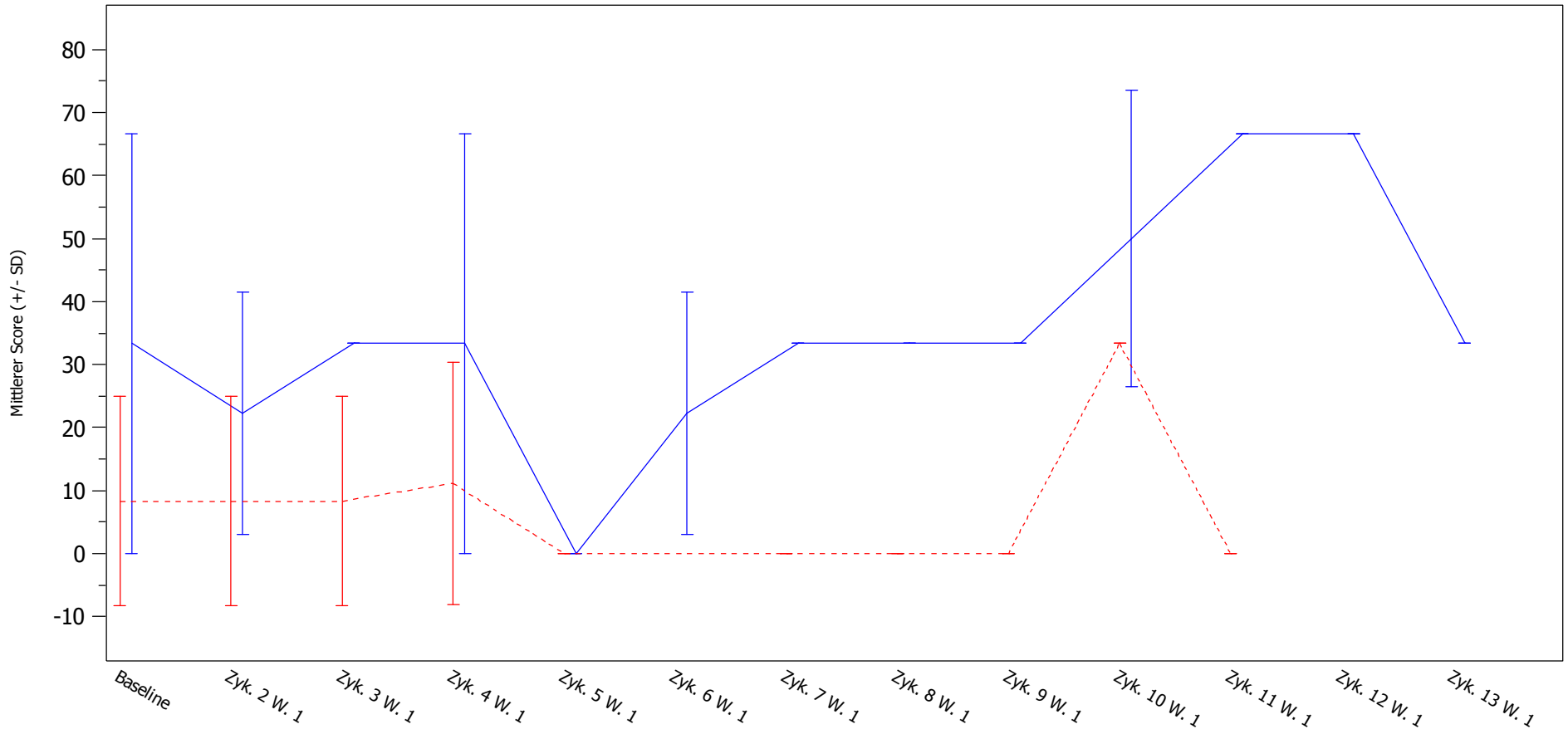
Figure 2.5.1.4.11 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Appetitverlust across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

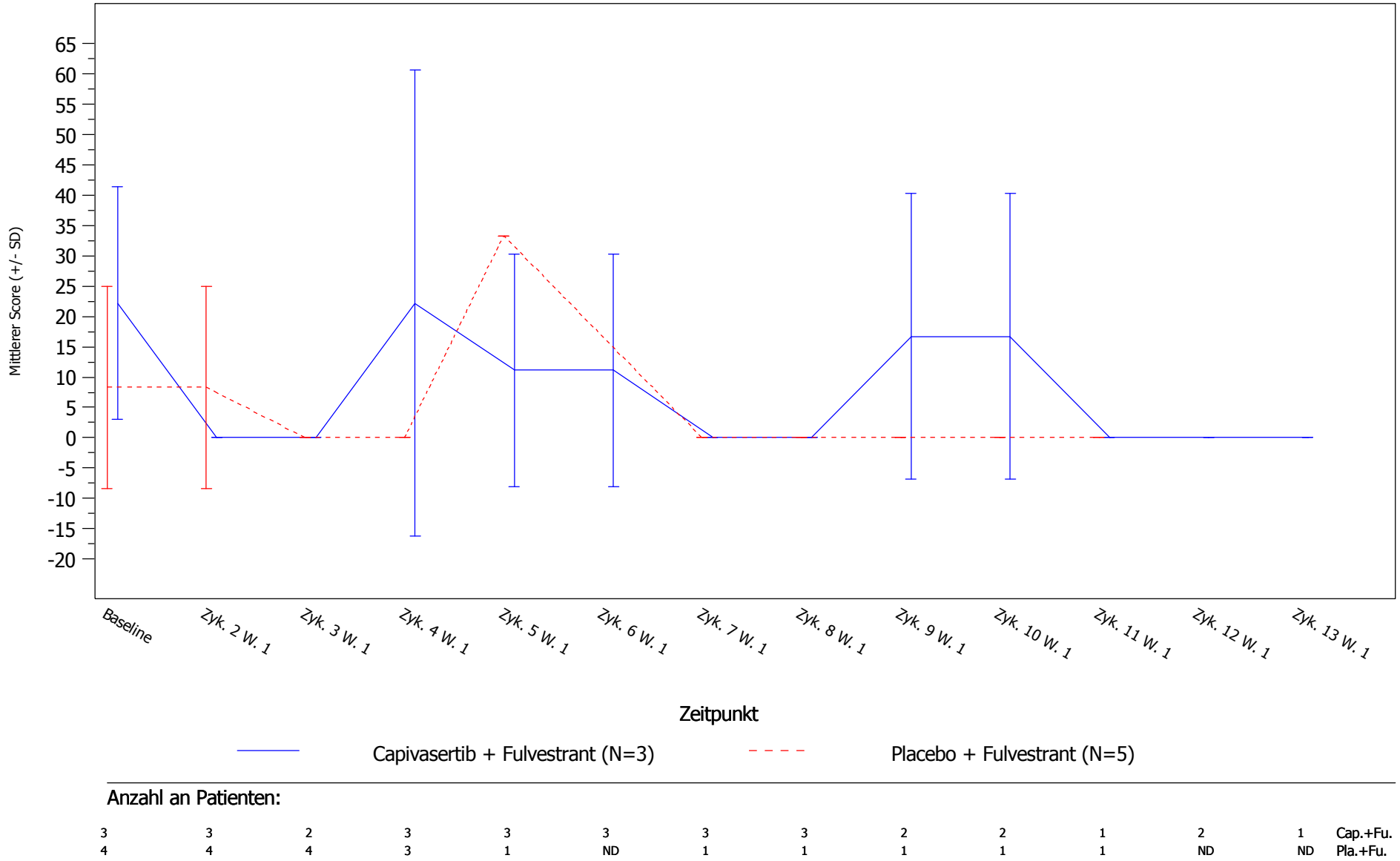
Figure 2.5.1.4.12 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Schlaflosigkeit across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

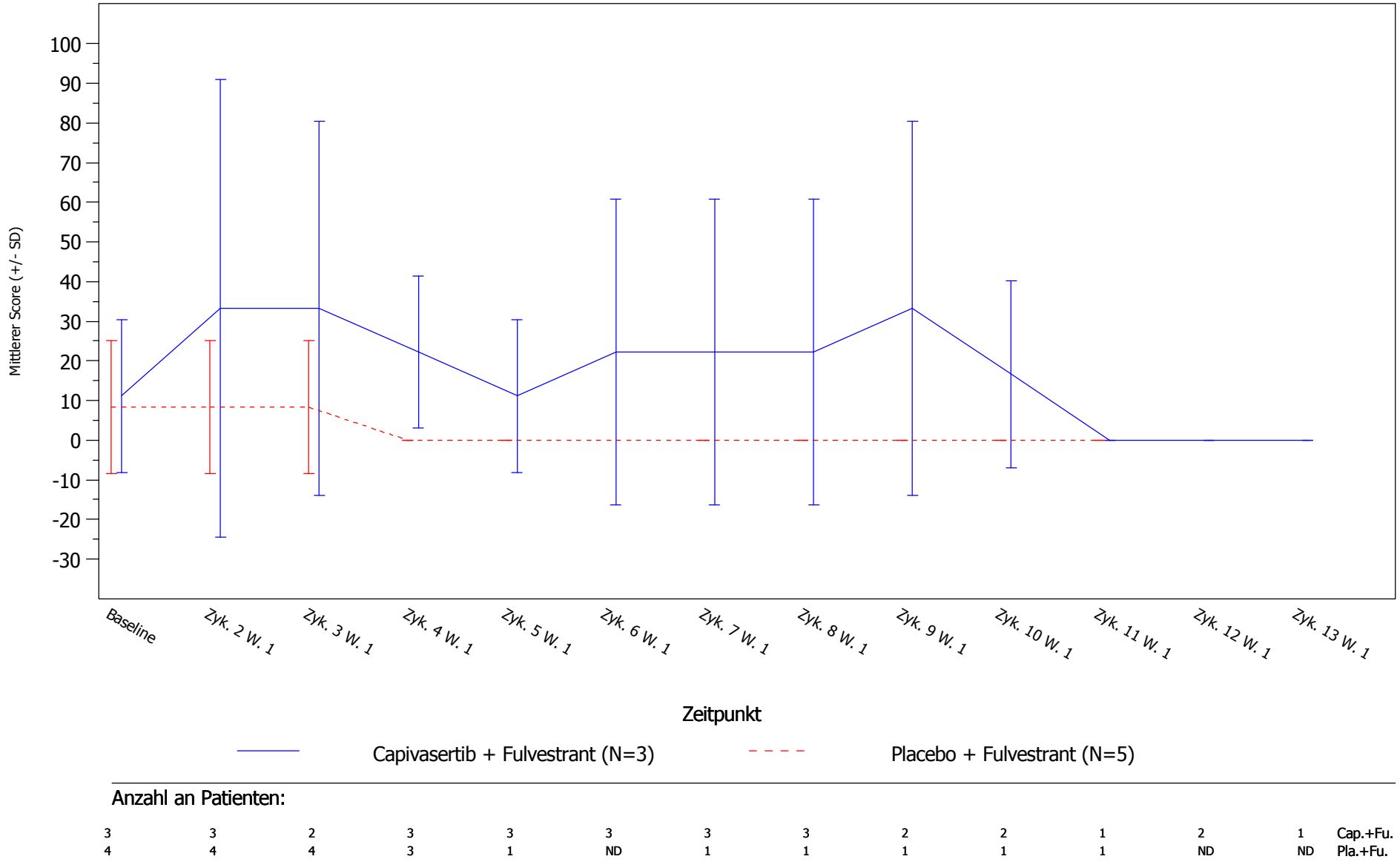
Figure 2.5.1.4.13 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Verstopfung across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

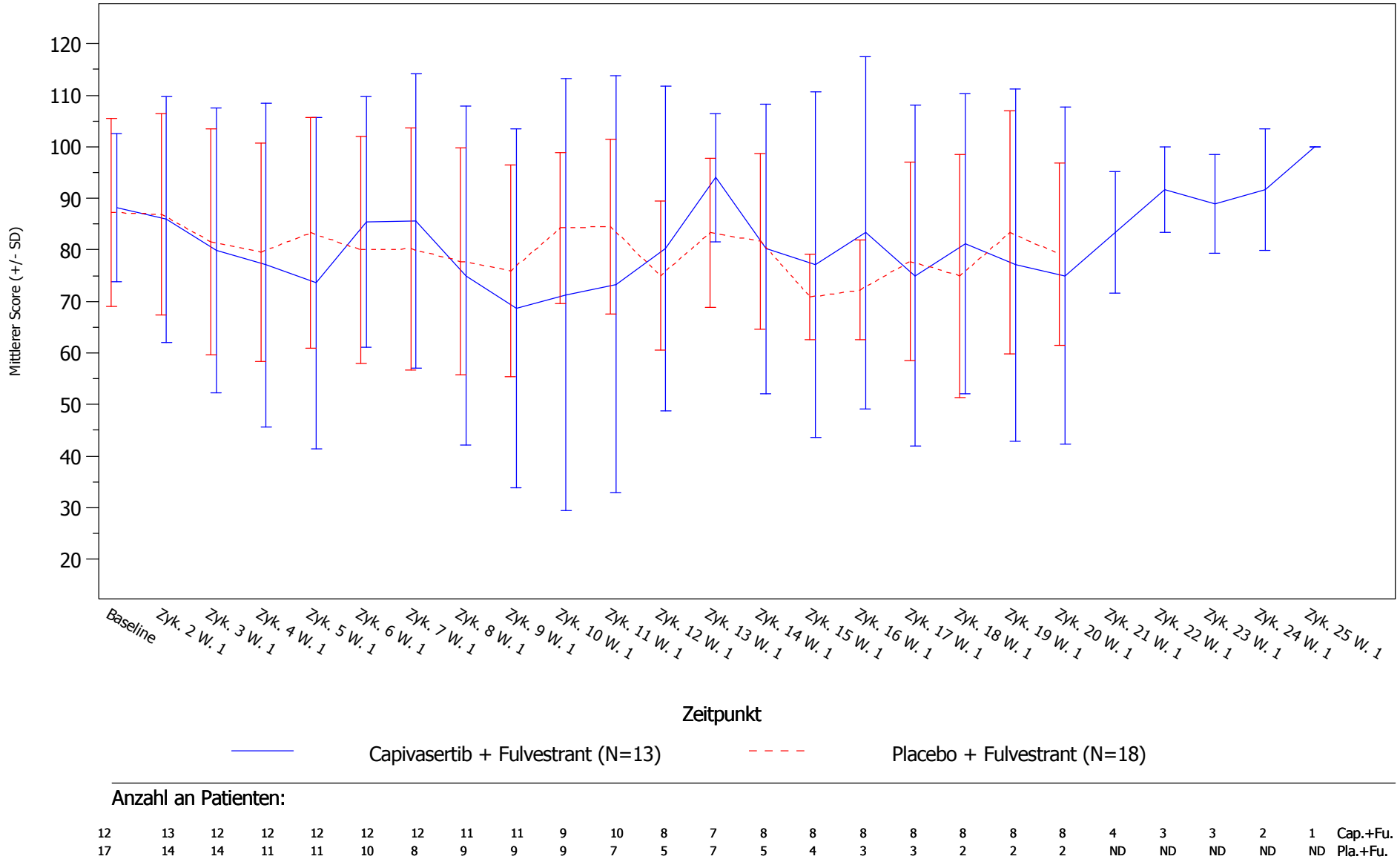
Figure 2.5.1.4.14 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-C30 Diarrhö across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	3	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

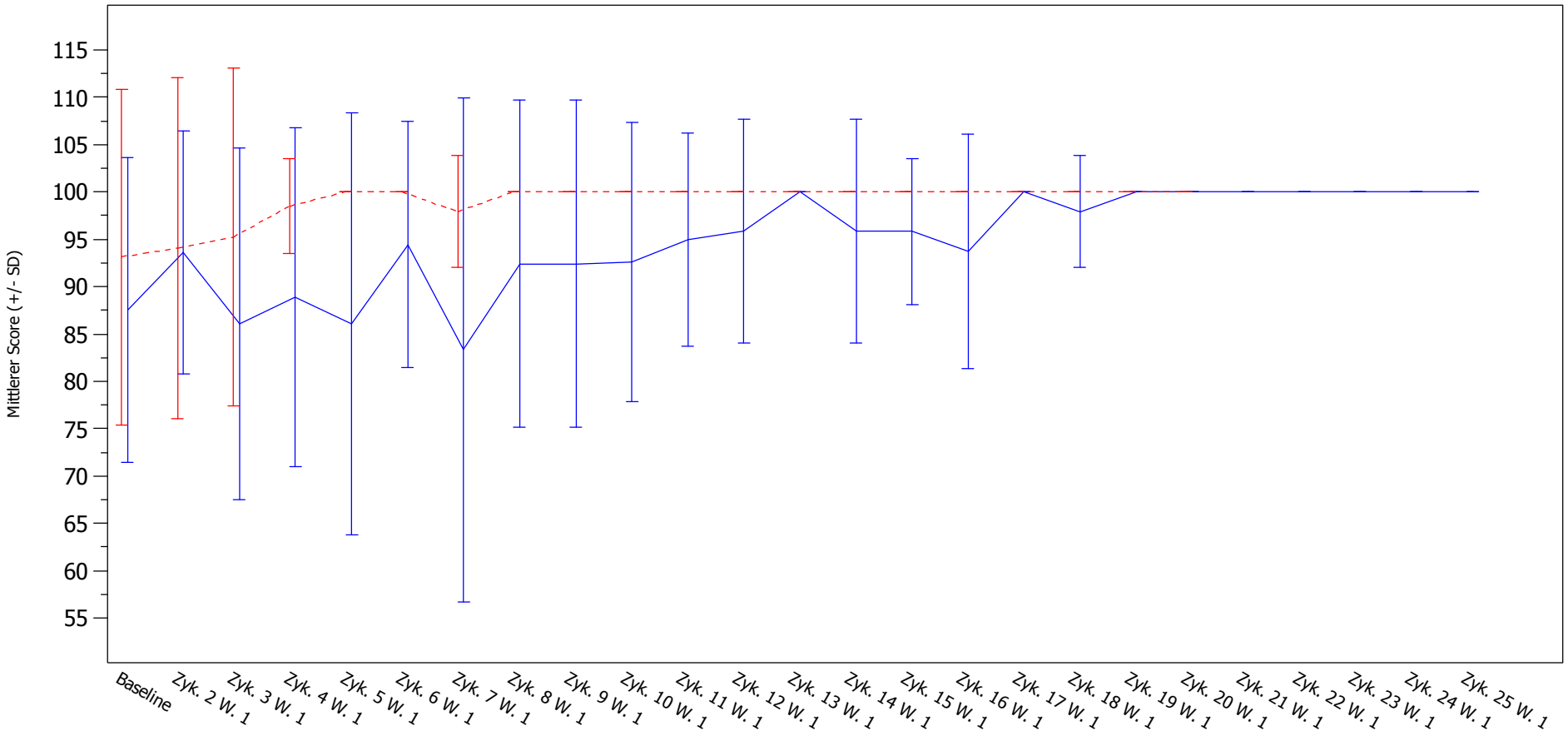
Figure 2.5.2.3.1 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Körperbild across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

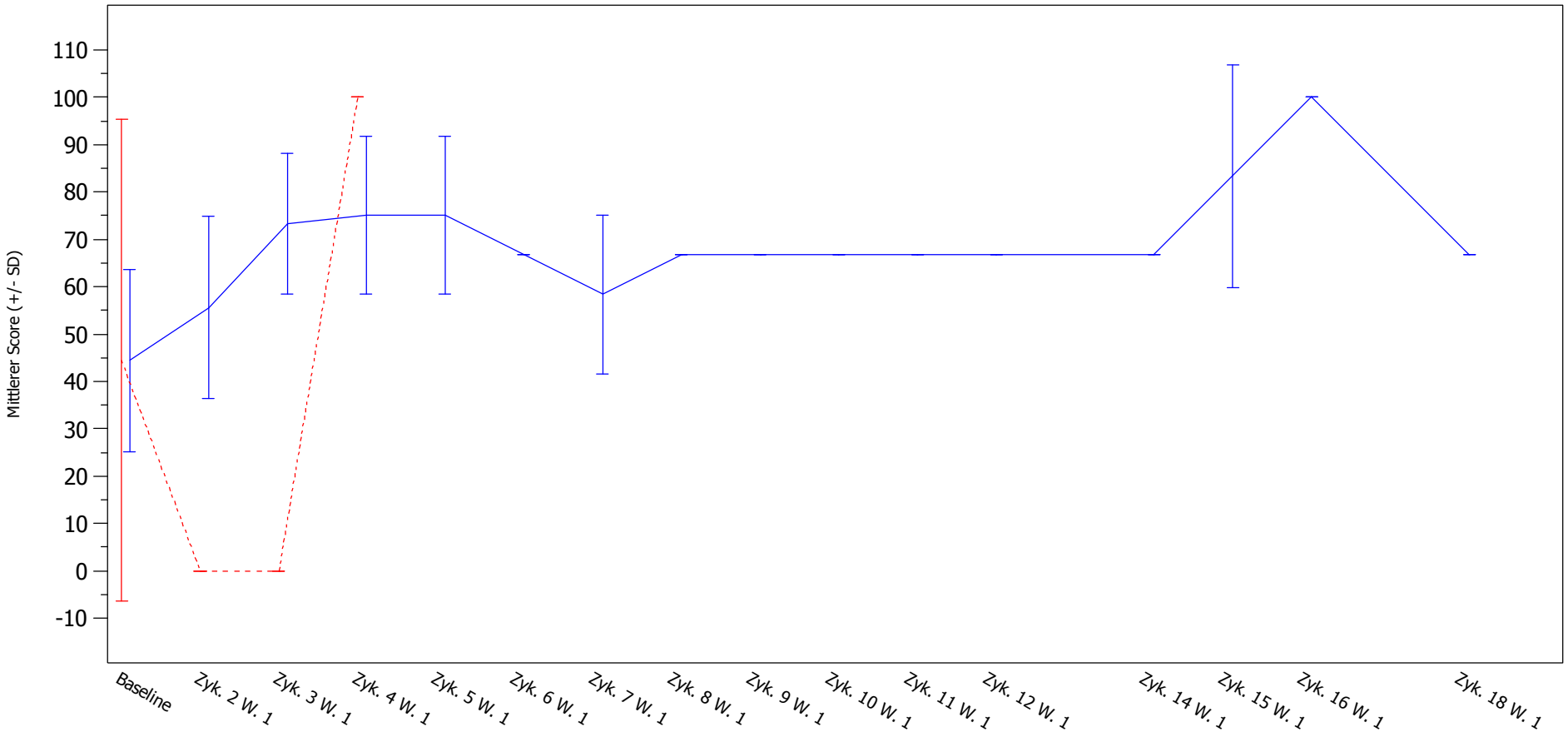
Figure 2.5.2.3.2 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Sexuelle Aktivität across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

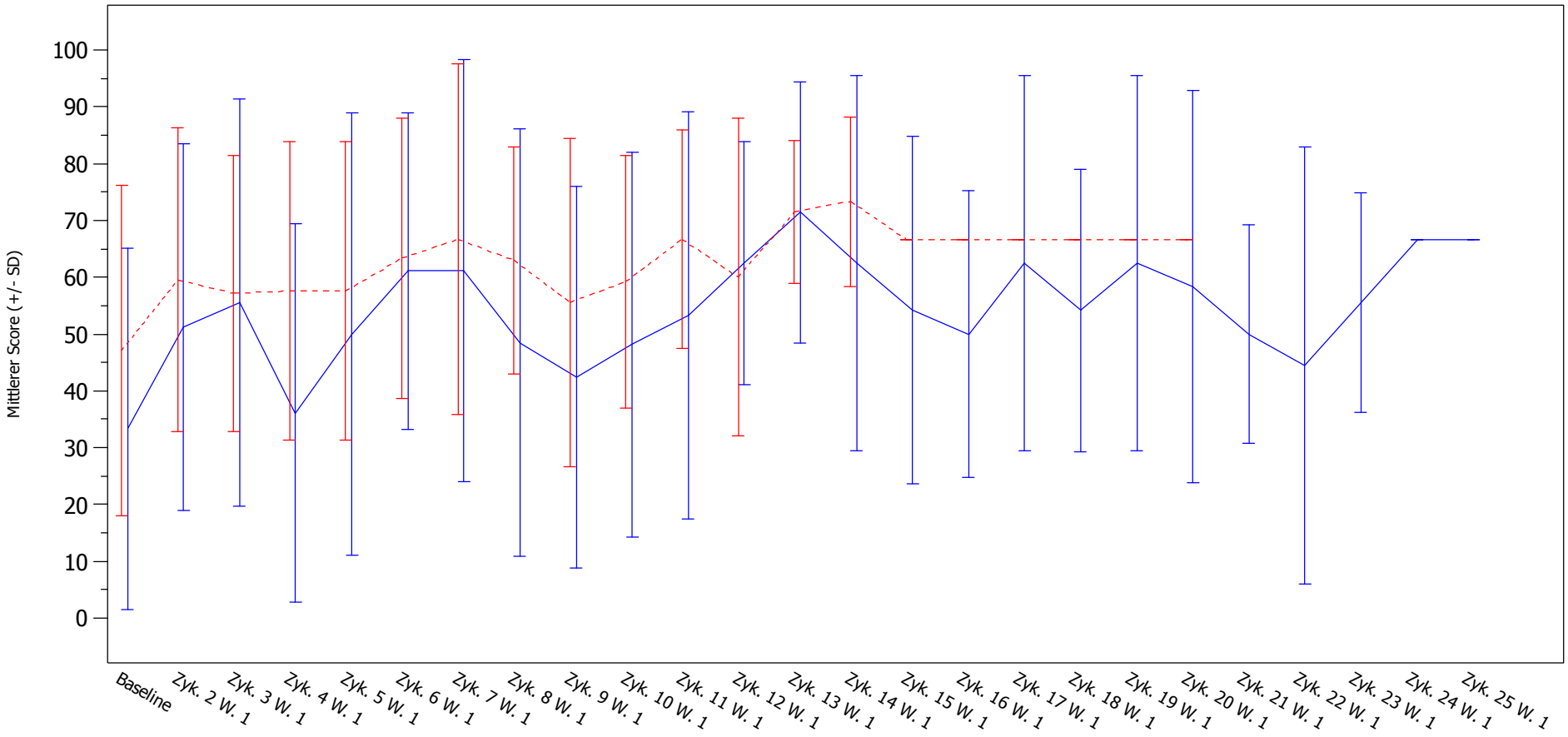
Figure 2.5.2.3.3 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Freude an Sex across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

3	3	5	4	4	2	4	2	2	2	1	1	1	2	2	1	Cap.+Fu.
3	1	1	1	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

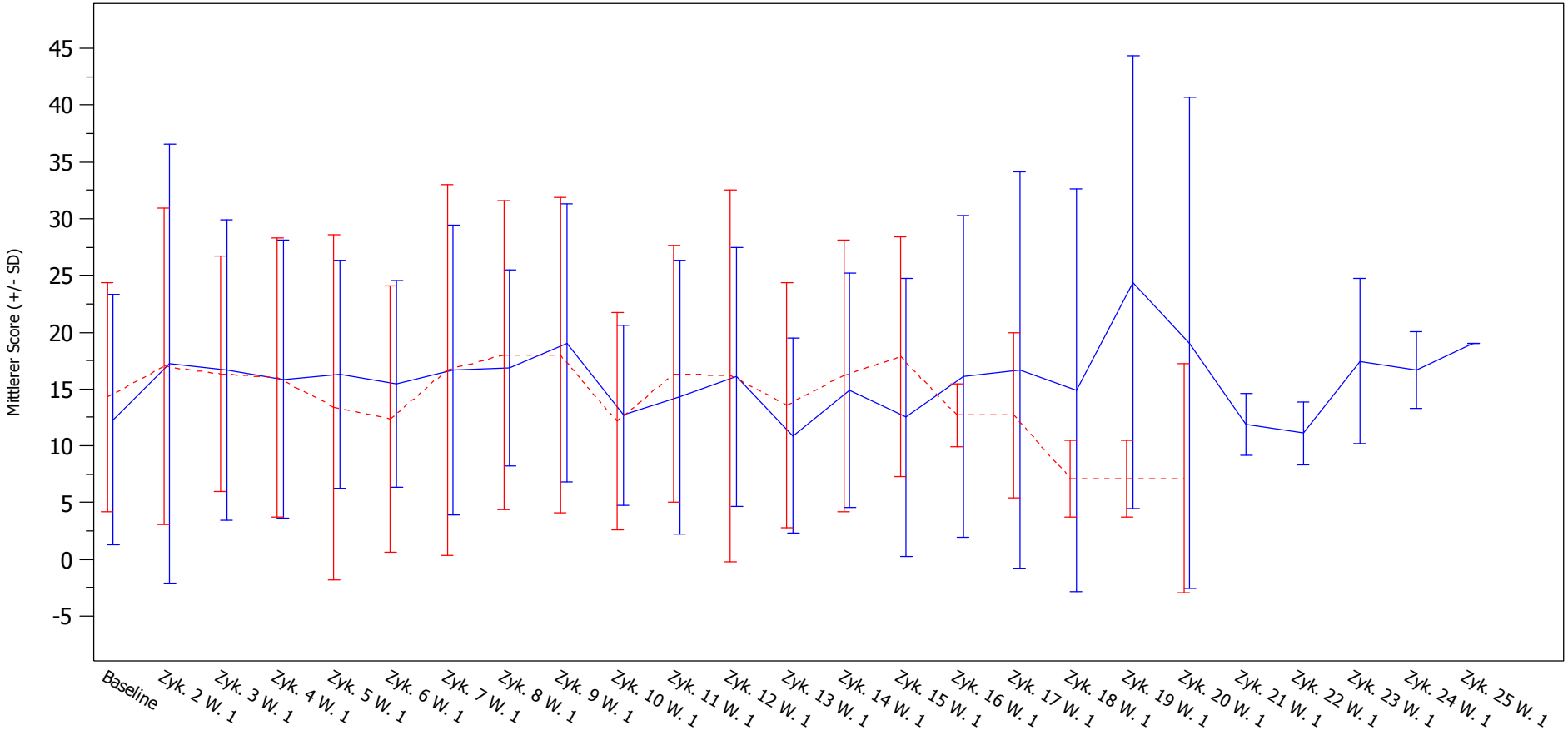
Figure 2.5.2.3.4 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Zukunftsperspektiven across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

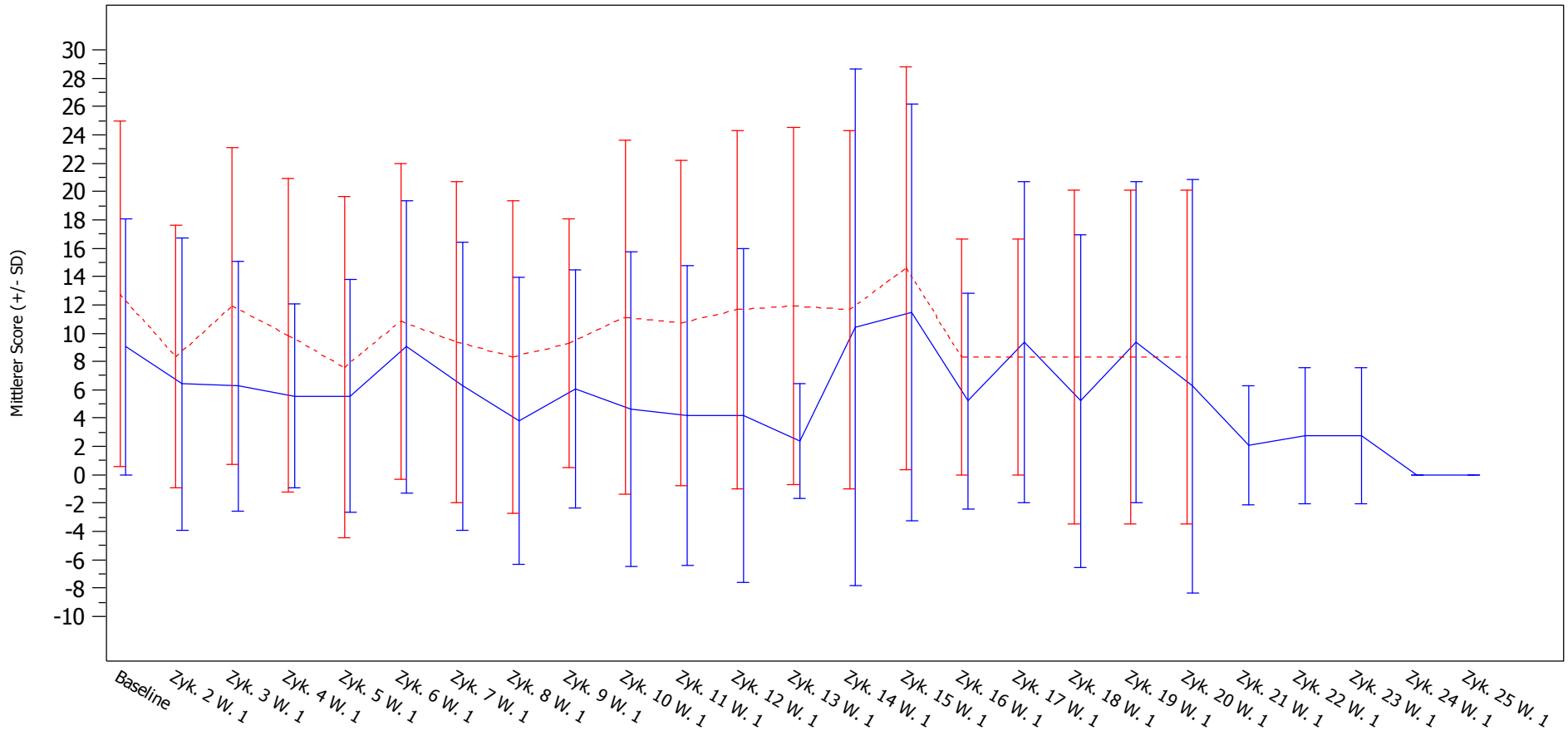
Figure 2.5.2.3.5 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

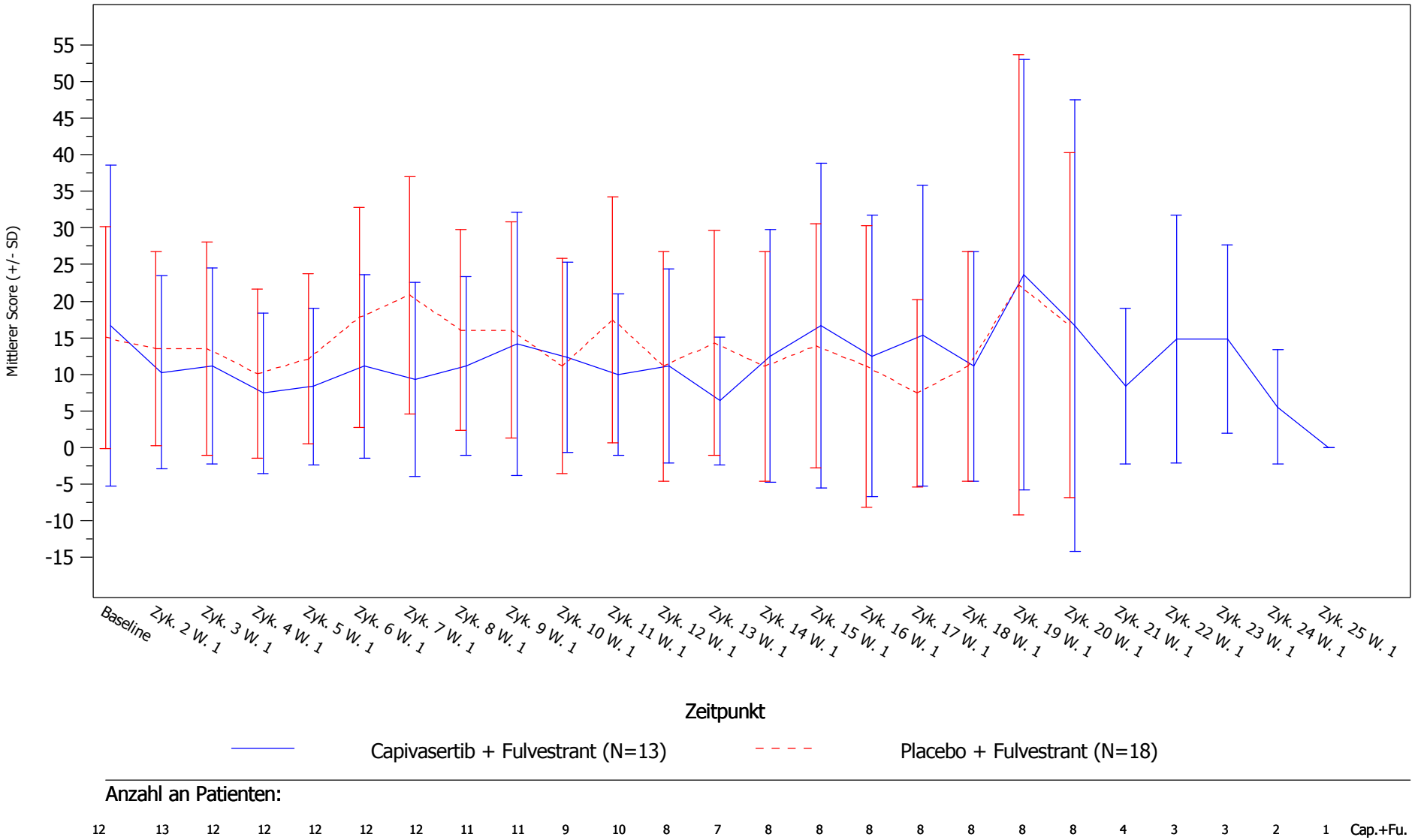
Figure 2.5.2.3.6 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Brustbereich across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

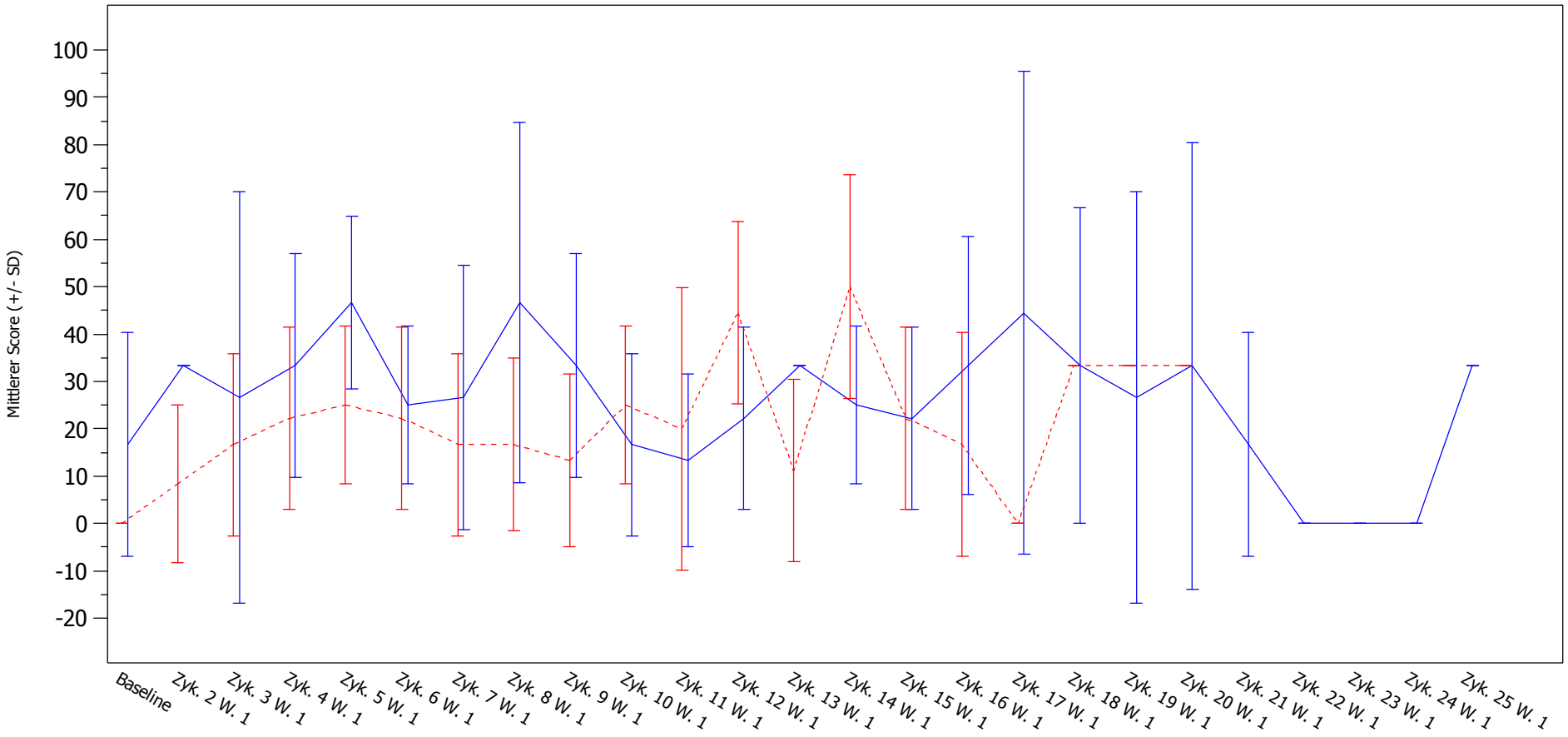
Figure 2.5.2.3.7 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Armbereich across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

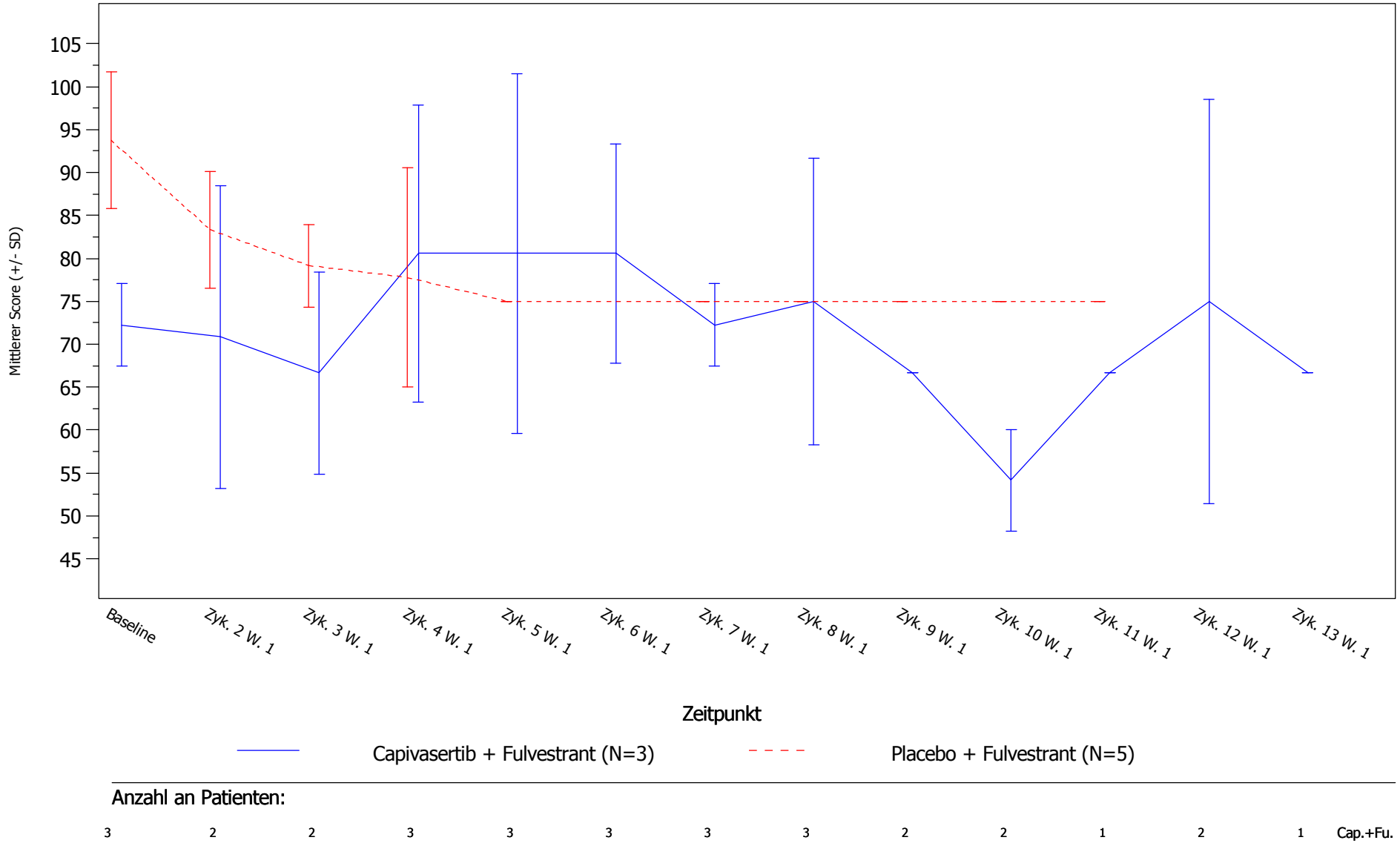
Figure 2.5.2.3.8 CAPItello-291 (Global A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Belastung durch Haarausfall across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

2	1	5	5	5	4	5	5	5	4	5	3	2	4	3	4	3	3	5	4	2	1	2	1	1	Cap.+Fu.
4	4	4	3	4	3	4	6	5	4	5	3	3	2	3	2	1	1	1	1	ND	ND	ND	ND	ND	Pla.+Fu.

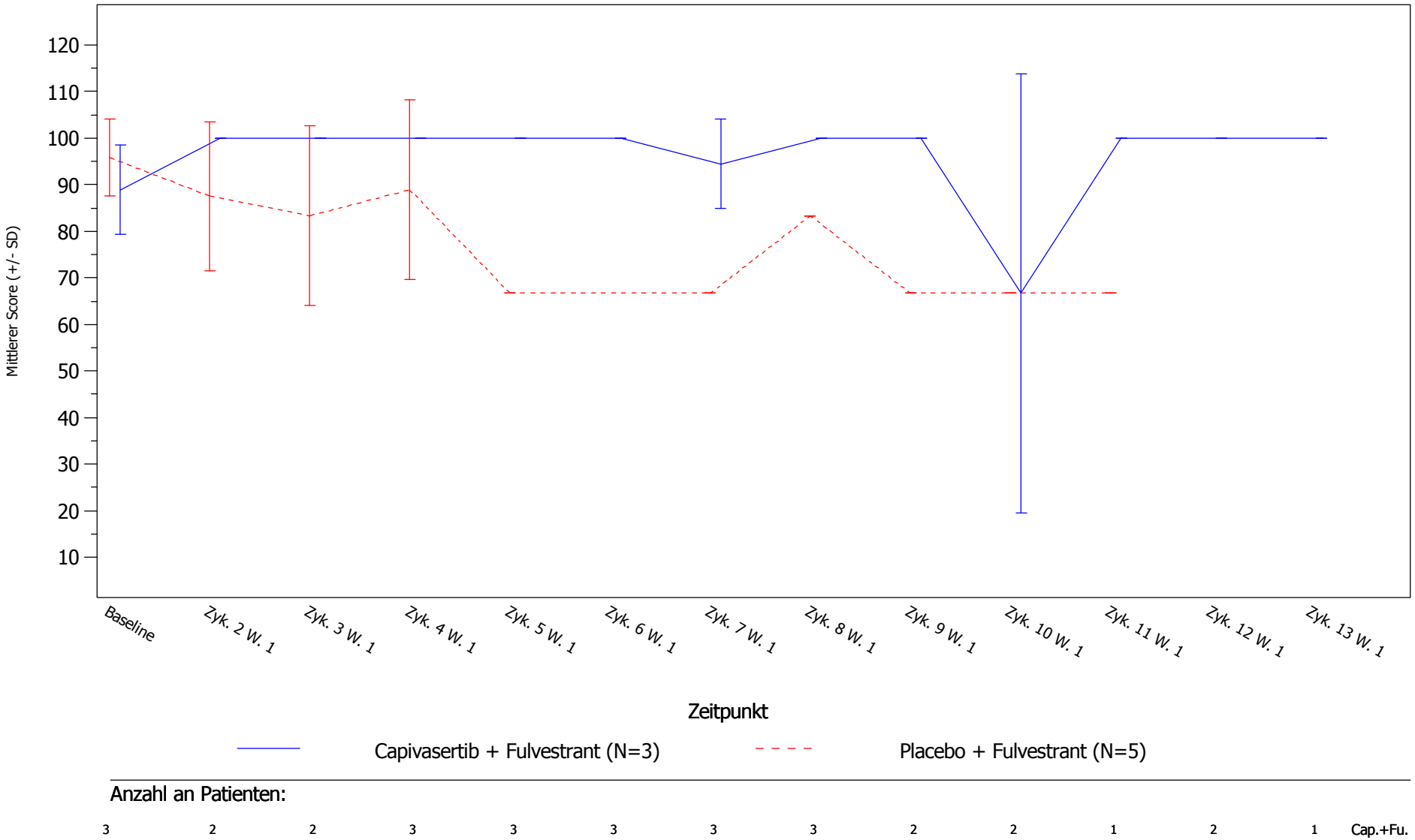
Figure 2.5.2.4.1 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Körperbild across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

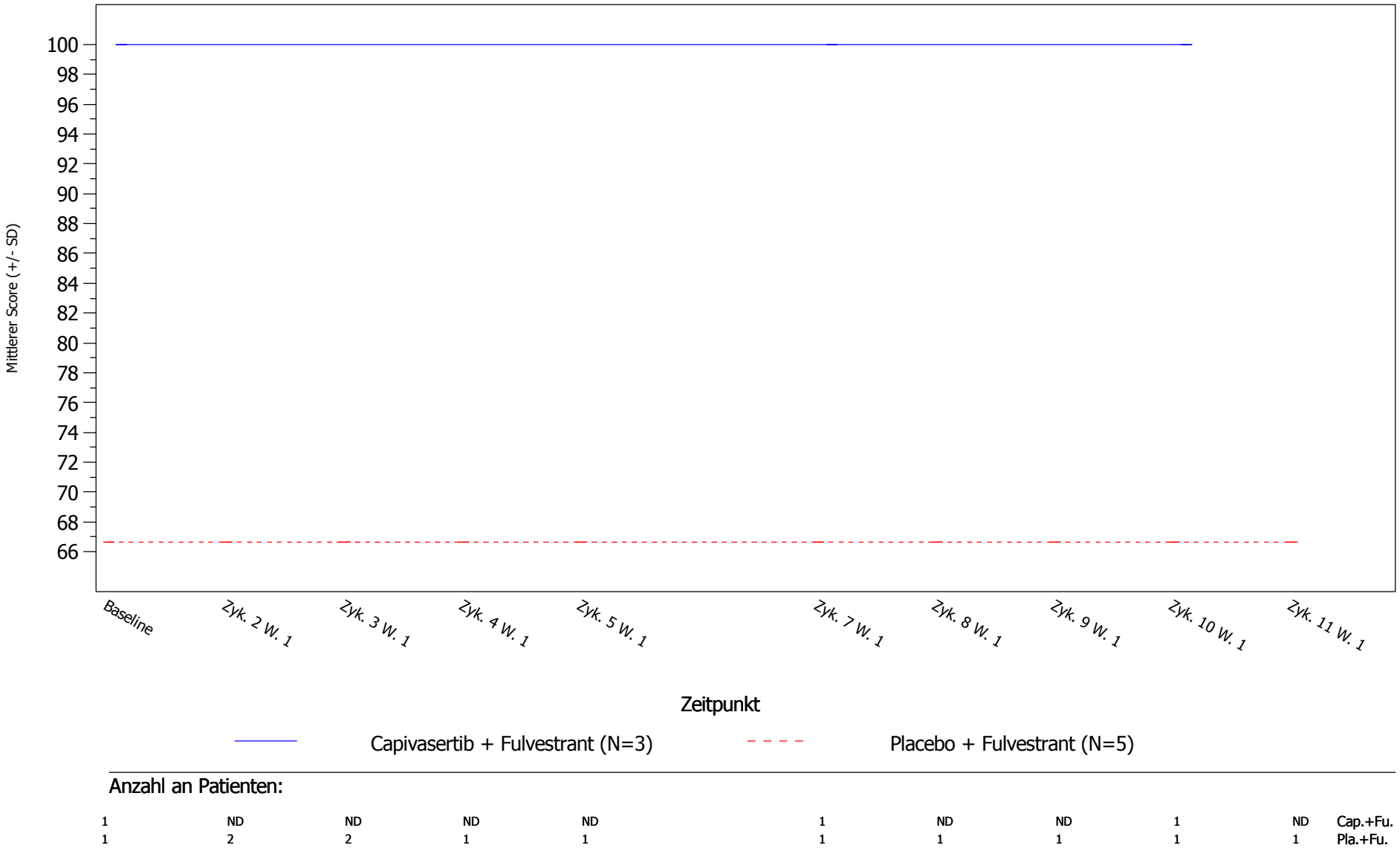
Figure 2.5.2.4.2 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Sexuelle Aktivität across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

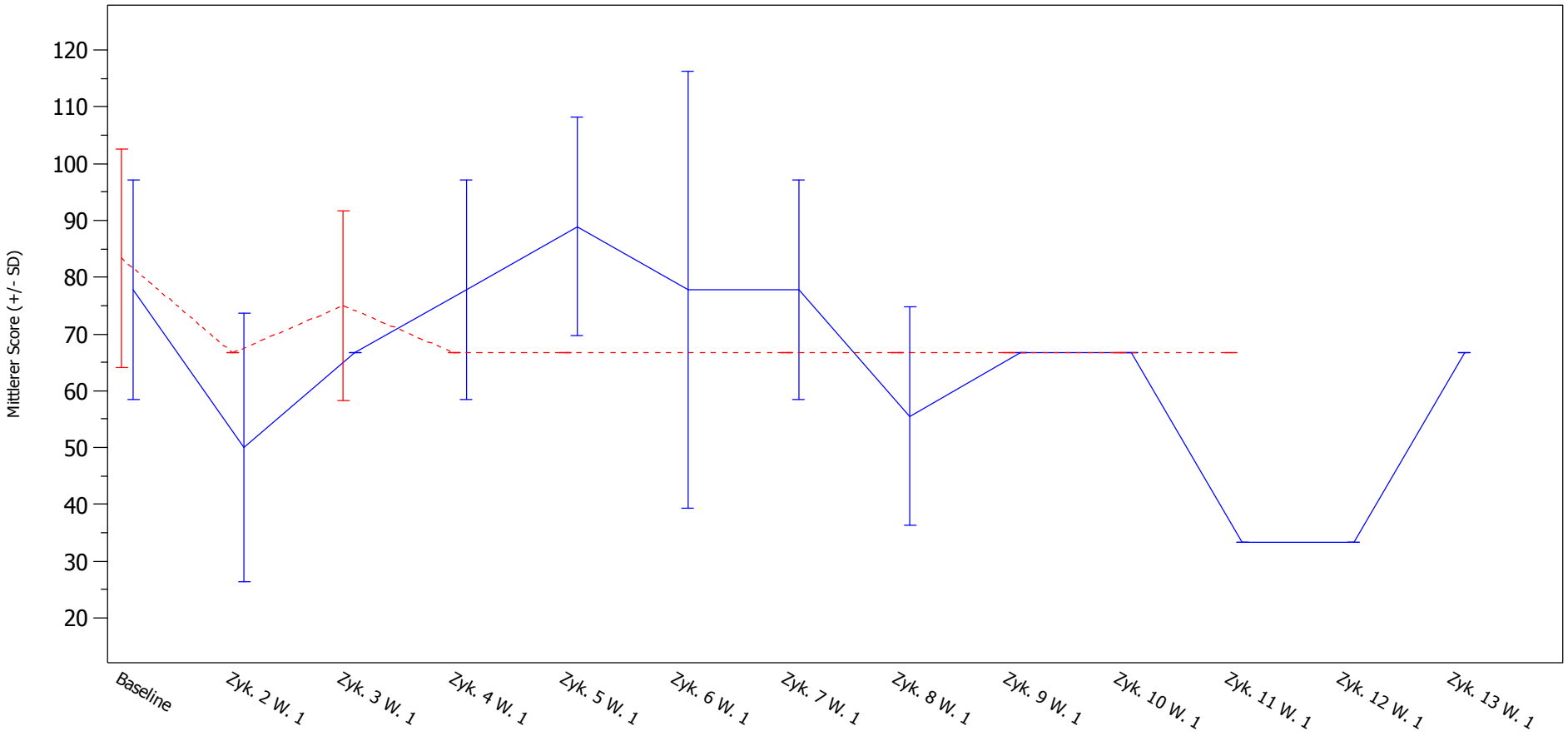
Figure 2.5.2.4.3 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Freude an Sex across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

1	ND	ND	ND	ND	1	ND	ND	1	ND	Cap.+Fu.
1	2	2	1	1	1	1	1	1	1	Pla.+Fu.

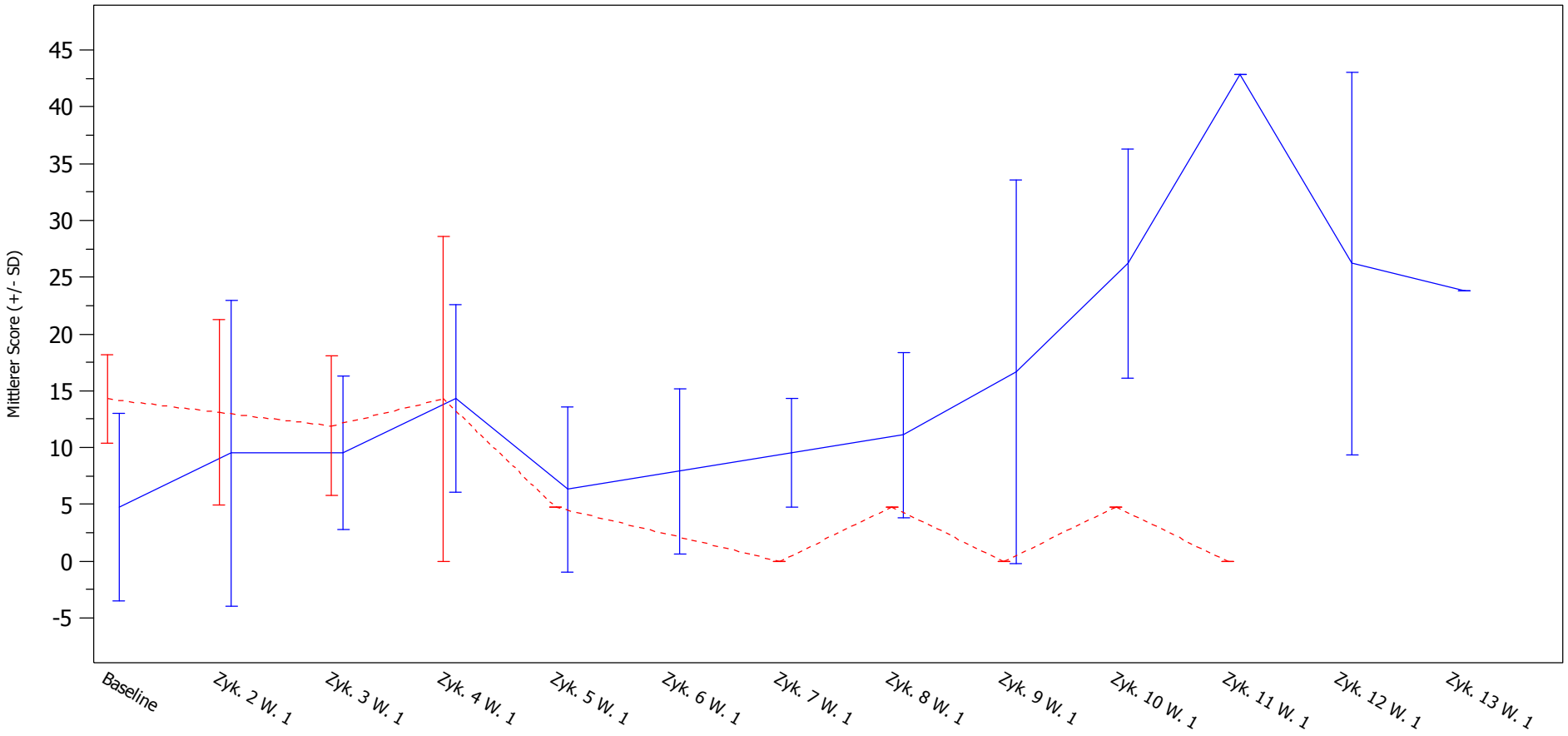
Figure 2.5.2.4.4 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Zukunftsperspektiven across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

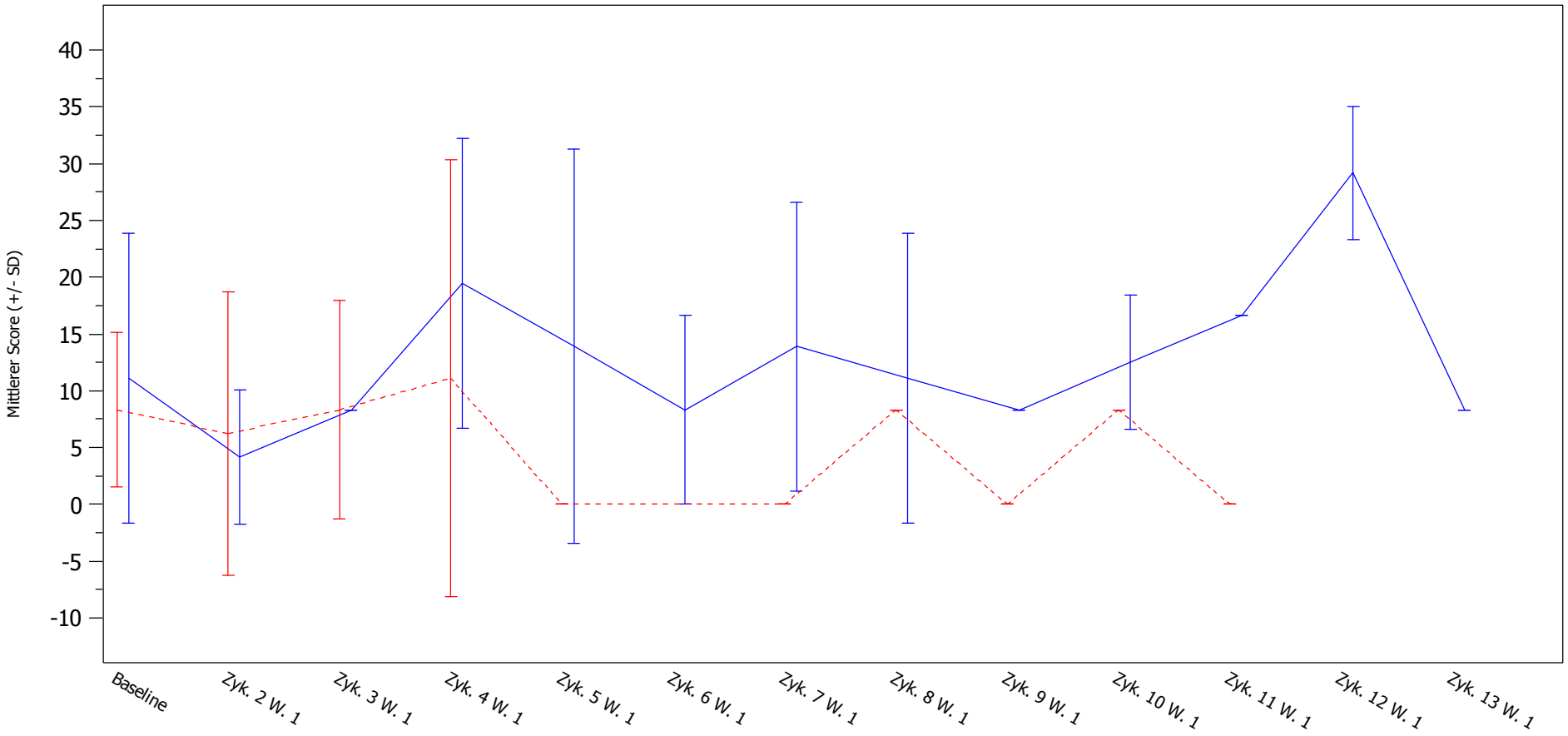
Figure 2.5.2.4.5 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

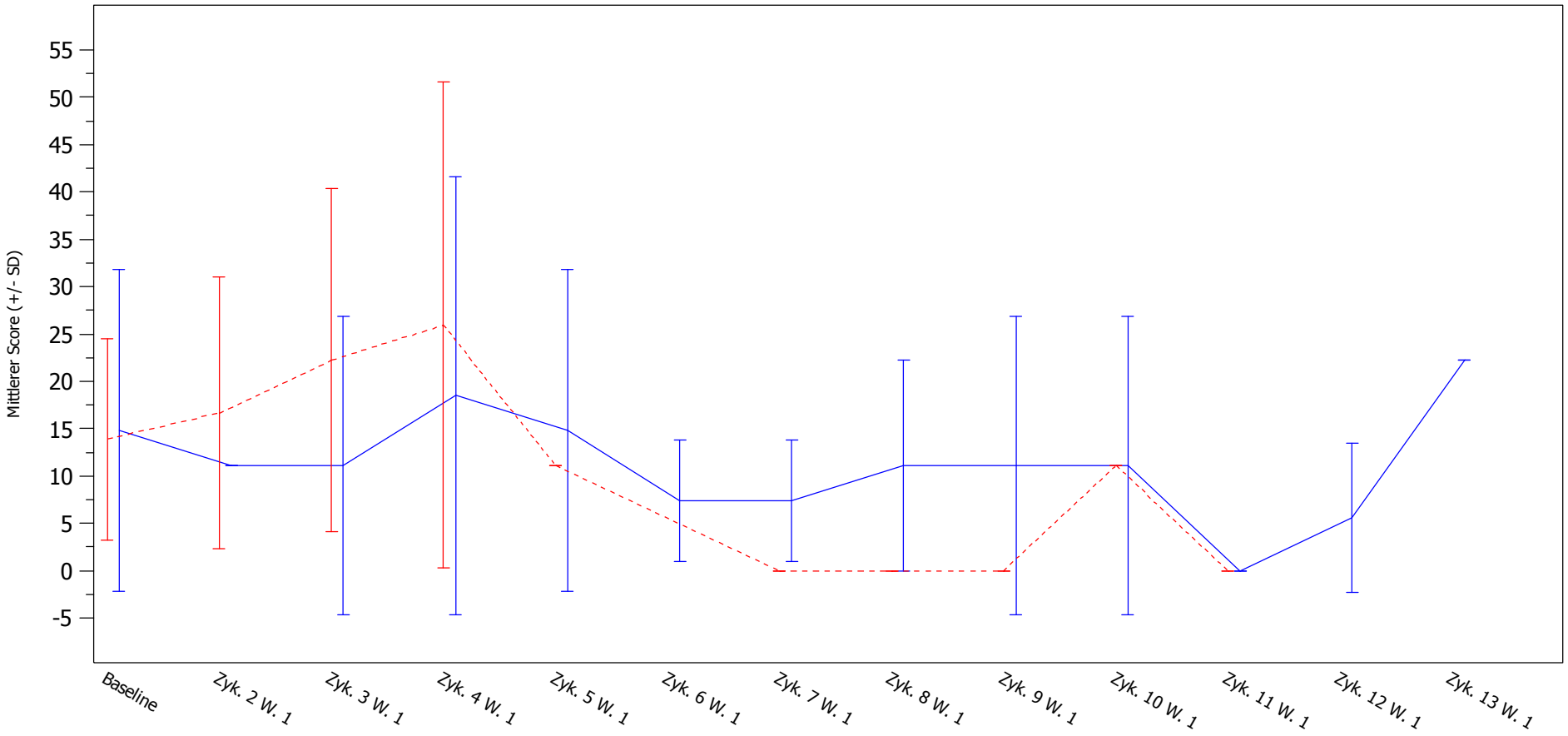
Figure 2.5.2.4.6 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Brustbereich across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

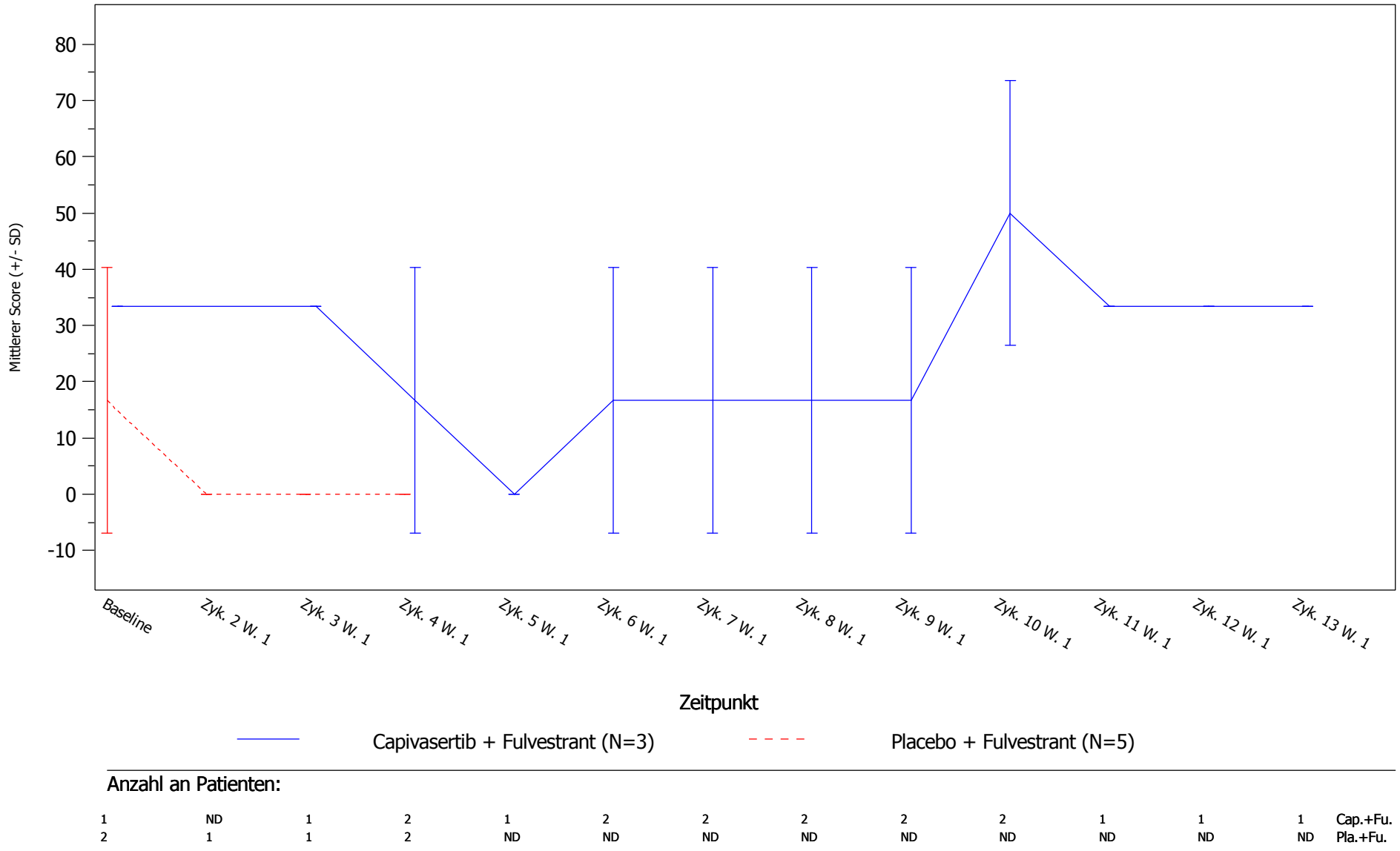
Figure 2.5.2.4.7 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Symptome im Armbereich across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

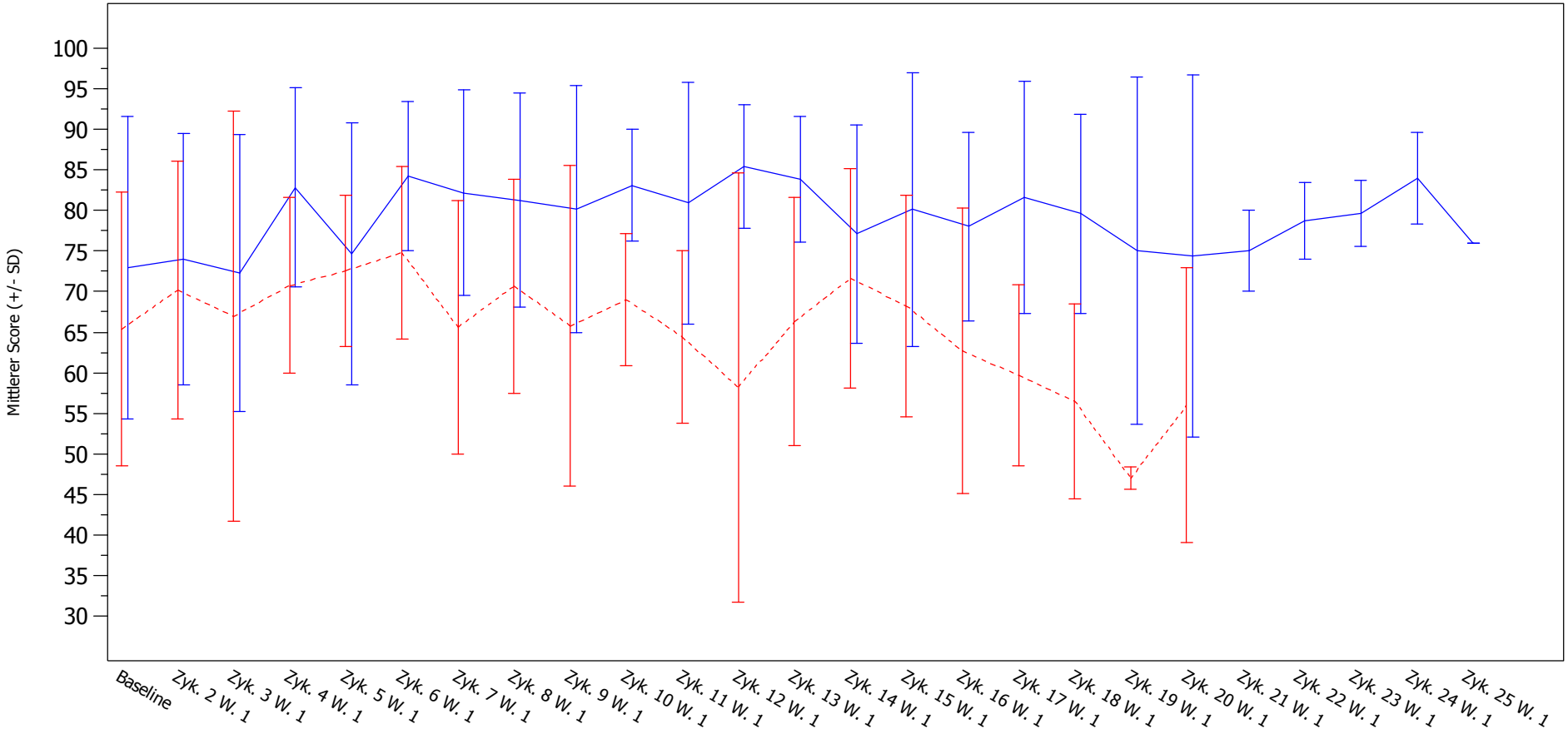
Figure 2.5.2.4.8 CAPItello-291 (China A2): Mean (+/- SD) plot of EORTC QLQ-BR23 Belastung durch Haarausfall across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

1	ND	1	2	1	2	2	2	2	2	1	1	1	Cap.+Fu.
2	1	1	2	ND	ND	ND	ND	ND	ND	ND	ND	ND	Pla.+Fu.

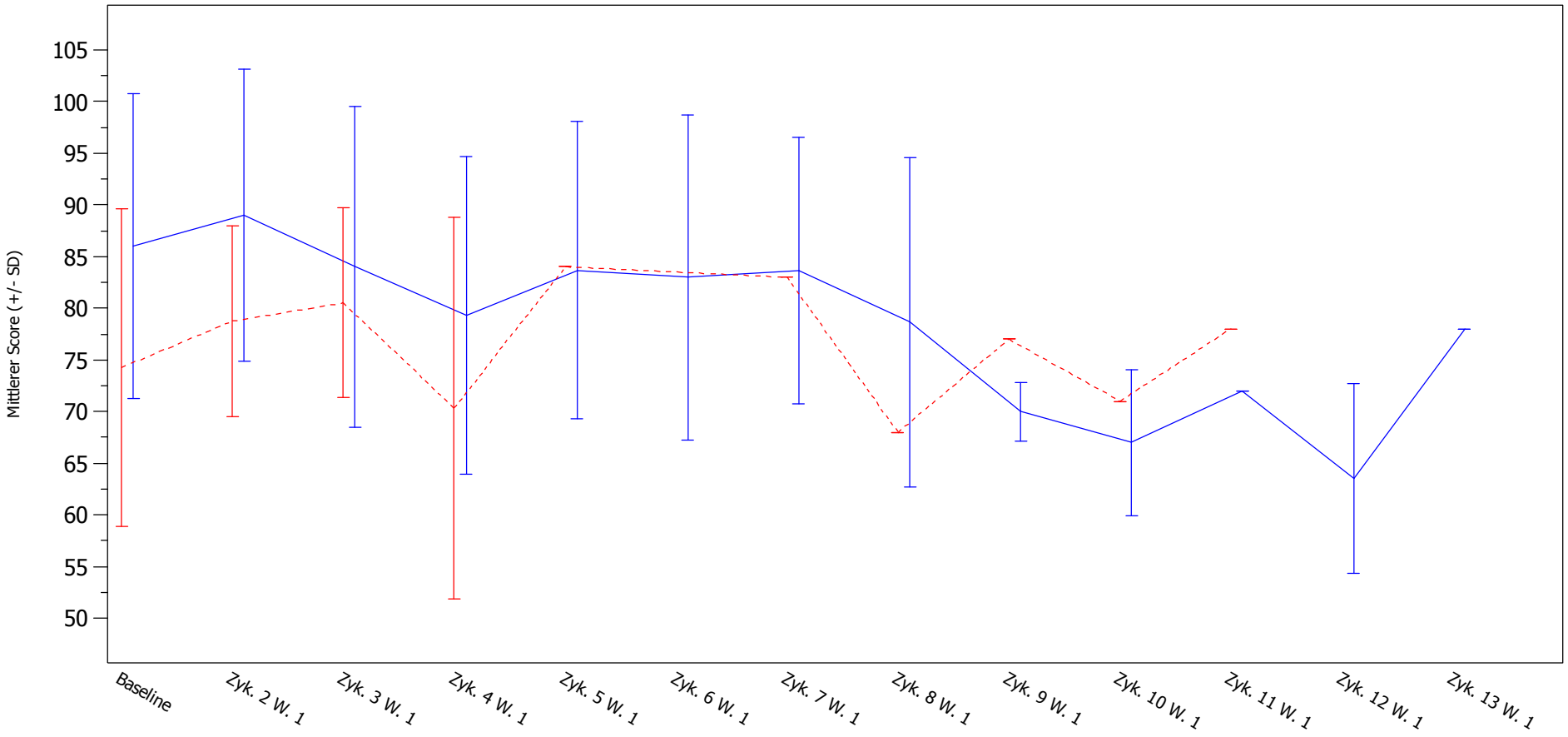
Figure 2.5.3.3.1 CAPItello-291 (Global A2): Mean (+/- SD) plot of EQ-5D-5L Visuelle Analogskala across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

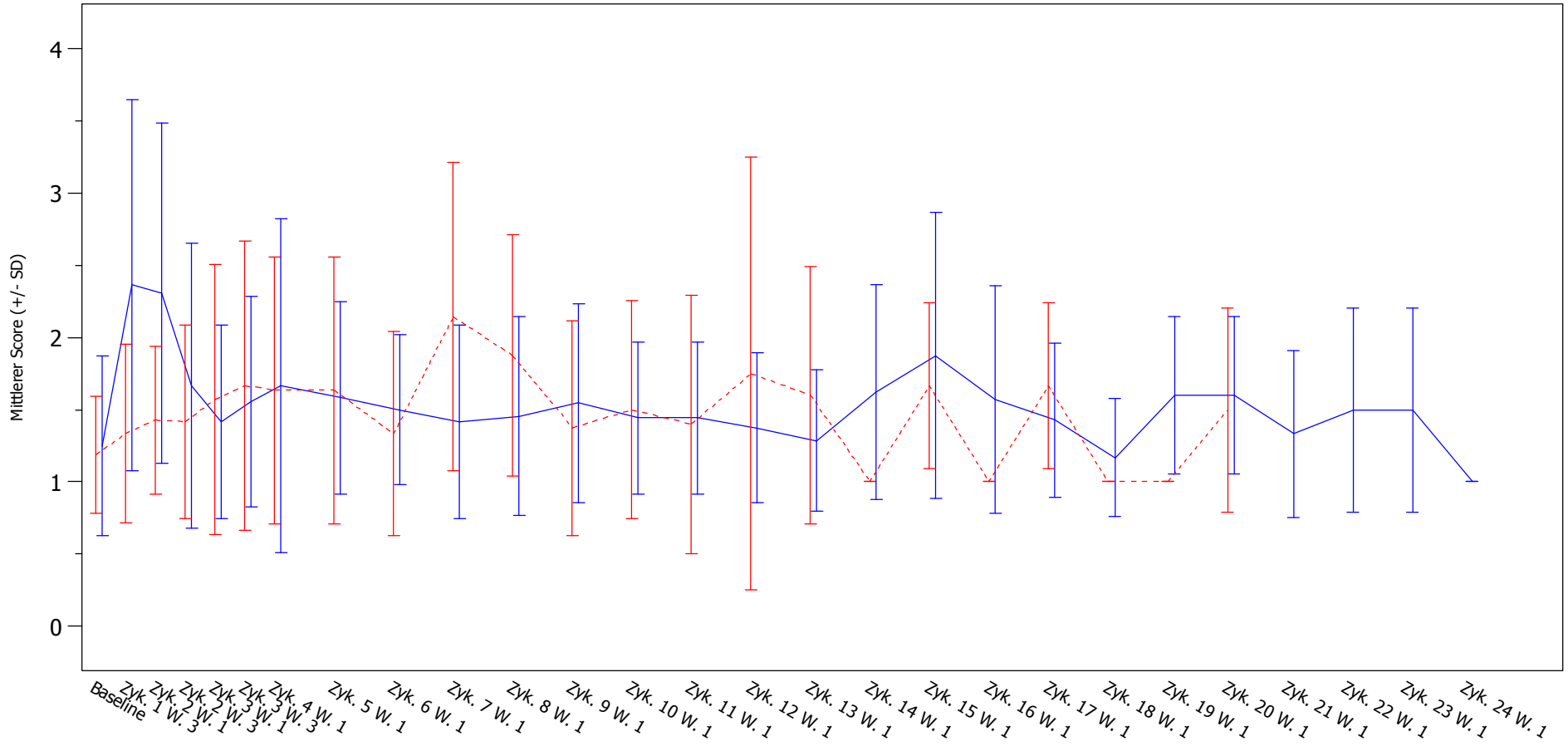
Figure 2.5.3.4.1 CAPItello-291 (China A2): Mean (+/- SD) plot of EQ-5D-5L Visuelle Analogskala across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

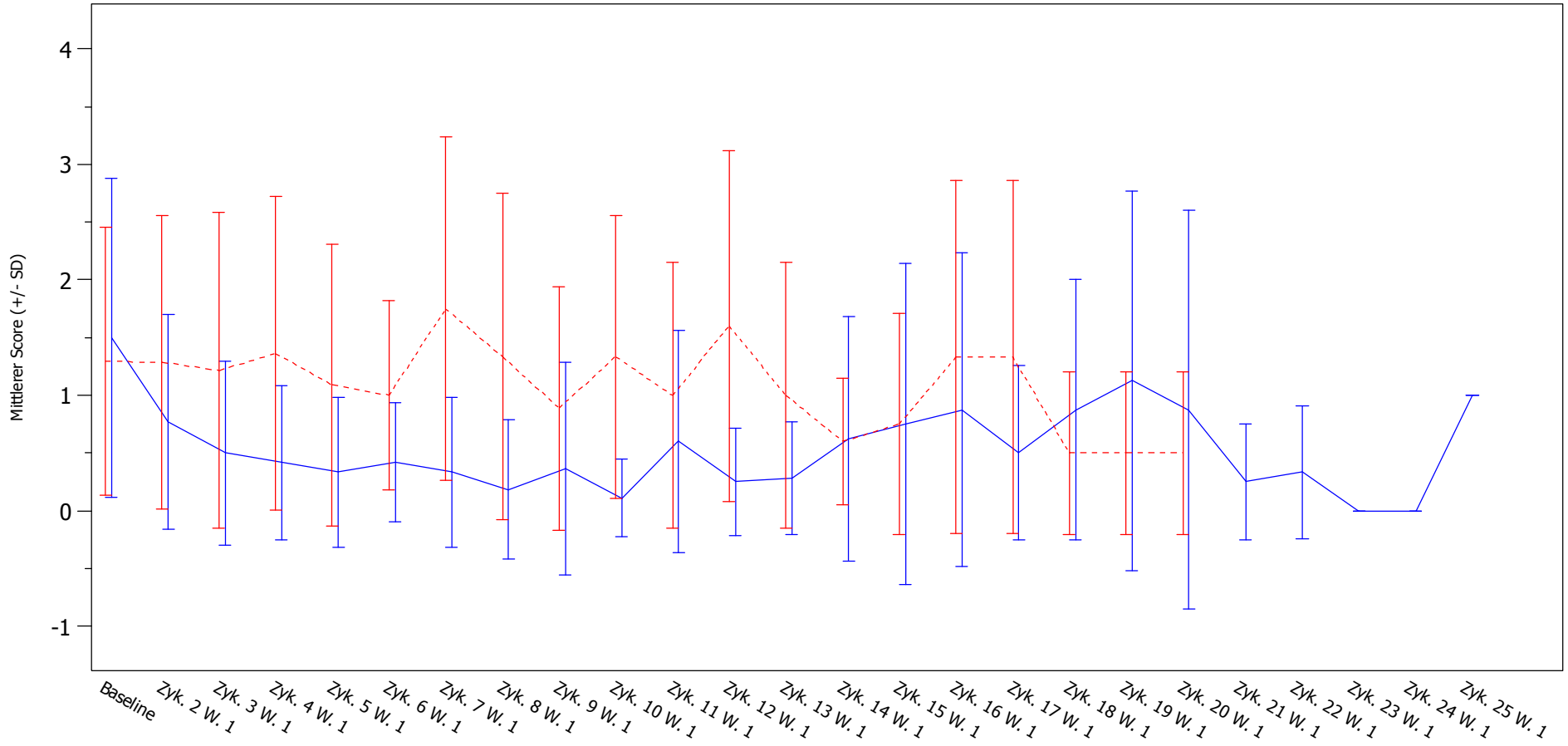
Figure 2.5.4.3.1 CAPItello-291 (Global A2): Mean (+/- SD) plot of PGI-TT across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	11	13	12	12	12	12	12	11	11	9	9	8	7	8	8	7	7	6	5	5	3	2	2	1	Cap.+Fu.
16	15	14	14	11	11	9	7	8	8	8	5	4	5	3	3	3	3	2	2	2	ND	ND	ND	ND	Pla.+Fu.

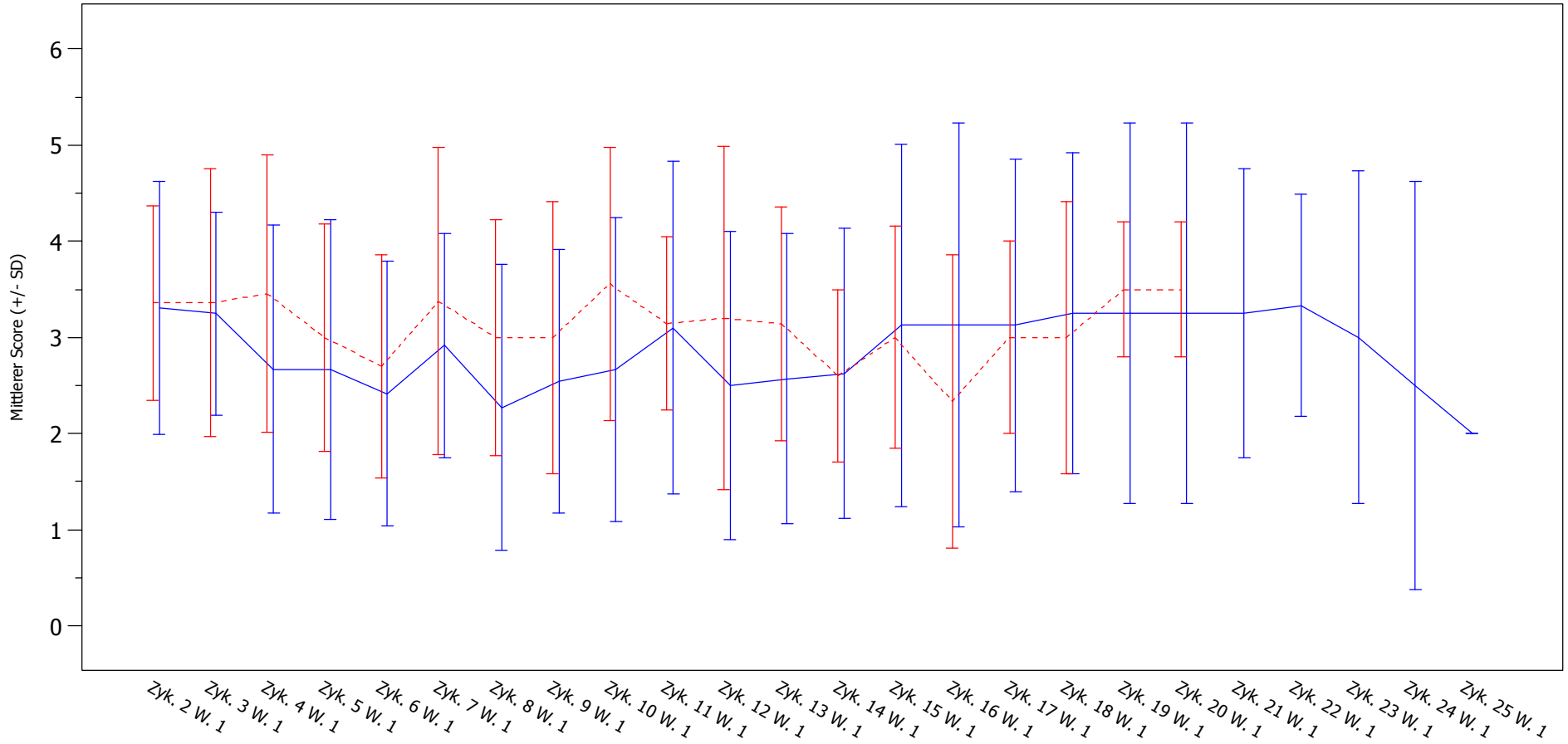
Figure 2.5.4.3.2 CAPItello-291 (Global A2): Mean (+/- SD) plot of PGIS across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

12	13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
17	14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

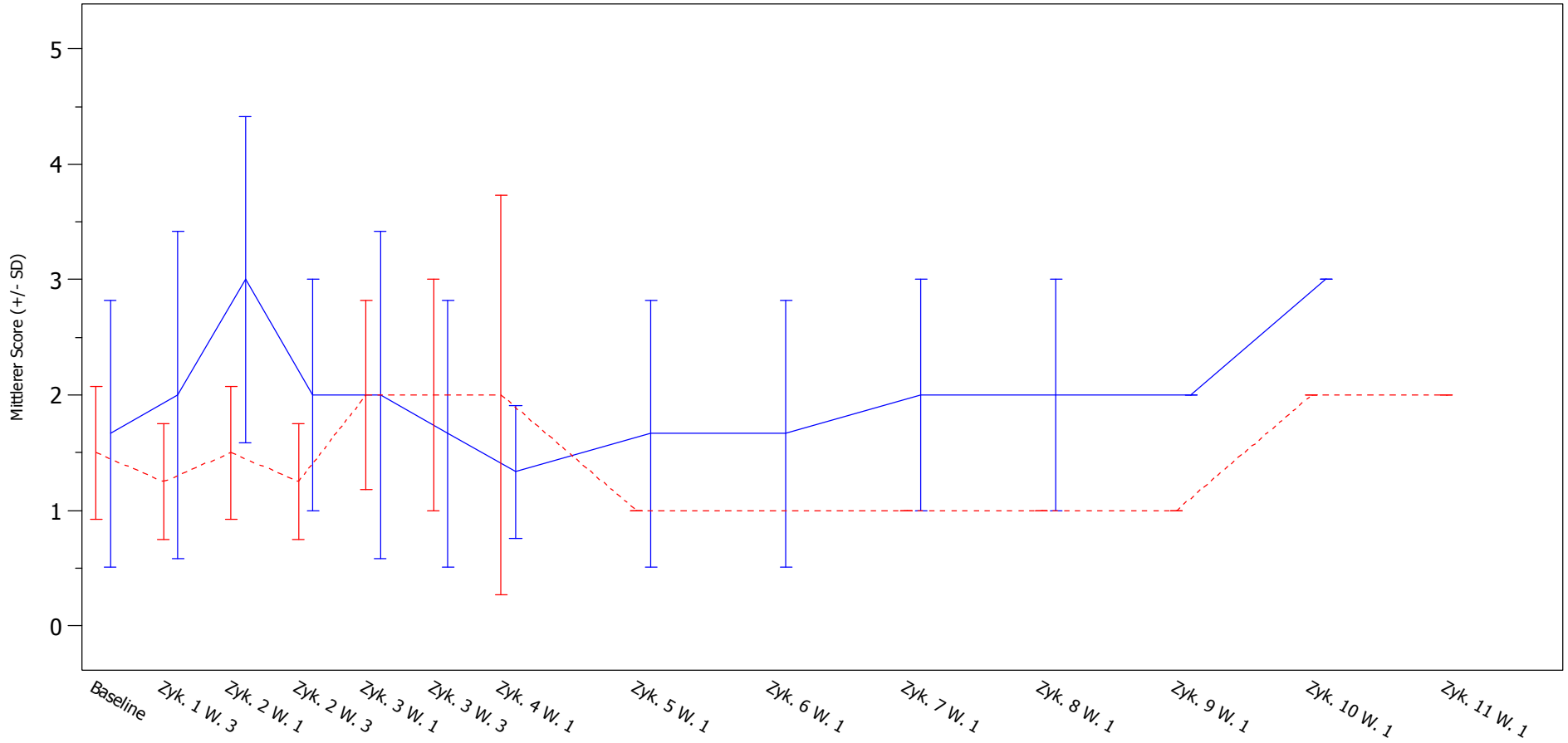
Figure 2.5.4.3.3 CAPItello-291 (Global A2): Mean (+/- SD) plot of PGIC across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

13	12	12	12	12	12	11	11	9	10	8	7	8	8	8	8	8	8	8	4	3	3	2	1	Cap.+Fu.
14	14	11	11	10	8	9	9	9	7	5	7	5	4	3	3	2	2	2	ND	ND	ND	ND	ND	Pla.+Fu.

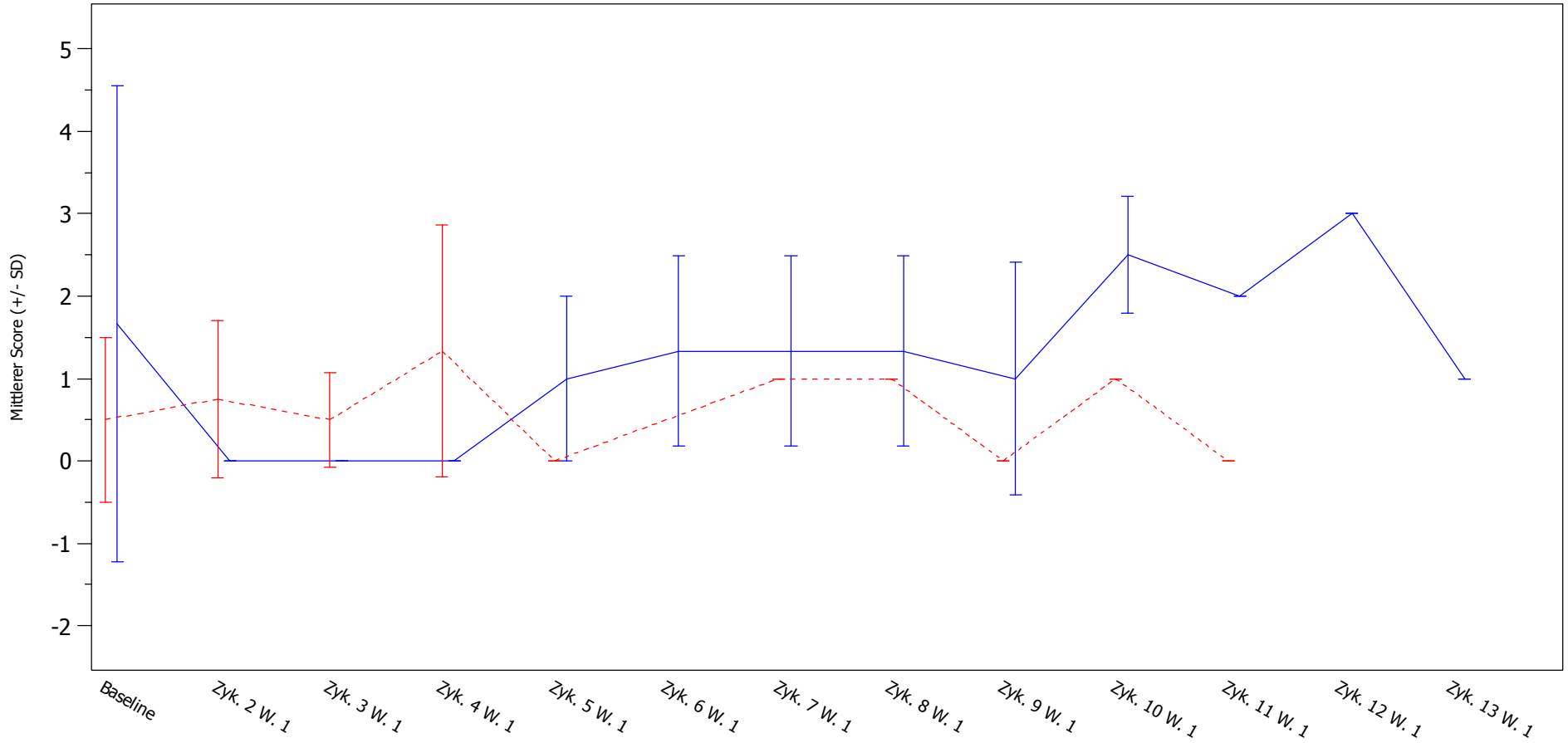
Figure 2.5.4.4.1 CAPItello-291 (China A2): Mean (+/- SD) plot of PGI-TT across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	2	3	3	3	3	3	1	1	ND	Cap.+Fu.
4	4	4	4	3	1	ND	1	1	1	1	1	Pla.+Fu.

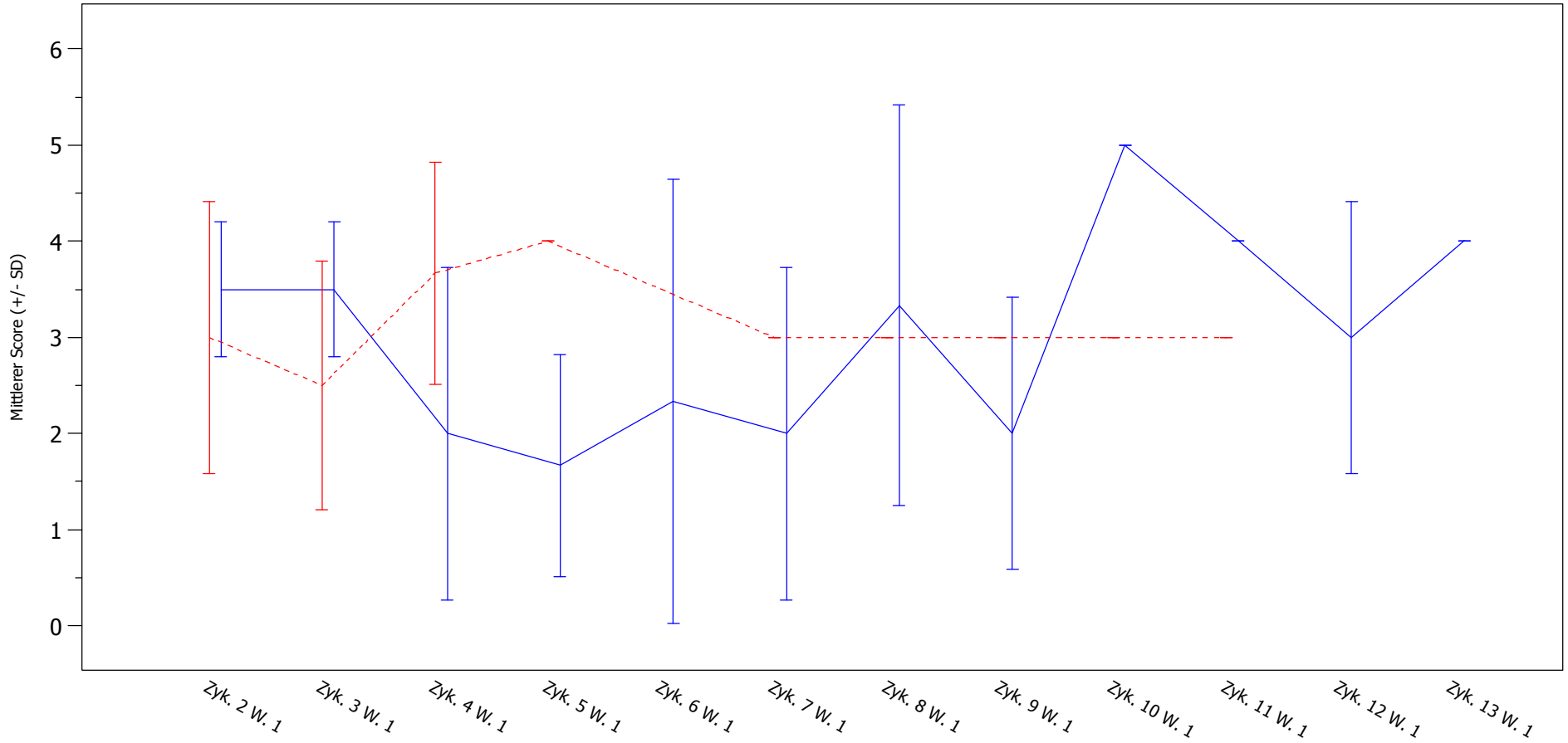
Figure 2.5.4.4.2 CAPItello-291 (China A2): Mean (+/- SD) plot of PGIS across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

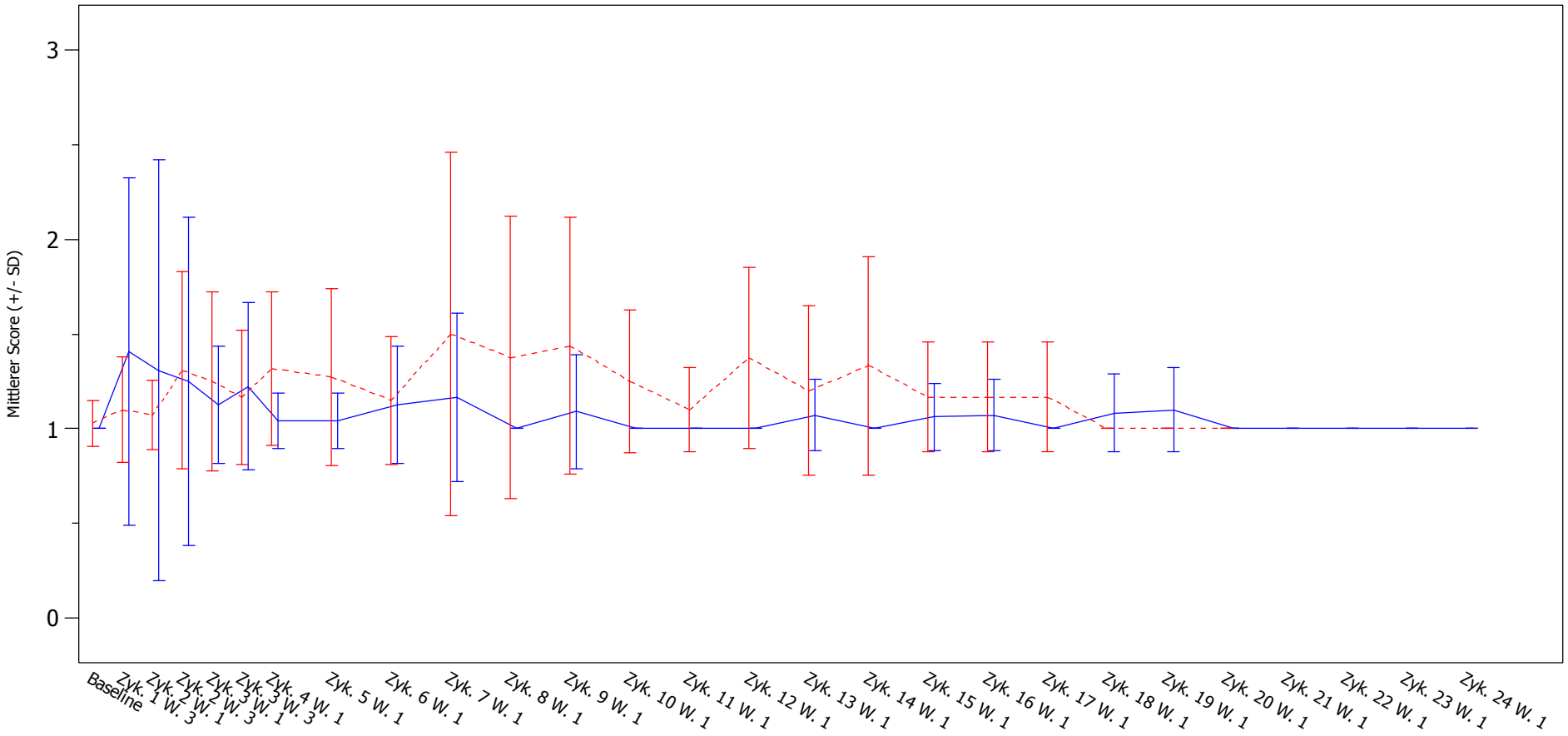
Figure 2.5.4.4.3 CAPItello-291 (China A2): Mean (+/- SD) plot of PGIC across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

2	2	3	3	3	3	3	2	2	1	2	1	Cap.+Fu.
4	4	3	1	ND	1	1	1	1	1	ND	ND	Pla.+Fu.

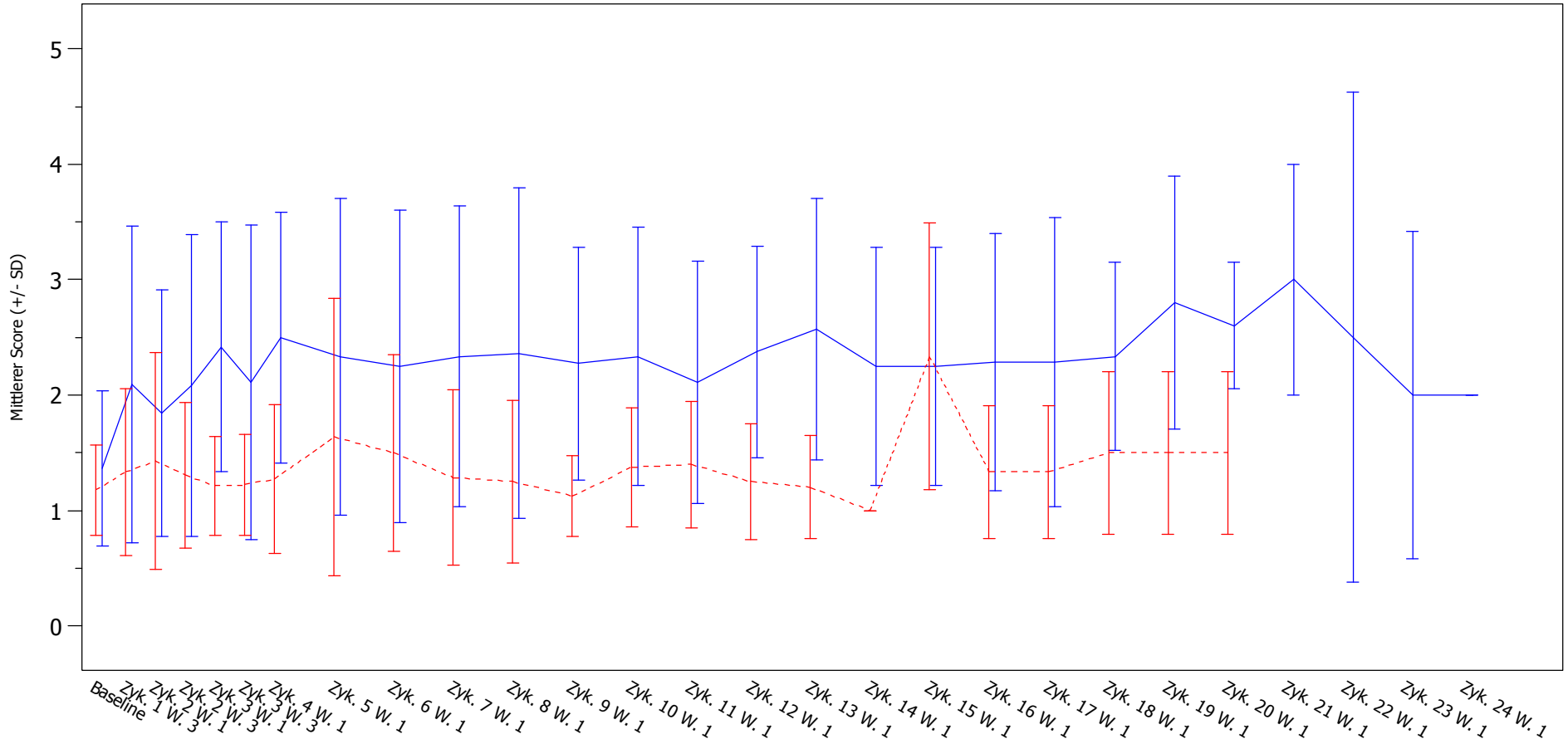
Figure 2.5.5.3.1 CAPItello-291 (Global A2): Mean (+/- SD) plot of PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

11	11	13	12	12	12	12	12	11	11	9	9	8	7	8	8	7	7	6	5	5	3	2	2	1	Cap.+Fu.
17	15	14	14	11	11	10	7	8	8	8	5	4	5	3	3	3	3	2	2	2	ND	ND	ND	ND	Pla.+Fu.

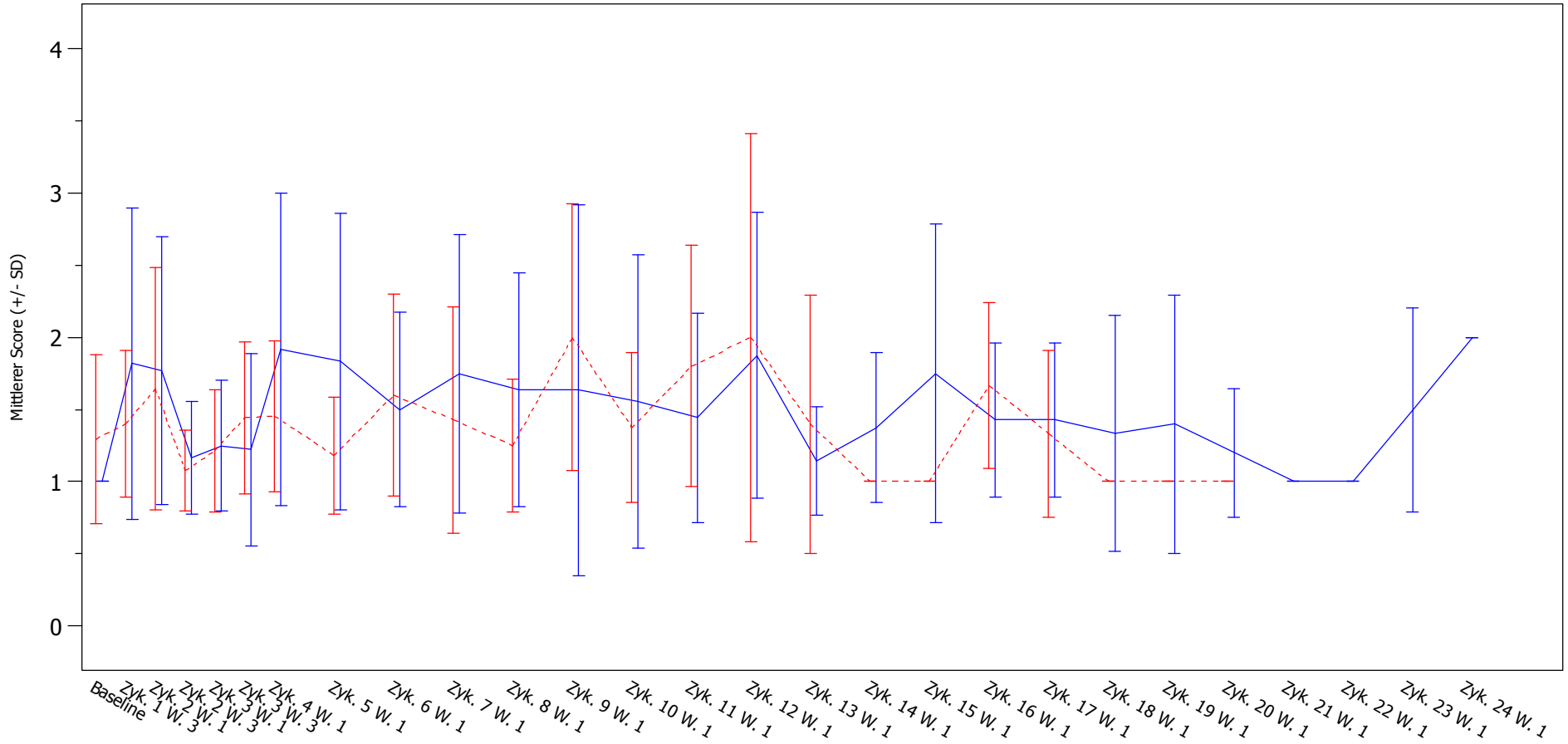
Figure 2.5.5.3.2 CAPItello-291 (Global A2): Mean (+/- SD) plot of PRO-CTCAE Durchfall across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

11	11	13	12	12	12	12	12	11	11	9	9	8	7	8	8	7	7	6	5	5	3	2	2	1	Cap.+Fu.
17	15	14	14	11	11	10	7	8	8	8	5	4	5	3	3	3	3	2	2	2	ND	ND	ND	ND	Pla.+Fu.

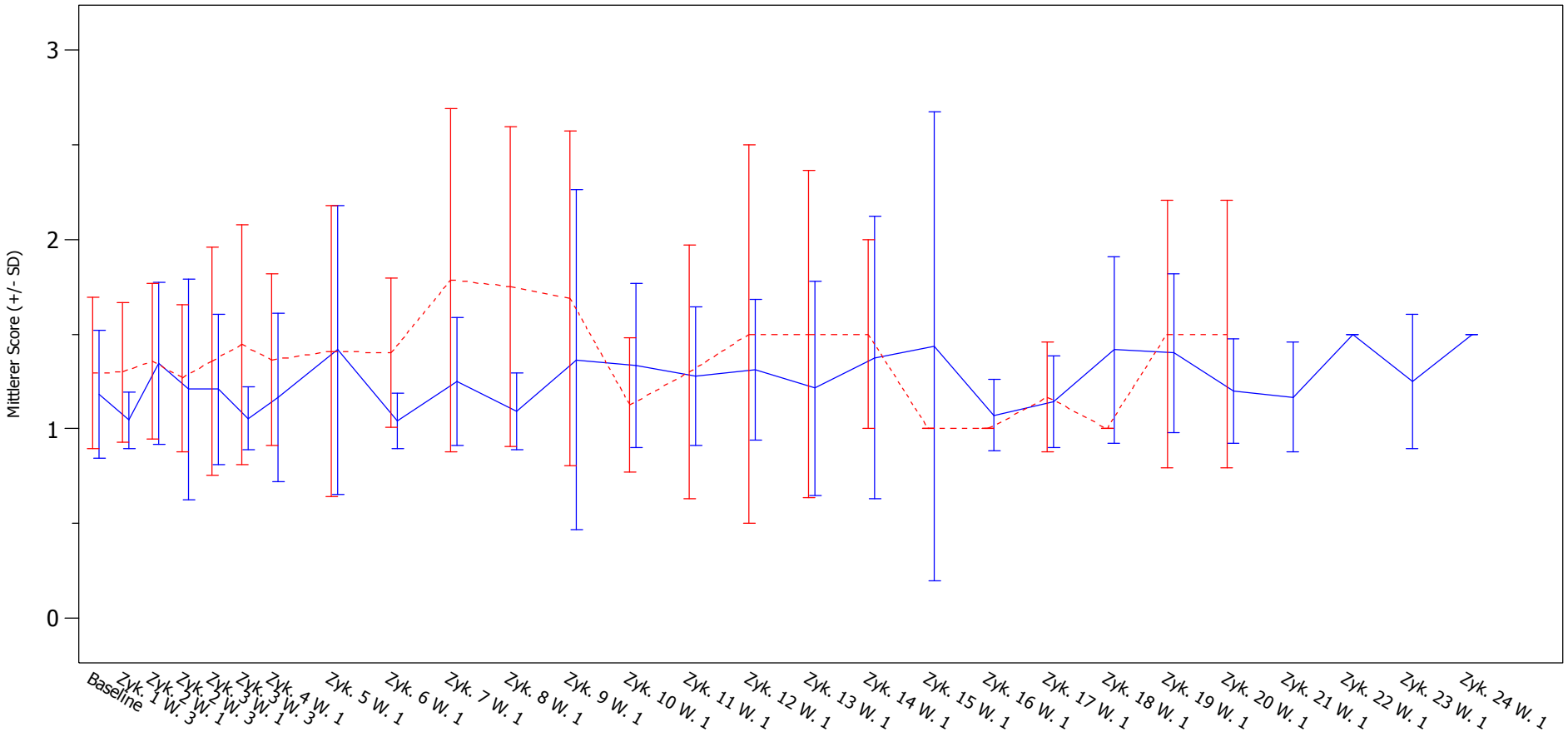
Figure 2.5.5.3.3 CAPItello-291 (Global A2): Mean (+/- SD) plot of PRO-CTCAE Juckreiz across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

11	11	13	12	12	12	12	12	11	11	9	9	8	7	8	8	7	7	6	5	5	3	2	2	1	Cap.+Fu.
17	15	14	14	11	11	10	7	8	8	8	5	4	5	3	3	3	3	2	2	2	ND	ND	ND	ND	Pla.+Fu.

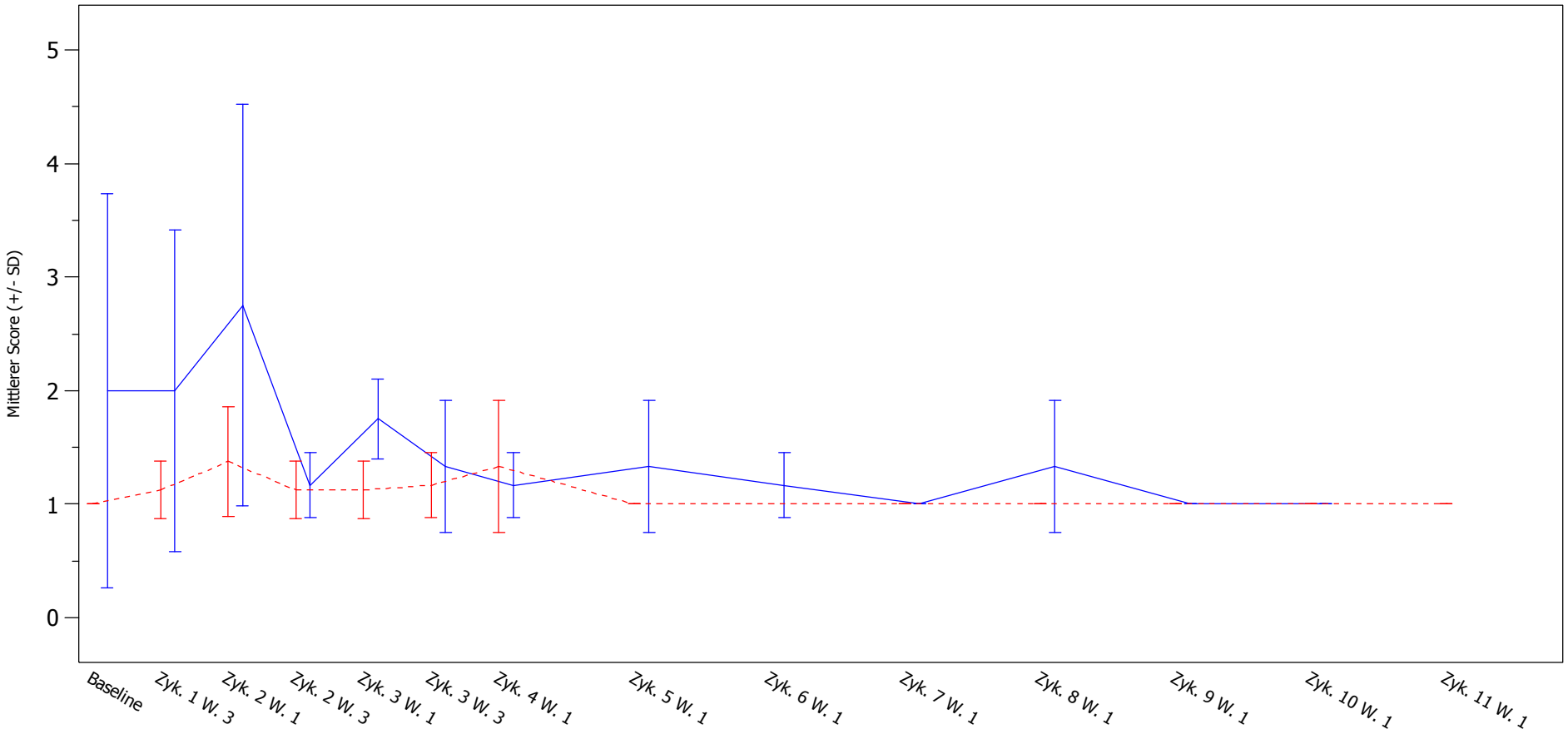
Figure 2.5.5.3.4 CAPItello-291 (Global A2): Mean (+/- SD) plot of PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen across timepoints, by treatment group
Altered full analysis set, DCO 15AUG2022



Anzahl an Patienten:

11	11	13	12	12	12	12	12	11	11	9	9	8	7	8	8	7	7	6	5	5	3	2	2	1	Cap.+Fu.
17	15	14	14	11	11	10	7	8	8	8	5	4	5	3	3	3	3	2	2	2	ND	ND	ND	ND	Pla.+Fu.

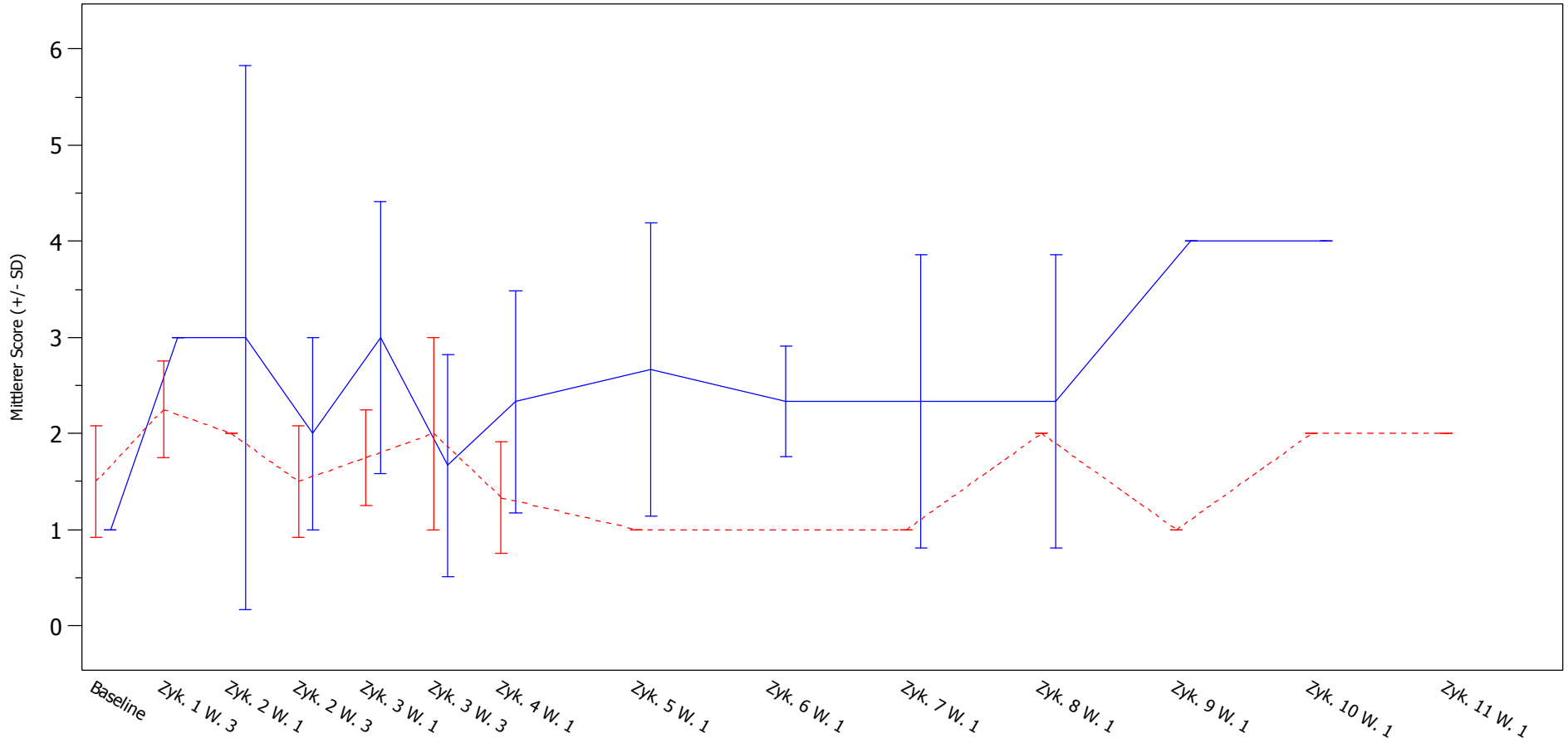
Figure 2.5.5.4.1 CAPItello-291 (China A2): Mean (+/- SD) plot of PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	2	3	3	3	3	3	1	1	ND	Cap.+Fu.
4	4	4	4	3	1	ND	1	1	1	1	1	Pla.+Fu.

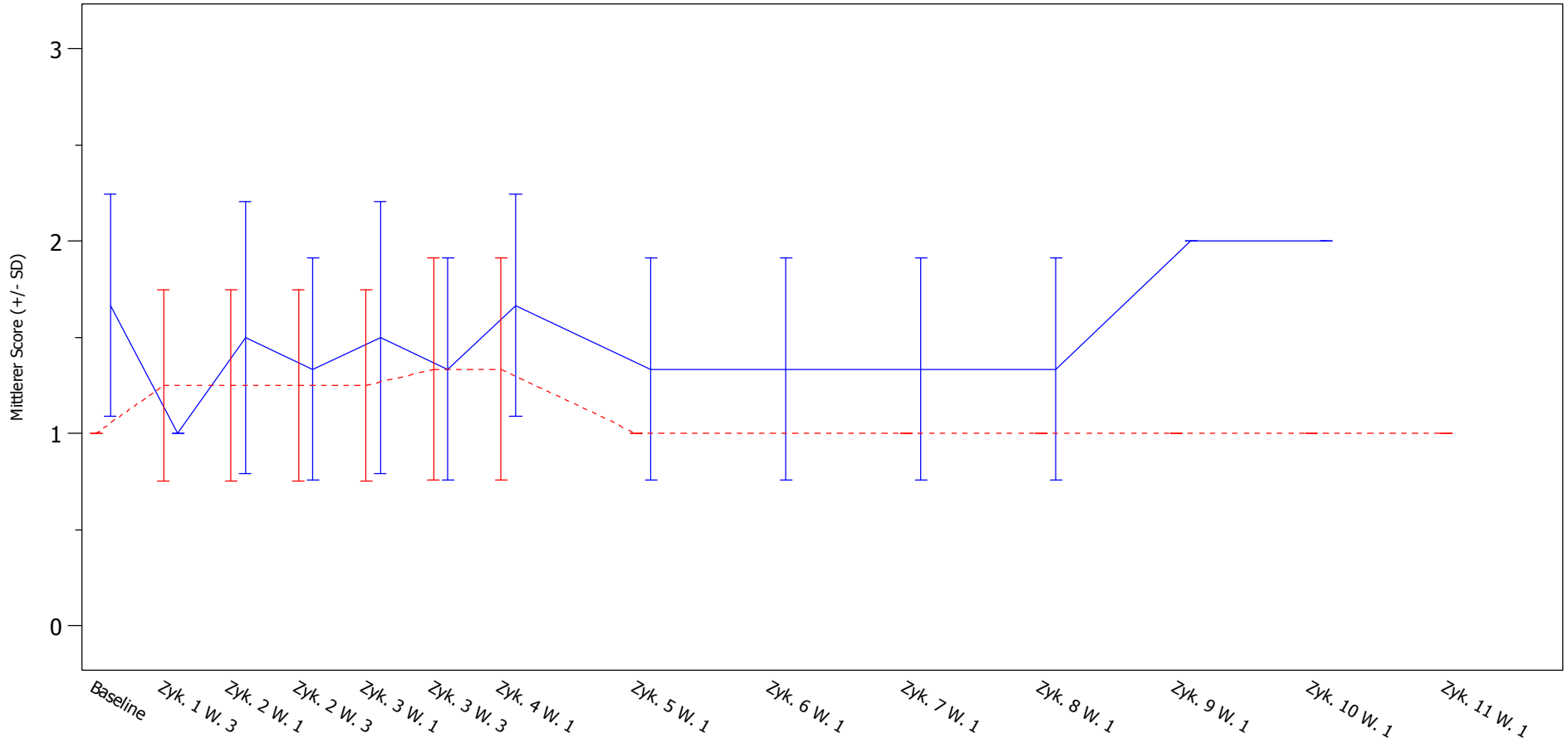
Figure 2.5.5.4.2 CAPItello-291 (China A2): Mean (+/- SD) plot of PRO-CTCAE Durchfall across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	2	3	3	3	3	3	1	1	ND	Cap.+Fu.
4	4	4	4	3	1	ND	1	1	1	1	1	Pla.+Fu.

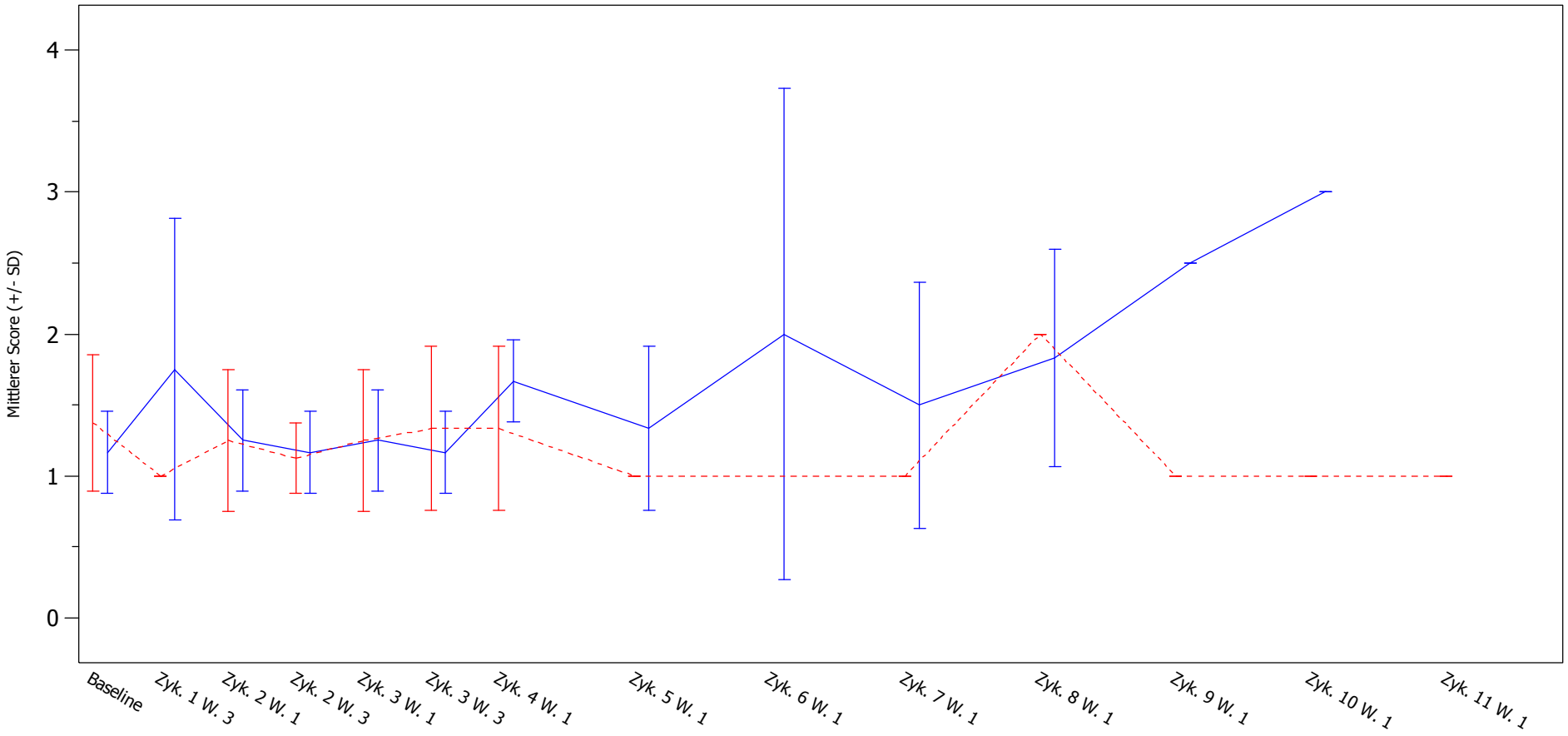
Figure 2.5.5.4.3 CAPItello-291 (China A2): Mean (+/- SD) plot of PRO-CTCAE Juckreiz across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	2	3	3	3	3	3	1	1	ND	Cap.+Fu.
4	4	4	4	3	1	ND	1	1	1	1	1	Pla.+Fu.

Figure 2.5.5.4.4 CAPItello-291 (China A2): Mean (+/- SD) plot of PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen across timepoints, by treatment group
Altered full analysis set, DCO 08MAY2023



Anzahl an Patienten:

3	2	2	2	3	3	3	3	3	1	1	ND	Cap.+Fu.
4	4	4	4	3	1	ND	1	1	1	1	1	Pla.+Fu.

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Capivasertib + Fulvestrant (N=13)	Baseline	12	68,75	33,733	0,0	79,17	100,0
		Zyklus 2 Woche 1 Tag 1	13	69,87	23,945	16,7	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	12	69,44	13,914	50,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	12	81,25	16,714	50,0	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	12	79,17	10,360	66,7	79,17	100,0
		Zyklus 6 Woche 1 Tag 1	12	78,47	16,460	50,0	75,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	78,47	12,542	50,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	11	82,58	15,117	58,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	82,58	17,660	50,0	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	83,33	12,500	66,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	10	82,50	16,874	50,0	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	8	81,25	13,909	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	80,95	14,996	66,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	8	71,88	22,244	25,0	75,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	71,88	31,161	0,0	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	8	73,96	31,319	0,0	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	8	79,17	14,773	50,0	83,33	100,0
		Zyklus 18 Woche 1 Tag 1	8	77,08	11,573	66,7	75,00	100,0
		Zyklus 19 Woche 1 Tag 1	8	70,83	23,146	16,7	83,33	83,3
		Zyklus 20 Woche 1 Tag 1	8	73,96	21,565	25,0	79,17	91,7
		Zyklus 21 Woche 1 Tag 1	4	75,00	9,623	66,7	75,00	83,3
		Zyklus 22 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 23 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 24 Woche 1 Tag 1	2	79,17	5,893	75,0	79,17	83,3
		Zyklus 25 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=18)	Baseline	17	66,18	17,793	33,3	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	15	67,22	12,781	50,0	66,67	91,7
		Zyklus 3 Woche 1 Tag 1	14	60,71	25,409	8,3	66,67	91,7
		Zyklus 4 Woche 1 Tag 1	11	66,67	17,480	33,3	75,00	83,3
		Zyklus 5 Woche 1 Tag 1	11	65,91	15,570	33,3	66,67	83,3
		Zyklus 6 Woche 1 Tag 1	10	70,00	8,051	58,3	66,67	83,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	66,67	17,817	33,3	66,67	83,3
		Zyklus 8 Woche 1 Tag 1	9	68,52	10,848	50,0	66,67	83,3
		Zyklus 9 Woche 1 Tag 1	9	60,19	22,352	16,7	66,67	83,3
		Zyklus 10 Woche 1 Tag 1	9	66,67	11,024	50,0	66,67	83,3
		Zyklus 11 Woche 1 Tag 1	7	61,90	13,486	41,7	66,67	83,3
		Zyklus 12 Woche 1 Tag 1	5	58,33	22,048	25,0	66,67	83,3
		Zyklus 13 Woche 1 Tag 1	7	66,67	12,729	50,0	66,67	83,3
		Zyklus 14 Woche 1 Tag 1	5	70,00	13,944	50,0	66,67	83,3
		Zyklus 15 Woche 1 Tag 1	4	66,67	6,804	58,3	66,67	75,0
		Zyklus 16 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 17 Woche 1 Tag 1	3	55,56	9,623	50,0	50,00	66,7
		Zyklus 18 Woche 1 Tag 1	2	58,33	11,785	50,0	58,33	66,7
		Zyklus 19 Woche 1 Tag 1	2	58,33	11,785	50,0	58,33	66,7
		Zyklus 20 Woche 1 Tag 1	2	58,33	11,785	50,0	58,33	66,7
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=13)	Baseline	12	85,00	18,668	53,3	93,33	100,0
		Zyklus 2 Woche 1 Tag 1	13	87,18	16,658	46,7	93,33	100,0
		Zyklus 3 Woche 1 Tag 1	12	88,89	13,130	60,0	93,33	100,0
		Zyklus 4 Woche 1 Tag 1	12	93,89	10,429	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	88,33	18,883	40,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	89,44	20,784	26,7	96,67	100,0
		Zyklus 7 Woche 1 Tag 1	12	92,78	11,177	66,7	96,67	100,0
		Zyklus 8 Woche 1 Tag 1	11	89,70	15,308	60,0	93,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	90,91	16,673	46,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	94,81	8,678	73,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	10	86,00	29,220	6,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	8	95,83	7,071	80,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	99,05	2,520	93,3	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	94,17	14,001	60,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	89,17	25,433	26,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	91,67	21,006	40,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	8	91,67	21,006	40,0	100,00	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	92,50	16,110	53,3	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	8	89,17	20,451	40,0	96,67	100,0
		Zyklus 20 Woche 1 Tag 1	8	86,67	32,465	6,7	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	4	96,67	3,849	93,3	96,67	100,0
		Zyklus 22 Woche 1 Tag 1	3	93,33	6,667	86,7	93,33	100,0
		Zyklus 23 Woche 1 Tag 1	3	97,78	3,849	93,3	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	2	96,67	4,714	93,3	96,67	100,0
		Zyklus 25 Woche 1 Tag 1	1	80,00	NC	80,0	80,00	80,0
	Placebo + Fulvestrant (N=18)	Baseline	17	80,00	20,817	13,3	86,67	100,0
		Zyklus 2 Woche 1 Tag 1	15	79,11	21,212	26,7	80,00	100,0
		Zyklus 3 Woche 1 Tag 1	14	83,33	25,985	0,0	86,67	100,0
		Zyklus 4 Woche 1 Tag 1	11	81,21	17,080	46,7	86,67	100,0
		Zyklus 5 Woche 1 Tag 1	11	84,85	15,518	46,7	86,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	86,00	12,746	60,0	86,67	100,0
		Zyklus 7 Woche 1 Tag 1	8	80,00	16,714	53,3	80,00	100,0
		Zyklus 8 Woche 1 Tag 1	9	80,00	16,997	53,3	80,00	100,0
		Zyklus 9 Woche 1 Tag 1	9	77,78	17,638	46,7	80,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	87,41	8,462	73,3	86,67	100,0
		Zyklus 11 Woche 1 Tag 1	7	86,67	10,184	73,3	86,67	100,0
		Zyklus 12 Woche 1 Tag 1	5	80,00	27,487	33,3	86,67	100,0
		Zyklus 13 Woche 1 Tag 1	7	87,62	11,819	73,3	80,00	100,0
		Zyklus 14 Woche 1 Tag 1	5	89,33	10,111	80,0	86,67	100,0
		Zyklus 15 Woche 1 Tag 1	4	86,67	9,428	80,0	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	3	95,56	7,698	86,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	3	93,33	6,667	86,7	93,33	100,0
		Zyklus 18 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	2	90,00	14,142	80,0	90,00	100,0
		Zyklus 20 Woche 1 Tag 1	2	93,33	9,428	86,7	93,33	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Capivasertib + Fulvestrant (N=13)	Baseline	12	83,33	25,624	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	79,49	29,778	0,0	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	93,06	13,216	66,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	12	97,22	9,623	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	95,83	10,360	66,7	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	94,44	19,245	33,3	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	93,06	13,216	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	11	95,45	10,778	66,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	11	93,94	20,101	33,3	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	98,15	5,556	83,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	10	88,33	26,117	16,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	8	91,67	12,599	66,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	95,24	12,599	66,7	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	93,75	17,678	50,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	87,50	35,355	0,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	83,33	35,635	0,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	8	91,67	23,570	33,3	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	8	87,50	23,146	33,3	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	8	87,50	35,355	0,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	8	87,50	35,355	0,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=18)	Baseline	17	86,27	20,612	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	15	86,67	21,082	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	14	83,33	27,735	0,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	83,33	18,257	50,0	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	90,91	17,262	50,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	90,00	14,055	66,7	100,00	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	87,50	14,773	66,7	91,67	100,0
		Zyklus 8 Woche 1 Tag 1	9	77,78	22,048	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	9	85,19	15,466	66,7	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	88,89	14,434	66,7	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	7	83,33	16,667	66,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	5	80,00	21,731	50,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	80,95	17,817	66,7	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	5	80,00	18,257	66,7	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	4	79,17	15,957	66,7	75,00	100,0
		Zyklus 16 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 19 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
EORTC QLQ-C30 Funktionsskala: Kognition	Capivasertib + Fulvestrant (N=13)	Baseline	12	80,56	15,624	50,0	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	13	84,62	18,586	50,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	12	86,11	11,962	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	12	91,67	11,237	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	88,89	8,206	83,3	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	12	83,33	15,891	50,0	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	12	88,89	12,975	66,7	91,67	100,0
		Zyklus 8 Woche 1 Tag 1	11	83,33	12,910	50,0	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	87,88	13,104	66,7	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	88,89	11,785	66,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	10	85,00	9,461	66,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	8	85,42	13,909	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	92,86	8,909	83,3	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	89,58	12,400	66,7	91,67	100,0
		Zyklus 15 Woche 1 Tag 1	8	85,42	10,681	66,7	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	8	83,33	12,599	66,7	83,33	100,0
		Zyklus 17 Woche 1 Tag 1	8	83,33	15,430	50,0	83,33	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Kognition	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	83,33	15,430	50,0	83,33	100,0
		Zyklus 19 Woche 1 Tag 1	8	75,00	32,121	0,0	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	8	79,17	33,034	0,0	83,33	100,0
		Zyklus 21 Woche 1 Tag 1	4	87,50	8,333	83,3	83,33	100,0
		Zyklus 22 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 23 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 25 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=18)	Baseline	17	82,35	18,134	33,3	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	15	81,11	15,258	50,0	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	14	83,33	13,074	50,0	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	83,33	14,907	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	84,85	11,677	66,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	10	83,33	13,608	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	8	81,25	13,909	50,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	9	75,93	12,108	50,0	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	9	81,48	13,029	66,7	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	85,19	13,029	66,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	7	78,57	8,133	66,7	83,33	83,3
		Zyklus 12 Woche 1 Tag 1	5	80,00	13,944	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	83,33	9,623	66,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	5	83,33	11,785	66,7	83,33	100,0
		Zyklus 15 Woche 1 Tag 1	4	79,17	8,333	66,7	83,33	83,3
		Zyklus 16 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 17 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 18 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 19 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 20 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Emotionalität	Capivasertib + Fulvestrant (N=13)	Baseline	12	64,58	28,455	8,3	70,83	100,0
		Zyklus 2 Woche 1 Tag 1	13	72,44	27,719	16,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	12	75,69	25,980	16,7	79,17	100,0
		Zyklus 4 Woche 1 Tag 1	12	78,47	20,244	33,3	79,17	100,0
		Zyklus 5 Woche 1 Tag 1	12	75,69	24,989	25,0	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	12	79,86	16,460	58,3	79,17	100,0
		Zyklus 7 Woche 1 Tag 1	12	77,78	25,950	16,7	87,50	100,0
		Zyklus 8 Woche 1 Tag 1	11	77,27	23,001	41,7	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	70,45	32,138	16,7	75,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	80,56	18,634	50,0	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	10	79,17	18,530	41,7	83,33	100,0
		Zyklus 12 Woche 1 Tag 1	8	86,46	14,042	66,7	87,50	100,0
		Zyklus 13 Woche 1 Tag 1	7	86,90	20,893	41,7	91,67	100,0
		Zyklus 14 Woche 1 Tag 1	8	80,21	16,022	58,3	79,17	100,0
		Zyklus 15 Woche 1 Tag 1	8	83,33	17,817	58,3	87,50	100,0
		Zyklus 16 Woche 1 Tag 1	8	78,13	22,686	41,7	79,17	100,0
		Zyklus 17 Woche 1 Tag 1	8	82,29	14,391	58,3	87,50	100,0
		Zyklus 18 Woche 1 Tag 1	8	83,33	19,920	41,7	87,50	100,0
		Zyklus 19 Woche 1 Tag 1	8	72,92	35,843	0,0	87,50	100,0
		Zyklus 20 Woche 1 Tag 1	8	80,21	24,776	25,0	87,50	100,0
		Zyklus 21 Woche 1 Tag 1	4	81,25	27,534	41,7	91,67	100,0
		Zyklus 22 Woche 1 Tag 1	3	83,33	28,868	50,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	3	91,67	8,333	83,3	91,67	100,0
		Zyklus 24 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=18)	Baseline	17	74,51	13,001	50,0	75,00	91,7
		Zyklus 2 Woche 1 Tag 1	15	82,78	14,249	41,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	14	80,95	16,155	33,3	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	81,82	11,067	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	11	86,36	10,719	66,7	91,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	87,50	10,577	66,7	91,67	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Emotionalität	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	81,25	17,678	50,0	83,33	100,0
		Zyklus 8 Woche 1 Tag 1	9	83,33	14,434	66,7	75,00	100,0
		Zyklus 9 Woche 1 Tag 1	9	80,56	13,176	58,3	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	83,33	9,317	75,0	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	7	85,71	11,501	66,7	91,67	100,0
		Zyklus 12 Woche 1 Tag 1	5	78,33	18,257	50,0	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	84,52	12,199	75,0	75,00	100,0
		Zyklus 14 Woche 1 Tag 1	5	85,00	12,360	66,7	83,33	100,0
		Zyklus 15 Woche 1 Tag 1	4	85,42	10,486	75,0	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	3	77,78	4,811	75,0	75,00	83,3
		Zyklus 17 Woche 1 Tag 1	3	83,33	8,333	75,0	83,33	91,7
		Zyklus 18 Woche 1 Tag 1	2	79,17	17,678	66,7	79,17	91,7
		Zyklus 19 Woche 1 Tag 1	2	83,33	11,785	75,0	83,33	91,7
		Zyklus 20 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=13)	Baseline	12	84,72	26,071	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	85,90	20,237	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	93,06	13,216	66,7	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	12	94,44	10,856	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	91,67	11,237	66,7	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	97,22	9,623	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	94,44	10,856	66,7	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	11	90,91	15,570	66,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	11	89,39	15,407	66,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	98,15	5,556	83,3	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	10	91,67	14,164	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	8	93,75	12,400	66,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	95,24	12,599	66,7	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	93,75	12,400	66,7	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	89,58	15,269	66,7	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	85,42	20,774	50,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	8	91,67	23,570	33,3	100,00	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	87,50	23,146	33,3	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	8	83,33	35,635	0,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	8	89,58	17,678	50,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=18)	Baseline	17	88,24	19,333	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	15	85,56	19,787	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	14	90,48	26,726	0,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	92,42	8,704	83,3	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	11	92,42	20,226	33,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	93,33	11,653	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	8	91,67	23,570	33,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	9	88,89	14,434	66,7	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	9	90,74	14,699	66,7	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	92,59	14,699	66,7	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	7	90,48	16,265	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	5	80,00	36,132	16,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	85,71	14,996	66,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	5	93,33	14,907	66,7	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	4	95,83	8,333	83,3	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 19 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Capivasertib + Fulvestrant (N=13)	Baseline	12	30,56	24,675	0,0	22,22	66,7
		Zyklus 2 Woche 1 Tag 1	13	30,77	24,069	0,0	33,33	100,0
		Zyklus 3 Woche 1 Tag 1	12	29,63	16,639	0,0	33,33	66,7
		Zyklus 4 Woche 1 Tag 1	12	22,22	10,594	0,0	22,22	33,3
		Zyklus 5 Woche 1 Tag 1	12	19,44	12,646	0,0	22,22	33,3
		Zyklus 6 Woche 1 Tag 1	12	20,37	14,857	0,0	22,22	44,4
		Zyklus 7 Woche 1 Tag 1	12	22,22	17,082	0,0	22,22	55,6
		Zyklus 8 Woche 1 Tag 1	11	23,23	10,488	11,1	22,22	33,3
		Zyklus 9 Woche 1 Tag 1	11	24,24	18,471	0,0	22,22	66,7
		Zyklus 10 Woche 1 Tag 1	9	20,99	11,712	0,0	22,22	33,3
		Zyklus 11 Woche 1 Tag 1	10	22,22	14,815	0,0	22,22	44,4
		Zyklus 12 Woche 1 Tag 1	8	27,78	10,287	11,1	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	7	20,63	11,878	0,0	22,22	33,3
		Zyklus 14 Woche 1 Tag 1	8	27,78	18,781	11,1	27,78	66,7
		Zyklus 15 Woche 1 Tag 1	8	36,11	27,698	11,1	33,33	100,0
		Zyklus 16 Woche 1 Tag 1	8	34,72	21,771	11,1	33,33	66,7
		Zyklus 17 Woche 1 Tag 1	8	25,00	18,545	11,1	22,22	66,7
		Zyklus 18 Woche 1 Tag 1	8	29,17	15,643	22,2	22,22	66,7
		Zyklus 19 Woche 1 Tag 1	8	37,50	26,519	11,1	33,33	100,0
		Zyklus 20 Woche 1 Tag 1	8	31,94	20,086	11,1	27,78	77,8
		Zyklus 21 Woche 1 Tag 1	4	22,22	9,072	11,1	22,22	33,3
		Zyklus 22 Woche 1 Tag 1	3	29,63	6,415	22,2	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	3	22,22	0,000	22,2	22,22	22,2
		Zyklus 24 Woche 1 Tag 1	2	27,78	7,857	22,2	27,78	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	28,76	13,642	0,0	33,33	66,7
		Zyklus 2 Woche 1 Tag 1	15	25,93	18,624	0,0	33,33	55,6
		Zyklus 3 Woche 1 Tag 1	14	29,37	23,714	0,0	27,78	100,0
		Zyklus 4 Woche 1 Tag 1	11	29,29	17,408	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	11	29,29	16,683	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	10	23,33	16,102	0,0	22,22	55,6

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	30,56	23,570	0,0	33,33	66,7
		Zyklus 8 Woche 1 Tag 1	9	32,10	21,114	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	9	30,86	19,066	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	9	28,40	13,734	0,0	33,33	44,4
		Zyklus 11 Woche 1 Tag 1	7	28,57	17,982	0,0	33,33	55,6
		Zyklus 12 Woche 1 Tag 1	5	33,33	34,247	0,0	33,33	88,9
		Zyklus 13 Woche 1 Tag 1	7	25,40	13,929	0,0	33,33	33,3
		Zyklus 14 Woche 1 Tag 1	5	22,22	15,713	0,0	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	4	27,78	11,111	11,1	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	3	25,93	12,830	11,1	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	3	29,63	16,973	11,1	33,33	44,4
		Zyklus 18 Woche 1 Tag 1	2	22,22	15,713	11,1	22,22	33,3
		Zyklus 19 Woche 1 Tag 1	2	22,22	15,713	11,1	22,22	33,3
		Zyklus 20 Woche 1 Tag 1	2	22,22	15,713	11,1	22,22	33,3
EORTC QLQ-C30 Übelkeit und Erbrechen	Capivasertib + Fulvestrant (N=13)	Baseline	12	0,00	0,000	0,0	0,00	0,0
		Zyklus 2 Woche 1 Tag 1	13	11,54	24,893	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	12	5,56	10,856	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	12	4,17	10,360	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	12	5,56	10,856	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	12	4,17	7,538	0,0	0,00	16,7
		Zyklus 7 Woche 1 Tag 1	12	2,78	9,623	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	11	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	11	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	9	0,00	0,000	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	10	3,33	7,027	0,0	0,00	16,7
		Zyklus 12 Woche 1 Tag 1	8	4,17	7,715	0,0	0,00	16,7
		Zyklus 13 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	8	6,25	17,678	0,0	0,00	50,0
		Zyklus 17 Woche 1 Tag 1	8	2,08	5,893	0,0	0,00	16,7

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Übelkeit und Erbrechen	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	2,08	5,893	0,0	0,00	16,7
		Zyklus 19 Woche 1 Tag 1	8	12,50	24,801	0,0	0,00	66,7
		Zyklus 20 Woche 1 Tag 1	8	14,58	28,781	0,0	0,00	83,3
		Zyklus 21 Woche 1 Tag 1	4	4,17	8,333	0,0	0,00	16,7
		Zyklus 22 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 24 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	1,96	5,535	0,0	0,00	16,7
		Zyklus 2 Woche 1 Tag 1	15	4,44	9,894	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	14	5,95	12,416	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	4,55	10,778	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	10	3,33	10,541	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	9	3,70	11,111	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	9	3,70	7,349	0,0	0,00	16,7
		Zyklus 10 Woche 1 Tag 1	9	3,70	11,111	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 16 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schmerzen	Capivasertib + Fulvestrant (N=13)	Baseline	12	23,61	25,084	0,0	16,67	66,7
		Zyklus 2 Woche 1 Tag 1	13	21,79	20,844	0,0	16,67	66,7
		Zyklus 3 Woche 1 Tag 1	12	12,50	12,563	0,0	16,67	33,3
		Zyklus 4 Woche 1 Tag 1	12	9,72	11,143	0,0	8,33	33,3
		Zyklus 5 Woche 1 Tag 1	12	9,72	11,143	0,0	8,33	33,3
		Zyklus 6 Woche 1 Tag 1	12	8,33	15,076	0,0	0,00	50,0
		Zyklus 7 Woche 1 Tag 1	12	16,67	20,101	0,0	16,67	66,7
		Zyklus 8 Woche 1 Tag 1	11	13,64	16,361	0,0	16,67	50,0
		Zyklus 9 Woche 1 Tag 1	11	16,67	29,814	0,0	0,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	9,26	12,108	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	10	6,67	8,607	0,0	0,00	16,7
		Zyklus 12 Woche 1 Tag 1	8	14,58	13,909	0,0	16,67	33,3
		Zyklus 13 Woche 1 Tag 1	7	11,90	12,599	0,0	16,67	33,3
		Zyklus 14 Woche 1 Tag 1	8	16,67	21,822	0,0	16,67	66,7
		Zyklus 15 Woche 1 Tag 1	8	16,67	28,172	0,0	8,33	83,3
		Zyklus 16 Woche 1 Tag 1	8	18,75	27,368	0,0	16,67	83,3
		Zyklus 17 Woche 1 Tag 1	8	18,75	16,517	0,0	16,67	50,0
		Zyklus 18 Woche 1 Tag 1	8	18,75	22,603	0,0	16,67	66,7
		Zyklus 19 Woche 1 Tag 1	8	20,83	21,362	0,0	16,67	66,7
		Zyklus 20 Woche 1 Tag 1	8	14,58	30,129	0,0	0,00	83,3
		Zyklus 21 Woche 1 Tag 1	4	12,50	15,957	0,0	8,33	33,3
		Zyklus 22 Woche 1 Tag 1	3	16,67	16,667	0,0	16,67	33,3
		Zyklus 23 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	20,59	19,121	0,0	16,67	66,7
		Zyklus 2 Woche 1 Tag 1	15	27,78	24,125	0,0	33,33	83,3
		Zyklus 3 Woche 1 Tag 1	14	27,38	24,985	0,0	33,33	100,0
		Zyklus 4 Woche 1 Tag 1	11	27,27	18,668	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	11	22,73	20,101	0,0	16,67	66,7
		Zyklus 6 Woche 1 Tag 1	10	21,67	15,811	0,0	33,33	33,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schmerzen	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	29,17	19,416	0,0	33,33	50,0
		Zyklus 8 Woche 1 Tag 1	9	29,63	21,695	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	9	33,33	22,048	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	9	25,93	16,897	0,0	33,33	50,0
		Zyklus 11 Woche 1 Tag 1	7	28,57	23,002	0,0	33,33	66,7
		Zyklus 12 Woche 1 Tag 1	5	40,00	34,561	16,7	33,33	100,0
		Zyklus 13 Woche 1 Tag 1	7	26,19	23,288	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	3	27,78	9,623	16,7	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=13)	Baseline	12	13,89	33,207	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	17,95	22,008	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	12	13,89	17,164	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	12	11,11	16,412	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	12	5,56	12,975	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	12	8,33	20,719	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	12	5,56	12,975	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	11	15,15	22,918	0,0	0,00	66,7
		Zyklus 10 Woche 1 Tag 1	9	7,41	14,699	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	10	16,67	23,570	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	8	16,67	35,635	0,0	0,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	16,67	35,635	0,0	0,00	100,0
		Zyklus 17 Woche 1 Tag 1	8	16,67	25,198	0,0	0,00	66,7

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	25,00	23,570	0,0	33,33	66,7
		Zyklus 19 Woche 1 Tag 1	8	25,00	23,570	0,0	33,33	66,7
		Zyklus 20 Woche 1 Tag 1	8	25,00	34,503	0,0	16,67	100,0
		Zyklus 21 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 22 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 23 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 24 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	15,69	17,150	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	15	24,44	23,458	0,0	33,33	66,7
		Zyklus 3 Woche 1 Tag 1	14	21,43	24,832	0,0	16,67	66,7
		Zyklus 4 Woche 1 Tag 1	11	18,18	22,918	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	11	12,12	22,473	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	10	10,00	16,102	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	8	25,00	23,570	0,0	33,33	66,7
		Zyklus 8 Woche 1 Tag 1	9	22,22	23,570	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	9	29,63	20,031	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	9	18,52	17,568	0,0	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	7	23,81	16,265	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	7	23,81	25,198	0,0	33,33	66,7
		Zyklus 14 Woche 1 Tag 1	5	20,00	18,257	0,0	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 19 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Capivasertib + Fulvestrant (N=13)	Baseline	12	13,89	22,285	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	13	20,51	37,363	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	19,44	30,011	0,0	0,00	100,0
		Zyklus 4 Woche 1 Tag 1	12	11,11	21,711	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	12	16,67	30,151	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	13,89	30,011	0,0	0,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	8,33	20,719	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	11	9,09	15,570	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	11	18,18	34,524	0,0	0,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	3,70	11,111	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	10	10,00	16,102	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	8	4,17	11,785	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	8	0,00	0,000	0,0	0,00	0,0
		Zyklus 16 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	8	8,33	23,570	0,0	0,00	66,7
		Zyklus 18 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	8	20,83	39,591	0,0	0,00	100,0
		Zyklus 20 Woche 1 Tag 1	8	12,50	24,801	0,0	0,00	66,7
		Zyklus 21 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 22 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 24 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	15,69	17,150	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	15	17,78	27,794	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	14	16,67	21,681	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	11	12,12	16,817	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	18,18	31,140	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	13,33	17,213	0,0	0,00	33,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	9	11,11	16,667	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	9	7,41	14,699	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	9	18,52	17,568	0,0	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	7	14,29	17,817	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	14,29	17,817	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
EORTC QLQ-C30 Schlaflosigkeit	Capivasertib + Fulvestrant (N=13)	Baseline	12	22,22	32,824	0,0	0,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	28,21	38,118	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	22,22	29,588	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	12	22,22	29,588	0,0	16,67	100,0
		Zyklus 5 Woche 1 Tag 1	12	25,00	25,126	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	12	13,89	17,164	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	12	16,67	22,473	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	11	24,24	30,151	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	27,27	32,722	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	22,22	23,570	0,0	33,33	66,7
		Zyklus 11 Woche 1 Tag 1	10	13,33	23,307	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	8	4,17	11,785	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	8	4,17	11,785	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	8	16,67	35,635	0,0	0,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	8	20,83	24,801	0,0	16,67	66,7

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schlaflosigkeit	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	16,67	25,198	0,0	0,00	66,7
		Zyklus 19 Woche 1 Tag 1	8	20,83	35,355	0,0	0,00	100,0
		Zyklus 20 Woche 1 Tag 1	8	20,83	24,801	0,0	16,67	66,7
		Zyklus 21 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 22 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 24 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=18)	Baseline	17	29,41	28,583	0,0	33,33	66,7
		Zyklus 2 Woche 1 Tag 1	15	26,67	25,820	0,0	33,33	66,7
		Zyklus 3 Woche 1 Tag 1	14	33,33	22,646	0,0	33,33	66,7
		Zyklus 4 Woche 1 Tag 1	11	24,24	26,208	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	11	27,27	25,025	0,0	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	10	33,33	22,222	0,0	33,33	66,7
		Zyklus 7 Woche 1 Tag 1	8	29,17	21,362	0,0	33,33	66,7
		Zyklus 8 Woche 1 Tag 1	9	33,33	23,570	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	9	40,74	27,778	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	9	25,93	14,699	0,0	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	7	19,05	17,817	0,0	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	7	23,81	16,265	0,0	33,33	33,3
		Zyklus 14 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 15 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 17 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Verstopfung	Capivasertib + Fulvestrant (N=13)	Baseline	12	30,56	33,207	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	13	5,13	12,518	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	12	11,11	16,412	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	12	2,78	9,623	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	12	13,89	26,432	0,0	0,00	66,7
		Zyklus 6 Woche 1 Tag 1	12	13,89	22,285	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	12	8,33	15,076	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	11	6,06	13,484	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	11	15,15	31,140	0,0	0,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	7,41	14,699	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	10	10,00	22,498	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	9,52	16,265	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	8	16,67	17,817	0,0	16,67	33,3
		Zyklus 16 Woche 1 Tag 1	8	16,67	17,817	0,0	16,67	33,3
		Zyklus 17 Woche 1 Tag 1	8	16,67	17,817	0,0	16,67	33,3
		Zyklus 18 Woche 1 Tag 1	8	16,67	17,817	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	8	20,83	30,538	0,0	0,00	66,7
		Zyklus 20 Woche 1 Tag 1	8	29,17	37,533	0,0	16,67	100,0
		Zyklus 21 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 22 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 24 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	13,73	20,612	0,0	0,00	66,7
		Zyklus 2 Woche 1 Tag 1	15	15,56	24,774	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	14	19,05	28,388	0,0	0,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	15,15	17,408	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	6,06	13,484	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	10	10,00	22,498	0,0	0,00	66,7

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Verstopfung	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	12,50	17,252	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	9	18,52	24,216	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	9	22,22	23,570	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	9	3,70	11,111	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	7	19,05	26,227	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	5	20,00	29,814	0,0	0,00	66,7
		Zyklus 13 Woche 1 Tag 1	7	19,05	26,227	0,0	0,00	66,7
		Zyklus 14 Woche 1 Tag 1	5	6,67	14,907	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 16 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 17 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 18 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 19 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 20 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=13)	Baseline	12	2,78	9,623	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	13	17,95	25,875	0,0	0,00	66,7
		Zyklus 3 Woche 1 Tag 1	12	27,78	34,329	0,0	16,67	100,0
		Zyklus 4 Woche 1 Tag 1	12	36,11	30,011	0,0	33,33	100,0
		Zyklus 5 Woche 1 Tag 1	12	30,56	33,207	0,0	33,33	100,0
		Zyklus 6 Woche 1 Tag 1	12	19,44	17,164	0,0	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	12	22,22	29,588	0,0	16,67	100,0
		Zyklus 8 Woche 1 Tag 1	11	24,24	21,556	0,0	33,33	66,7
		Zyklus 9 Woche 1 Tag 1	11	24,24	15,570	0,0	33,33	33,3
		Zyklus 10 Woche 1 Tag 1	9	25,93	22,222	0,0	33,33	66,7
		Zyklus 11 Woche 1 Tag 1	10	23,33	27,442	0,0	16,67	66,7
		Zyklus 12 Woche 1 Tag 1	8	25,00	15,430	0,0	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	7	23,81	16,265	0,0	33,33	33,3
		Zyklus 14 Woche 1 Tag 1	8	20,83	17,252	0,0	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	8	20,83	17,252	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	8	29,17	33,034	0,0	33,33	100,0
		Zyklus 17 Woche 1 Tag 1	8	20,83	17,252	0,0	33,33	33,3

Table 2.6.1.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	29,17	11,785	0,0	33,33	33,3
		Zyklus 19 Woche 1 Tag 1	8	29,17	21,362	0,0	33,33	66,7
		Zyklus 20 Woche 1 Tag 1	8	41,67	29,547	0,0	33,33	100,0
		Zyklus 21 Woche 1 Tag 1	4	33,33	0,000	33,3	33,33	33,3
		Zyklus 22 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 23 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 24 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	17	3,92	11,070	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	15	4,44	11,729	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	14	7,14	14,194	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	11	3,03	10,050	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	11	15,15	31,140	0,0	0,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	3,33	10,541	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	8	8,33	15,430	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	9	3,70	11,111	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	9	0,00	0,000	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	9	7,41	14,699	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	7	4,76	12,599	0,0	0,00	33,3
		Zyklus 12 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	7	0,00	0,000	0,0	0,00	0,0
		Zyklus 14 Woche 1 Tag 1	5	0,00	0,000	0,0	0,00	0,0
		Zyklus 15 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 16 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 18 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 19 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Allgemeine Lebensqualität/Gesundheitsszustand	Capivasertib + Fulvestrant (N=3)	Baseline	3	83,33	14,434	66,7	91,67	91,7
		Zyklus 2 Woche 1 Tag 1	3	66,67	22,048	50,0	58,33	91,7
		Zyklus 3 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 4 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 5 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	3	83,33	28,868	50,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	86,11	17,347	66,7	91,67	100,0
		Zyklus 8 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	2	62,50	5,893	58,3	62,50	66,7
		Zyklus 10 Woche 1 Tag 1	2	54,17	17,678	41,7	54,17	66,7
		Zyklus 11 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0
		Zyklus 12 Woche 1 Tag 1	2	50,00	11,785	41,7	50,00	58,3
		Zyklus 13 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
	Placebo + Fulvestrant (N=5)	Baseline	4	75,00	9,623	66,7	75,00	83,3
		Zyklus 2 Woche 1 Tag 1	4	77,08	7,979	66,7	79,17	83,3
		Zyklus 3 Woche 1 Tag 1	4	77,08	7,979	66,7	79,17	83,3
		Zyklus 4 Woche 1 Tag 1	3	69,44	17,347	50,0	75,00	83,3
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 8 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=3)	Baseline	3	75,56	19,245	53,3	86,67	86,7
		Zyklus 2 Woche 1 Tag 1	3	86,67	6,667	80,0	86,67	93,3
		Zyklus 3 Woche 1 Tag 1	2	83,33	14,142	73,3	83,33	93,3
		Zyklus 4 Woche 1 Tag 1	3	86,67	11,547	73,3	93,33	93,3
		Zyklus 5 Woche 1 Tag 1	3	82,22	19,245	60,0	93,33	93,3
		Zyklus 6 Woche 1 Tag 1	3	84,44	10,184	73,3	86,67	93,3
		Zyklus 7 Woche 1 Tag 1	3	88,89	3,849	86,7	86,67	93,3
		Zyklus 8 Woche 1 Tag 1	3	84,44	10,184	73,3	86,67	93,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Körper	Capivasertib + Fulvestrant (N=3)	Zyklus 9 Woche 1 Tag 1	2	80,00	9,428	73,3	80,00	86,7
		Zyklus 10 Woche 1 Tag 1	2	73,33	28,284	53,3	73,33	93,3
		Zyklus 11 Woche 1 Tag 1	1	60,00	NC	60,0	60,00	60,0
		Zyklus 12 Woche 1 Tag 1	2	60,00	18,856	46,7	60,00	73,3
		Zyklus 13 Woche 1 Tag 1	1	73,33	NC	73,3	73,33	73,3
	Placebo + Fulvestrant (N=5)	Baseline	4	91,67	6,383	86,7	90,00	100,0
		Zyklus 2 Woche 1 Tag 1	4	86,67	5,443	80,0	86,67	93,3
		Zyklus 3 Woche 1 Tag 1	4	81,67	3,333	80,0	80,00	86,7
		Zyklus 4 Woche 1 Tag 1	3	80,00	6,667	73,3	80,00	86,7
		Zyklus 5 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 7 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
		Zyklus 8 Woche 1 Tag 1	1	73,33	NC	73,3	73,33	73,3
		Zyklus 9 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 10 Woche 1 Tag 1	1	93,33	NC	93,3	93,33	93,3
		Zyklus 11 Woche 1 Tag 1	1	86,67	NC	86,7	86,67	86,7
EORTC QLQ-C30 Funktionsskala: Rolle	Capivasertib + Fulvestrant (N=3)	Baseline	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 4 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 10 Woche 1 Tag 1	2	66,67	23,570	50,0	66,67	83,3
		Zyklus 11 Woche 1 Tag 1	1	50,00	NC	50,0	50,00	50,0
		Zyklus 12 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Rolle	Placebo + Fulvestrant (N=5)	Baseline	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	4	83,33	13,608	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 7 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
EORTC QLQ-C30 Funktionsskala: Kognition	Capivasertib + Fulvestrant (N=3)	Baseline	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	2	83,33	0,000	83,3	83,33	83,3
		Zyklus 4 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 5 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	3	77,78	9,623	66,7	83,33	83,3
		Zyklus 7 Woche 1 Tag 1	3	83,33	0,000	83,3	83,33	83,3
		Zyklus 8 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 9 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 10 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 11 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 12 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=5)	Baseline	4	83,33	23,570	50,0	91,67	100,0
		Zyklus 2 Woche 1 Tag 1	4	87,50	8,333	83,3	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	4	87,50	8,333	83,3	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 7 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Kognition	Placebo + Fulvestrant (N=5)	Zyklus 10 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 11 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
EORTC QLQ-C30 Funktionsskala: Emotionalität	Capivasertib + Fulvestrant (N=3)	Baseline	3	83,33	8,333	75,0	83,33	91,7
		Zyklus 2 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 3 Woche 1 Tag 1	2	87,50	17,678	75,0	87,50	100,0
		Zyklus 4 Woche 1 Tag 1	3	86,11	17,347	66,7	91,67	100,0
		Zyklus 5 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	83,33	14,434	66,7	91,67	91,7
		Zyklus 8 Woche 1 Tag 1	3	66,67	8,333	58,3	66,67	75,0
		Zyklus 9 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	2	70,83	5,893	66,7	70,83	75,0
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=5)	Baseline	4	81,25	14,232	66,7	79,17	100,0
		Zyklus 2 Woche 1 Tag 1	4	89,58	7,979	83,3	87,50	100,0
		Zyklus 3 Woche 1 Tag 1	4	85,42	7,979	75,0	87,50	91,7
		Zyklus 4 Woche 1 Tag 1	3	80,56	17,347	66,7	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 10 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 11 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=3)	Baseline	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 3 Woche 1 Tag 1	2	75,00	11,785	66,7	75,00	83,3
		Zyklus 4 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Funktionsskala: Sozial	Capivasertib + Fulvestrant (N=3)	Zyklus 6 Woche 1 Tag 1	3	83,33	16,667	66,7	83,33	100,0
		Zyklus 7 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 9 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 11 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	2	41,67	11,785	33,3	41,67	50,0
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=5)	Baseline	4	91,67	16,667	66,7	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	4	91,67	9,623	83,3	91,67	100,0
		Zyklus 3 Woche 1 Tag 1	4	75,00	16,667	66,7	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-C30 Fatigue	Capivasertib + Fulvestrant (N=3)	Baseline	3	14,81	16,973	0,0	11,11	33,3
		Zyklus 2 Woche 1 Tag 1	3	22,22	11,111	11,1	22,22	33,3
		Zyklus 3 Woche 1 Tag 1	2	22,22	0,000	22,2	22,22	22,2
		Zyklus 4 Woche 1 Tag 1	3	40,74	6,415	33,3	44,44	44,4
		Zyklus 5 Woche 1 Tag 1	3	29,63	16,973	11,1	33,33	44,4
		Zyklus 6 Woche 1 Tag 1	3	33,33	22,222	11,1	33,33	55,6
		Zyklus 7 Woche 1 Tag 1	3	22,22	11,111	11,1	22,22	33,3
		Zyklus 8 Woche 1 Tag 1	3	25,93	12,830	11,1	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 10 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 11 Woche 1 Tag 1	1	55,56	NC	55,6	55,56	55,6
		Zyklus 12 Woche 1 Tag 1	2	55,56	15,713	44,4	55,56	66,7
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Fatigue	Placebo + Fulvestrant (N=5)	Baseline	4	11,11	15,713	0,0	5,56	33,3
		Zyklus 2 Woche 1 Tag 1	4	27,78	11,111	11,1	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	30,56	5,556	22,2	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	3	22,22	19,245	11,1	11,11	44,4
		Zyklus 5 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 9 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
		Zyklus 10 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
EORTC QLQ-C30 Übelkeit und Erbrechen	Capivasertib + Fulvestrant (N=3)	Baseline	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 2 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 3 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 8 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 10 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 13 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=5)	Baseline	4	4,17	8,333	0,0	0,00	16,7
		Zyklus 2 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Übelkeit und Erbrechen	Placebo + Fulvestrant (N=5)	Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Schmerzen	Capivasertib + Fulvestrant (N=3)	Baseline	3	11,11	9,623	0,0	16,67	16,7
		Zyklus 2 Woche 1 Tag 1	3	16,67	0,000	16,7	16,67	16,7
		Zyklus 3 Woche 1 Tag 1	2	33,33	23,570	16,7	33,33	50,0
		Zyklus 4 Woche 1 Tag 1	3	5,56	9,623	0,0	0,00	16,7
		Zyklus 5 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	3	11,11	9,623	0,0	16,67	16,7
		Zyklus 8 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 10 Woche 1 Tag 1	2	41,67	11,785	33,3	41,67	50,0
		Zyklus 11 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=5)	Baseline	4	4,17	8,333	0,0	0,00	16,7
		Zyklus 2 Woche 1 Tag 1	4	8,33	9,623	0,0	8,33	16,7
		Zyklus 3 Woche 1 Tag 1	4	16,67	33,333	0,0	0,00	66,7
		Zyklus 4 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=3)	Baseline	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 4 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Dyspnoe	Capivasertib + Fulvestrant (N=3)	Zyklus 6 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	3	33,33	0,000	33,3	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 10 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=5)	Baseline	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 2 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Appetitverlust	Capivasertib + Fulvestrant (N=3)	Baseline	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 2 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 8 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 10 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 13 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Appetitverlust	Placebo + Fulvestrant (N=5)	Baseline	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Schlaflosigkeit	Capivasertib + Fulvestrant (N=3)	Baseline	3	33,33	33,333	0,0	33,33	66,7
		Zyklus 2 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	3	33,33	33,333	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	3	33,33	0,000	33,3	33,33	33,3
		Zyklus 8 Woche 1 Tag 1	3	33,33	0,000	33,3	33,33	33,3
		Zyklus 9 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 10 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=5)	Baseline	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Schlaflosigkeit	Placebo + Fulvestrant (N=5)	Zyklus 10 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Verstopfung	Capivasertib + Fulvestrant (N=3)	Baseline	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 2 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 5 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 7 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 10 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=5)	Baseline	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=3)	Baseline	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	3	33,33	57,735	0,0	0,00	100,0
		Zyklus 3 Woche 1 Tag 1	2	33,33	47,140	0,0	33,33	66,7
		Zyklus 4 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3

Table 2.6.1.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-C30 questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-C30 Diarrhö	Capivasertib + Fulvestrant (N=3)	Zyklus 6 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 7 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 8 Woche 1 Tag 1	3	22,22	38,490	0,0	0,00	66,7
		Zyklus 9 Woche 1 Tag 1	2	33,33	47,140	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 13 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=5)	Baseline	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 2 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 4 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Capivasertib + Fulvestrant (N=13)	Baseline	12	88,19	14,416	58,3	95,83	100,0
		Zyklus 2 Woche 1 Tag 1	13	85,90	23,908	25,0	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	79,86	27,629	8,3	91,67	100,0
		Zyklus 4 Woche 1 Tag 1	12	77,08	31,407	0,0	91,67	100,0
		Zyklus 5 Woche 1 Tag 1	12	73,61	32,144	0,0	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	12	85,42	24,393	25,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	85,65	28,595	0,0	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	11	75,00	32,914	0,0	91,67	100,0
		Zyklus 9 Woche 1 Tag 1	11	68,69	34,874	0,0	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	71,30	41,898	0,0	91,67	100,0
		Zyklus 11 Woche 1 Tag 1	10	73,33	40,407	0,0	95,83	100,0
		Zyklus 12 Woche 1 Tag 1	8	80,21	31,477	8,3	91,67	100,0
		Zyklus 13 Woche 1 Tag 1	7	94,05	12,467	66,7	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	80,21	28,150	16,7	87,50	100,0
		Zyklus 15 Woche 1 Tag 1	8	77,08	33,556	0,0	87,50	100,0
		Zyklus 16 Woche 1 Tag 1	8	83,33	34,215	0,0	95,83	100,0
		Zyklus 17 Woche 1 Tag 1	8	75,00	33,034	0,0	79,17	100,0
		Zyklus 18 Woche 1 Tag 1	8	81,25	29,124	16,7	95,83	100,0
		Zyklus 19 Woche 1 Tag 1	8	77,08	34,142	0,0	87,50	100,0
		Zyklus 20 Woche 1 Tag 1	8	75,00	32,733	0,0	83,33	100,0
		Zyklus 21 Woche 1 Tag 1	4	83,33	11,785	75,0	79,17	100,0
		Zyklus 22 Woche 1 Tag 1	3	91,67	8,333	83,3	91,67	100,0
		Zyklus 23 Woche 1 Tag 1	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 24 Woche 1 Tag 1	2	91,67	11,785	83,3	91,67	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=18)	Baseline	17	87,25	18,190	33,3	91,67	100,0
		Zyklus 2 Woche 1 Tag 1	14	86,90	19,534	33,3	95,83	100,0
		Zyklus 3 Woche 1 Tag 1	14	81,55	21,970	33,3	91,67	100,0
		Zyklus 4 Woche 1 Tag 1	11	79,55	21,201	33,3	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	11	83,33	22,361	33,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	80,00	21,943	33,3	83,33	100,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	80,21	23,544	33,3	87,50	100,0
		Zyklus 8 Woche 1 Tag 1	9	77,78	22,048	33,3	83,33	100,0
		Zyklus 9 Woche 1 Tag 1	9	75,93	20,601	33,3	83,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	84,26	14,699	66,7	83,33	100,0
		Zyklus 11 Woche 1 Tag 1	7	84,52	16,962	66,7	91,67	100,0
		Zyklus 12 Woche 1 Tag 1	5	75,00	14,434	66,7	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	7	83,33	14,434	66,7	83,33	100,0
		Zyklus 14 Woche 1 Tag 1	5	81,67	17,078	66,7	75,00	100,0
		Zyklus 15 Woche 1 Tag 1	4	70,83	8,333	66,7	66,67	83,3
		Zyklus 16 Woche 1 Tag 1	3	72,22	9,623	66,7	66,67	83,3
		Zyklus 17 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	2	75,00	23,570	58,3	75,00	91,7
		Zyklus 19 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 20 Woche 1 Tag 1	2	79,17	17,678	66,7	79,17	91,7
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=13)	Baseline	12	87,50	16,088	66,7	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	93,59	12,799	66,7	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	12	86,11	18,577	50,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	12	88,89	17,885	50,0	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	86,11	22,285	33,3	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	94,44	12,975	66,7	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	12	83,33	26,591	33,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	11	92,42	17,262	50,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	11	92,42	17,262	50,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	92,59	14,699	66,7	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	10	95,00	11,249	66,7	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	8	95,83	11,785	66,7	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	8	95,83	11,785	66,7	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	8	95,83	7,715	83,3	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	8	93,75	12,400	66,7	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	8	100,00	0,000	100,0	100,00	100,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	8	97,92	5,893	83,3	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	8	100,00	0,000	100,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	8	100,00	0,000	100,0	100,00	100,0
		Zyklus 21 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 22 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 23 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 24 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 25 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=18)	Baseline	17	93,14	17,735	33,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	14	94,05	18,030	33,3	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	14	95,24	17,817	33,3	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	11	98,48	5,025	83,3	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	11	100,00	0,000	100,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	10	100,00	0,000	100,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	8	97,92	5,893	83,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	9	100,00	0,000	100,0	100,00	100,0
		Zyklus 9 Woche 1 Tag 1	9	100,00	0,000	100,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	9	100,00	0,000	100,0	100,00	100,0
		Zyklus 11 Woche 1 Tag 1	7	100,00	0,000	100,0	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	5	100,00	0,000	100,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	100,00	0,000	100,0	100,00	100,0
		Zyklus 14 Woche 1 Tag 1	5	100,00	0,000	100,0	100,00	100,0
		Zyklus 15 Woche 1 Tag 1	4	100,00	0,000	100,0	100,00	100,0
		Zyklus 16 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 17 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 19 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 20 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Freude an Sex	Capivasertib + Fulvestrant (N=13)	Baseline	3	44,44	19,245	33,3	33,33	66,7
		Zyklus 2 Woche 1 Tag 1	3	55,56	19,245	33,3	66,67	66,7
		Zyklus 3 Woche 1 Tag 1	5	73,33	14,907	66,7	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	4	75,00	16,667	66,7	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	4	75,00	16,667	66,7	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	4	58,33	16,667	33,3	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 14 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 15 Woche 1 Tag 1	2	83,33	23,570	66,7	83,33	100,0
		Zyklus 16 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 18 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=18)	Baseline	3	44,44	50,918	0,0	33,33	100,0
		Zyklus 2 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=13)	Baseline	12	33,33	31,782	0,0	33,33	66,7
		Zyklus 2 Woche 1 Tag 1	13	51,28	32,247	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	12	55,56	35,770	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	12	36,11	33,207	0,0	50,00	66,7
		Zyklus 5 Woche 1 Tag 1	12	50,00	38,925	0,0	50,00	100,0
		Zyklus 6 Woche 1 Tag 1	12	61,11	27,828	0,0	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	12	61,11	37,155	0,0	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	11	48,48	37,605	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	11	42,42	33,635	0,0	33,33	100,0
		Zyklus 10 Woche 1 Tag 1	9	48,15	33,793	0,0	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	10	53,33	35,832	0,0	66,67	100,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=13)	Zyklus 12 Woche 1 Tag 1	8	62,50	21,362	33,3	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	7	71,43	23,002	33,3	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	8	62,50	33,034	0,0	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	8	54,17	30,538	0,0	66,67	100,0
		Zyklus 16 Woche 1 Tag 1	8	50,00	25,198	0,0	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	8	62,50	33,034	0,0	66,67	100,0
		Zyklus 18 Woche 1 Tag 1	8	54,17	24,801	0,0	66,67	66,7
		Zyklus 19 Woche 1 Tag 1	8	62,50	33,034	0,0	66,67	100,0
		Zyklus 20 Woche 1 Tag 1	8	58,33	34,503	0,0	66,67	100,0
		Zyklus 21 Woche 1 Tag 1	4	50,00	19,245	33,3	50,00	66,7
		Zyklus 22 Woche 1 Tag 1	3	44,44	38,490	0,0	66,67	66,7
		Zyklus 23 Woche 1 Tag 1	3	55,56	19,245	33,3	66,67	66,7
		Zyklus 24 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 25 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=18)	Baseline	17	47,06	29,009	0,0	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	14	59,52	26,726	0,0	66,67	100,0
		Zyklus 3 Woche 1 Tag 1	14	57,14	24,209	0,0	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	11	57,58	26,208	0,0	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	11	57,58	26,208	0,0	66,67	100,0
		Zyklus 6 Woche 1 Tag 1	10	63,33	24,595	0,0	66,67	100,0
		Zyklus 7 Woche 1 Tag 1	8	66,67	30,861	0,0	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	9	62,96	20,031	33,3	66,67	100,0
		Zyklus 9 Woche 1 Tag 1	9	55,56	28,868	0,0	66,67	100,0
		Zyklus 10 Woche 1 Tag 1	9	59,26	22,222	33,3	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	7	66,67	19,245	33,3	66,67	100,0
		Zyklus 12 Woche 1 Tag 1	5	60,00	27,889	33,3	66,67	100,0
		Zyklus 13 Woche 1 Tag 1	7	71,43	12,599	66,7	66,67	100,0
		Zyklus 14 Woche 1 Tag 1	5	73,33	14,907	66,7	66,67	100,0
		Zyklus 15 Woche 1 Tag 1	4	66,67	0,000	66,7	66,67	66,7
		Zyklus 16 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7
		Zyklus 17 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Placebo + Fulvestrant (N=18)	Zyklus 18 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 19 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 20 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=13)	Baseline	12	12,30	11,021	0,0	9,52	42,9
		Zyklus 2 Woche 1 Tag 1	13	17,22	19,298	0,0	14,29	71,4
		Zyklus 3 Woche 1 Tag 1	12	16,67	13,237	0,0	14,29	42,9
		Zyklus 4 Woche 1 Tag 1	12	15,87	12,239	0,0	14,29	33,3
		Zyklus 5 Woche 1 Tag 1	12	16,27	10,042	0,0	16,67	38,1
		Zyklus 6 Woche 1 Tag 1	12	15,48	9,109	0,0	14,29	33,3
		Zyklus 7 Woche 1 Tag 1	12	16,67	12,761	0,0	14,29	38,1
		Zyklus 8 Woche 1 Tag 1	11	16,88	8,615	4,8	14,29	28,6
		Zyklus 9 Woche 1 Tag 1	11	19,05	12,234	4,8	19,05	47,6
		Zyklus 10 Woche 1 Tag 1	9	12,70	7,897	0,0	9,52	23,8
		Zyklus 11 Woche 1 Tag 1	10	14,29	12,089	0,0	9,52	38,1
		Zyklus 12 Woche 1 Tag 1	8	16,07	11,365	0,0	16,67	33,3
		Zyklus 13 Woche 1 Tag 1	7	10,88	8,569	0,0	9,52	23,8
		Zyklus 14 Woche 1 Tag 1	8	14,88	10,320	4,8	11,90	38,1
		Zyklus 15 Woche 1 Tag 1	8	12,50	12,190	0,0	9,52	38,1
		Zyklus 16 Woche 1 Tag 1	8	16,07	14,158	0,0	14,29	42,9
		Zyklus 17 Woche 1 Tag 1	8	16,67	17,450	0,0	14,29	57,1
		Zyklus 18 Woche 1 Tag 1	8	14,88	17,715	0,0	9,52	57,1
		Zyklus 19 Woche 1 Tag 1	8	24,40	19,951	9,5	21,43	71,4
		Zyklus 20 Woche 1 Tag 1	8	19,05	21,598	4,8	11,90	71,4
		Zyklus 21 Woche 1 Tag 1	4	11,90	2,749	9,5	11,90	14,3
		Zyklus 22 Woche 1 Tag 1	3	11,11	2,749	9,5	9,52	14,3
		Zyklus 23 Woche 1 Tag 1	3	17,46	7,274	9,5	19,05	23,8
		Zyklus 24 Woche 1 Tag 1	2	16,67	3,367	14,3	16,67	19,0
		Zyklus 25 Woche 1 Tag 1	1	19,05	NC	19,0	19,05	19,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Placebo + Fulvestrant (N=18)	Baseline	17	14,29	10,102	0,0	14,29	33,3
		Zyklus 2 Woche 1 Tag 1	14	17,01	13,941	0,0	14,29	47,6
		Zyklus 3 Woche 1 Tag 1	14	16,33	10,351	4,8	14,29	38,1
		Zyklus 4 Woche 1 Tag 1	11	16,02	12,284	0,0	9,52	38,1
		Zyklus 5 Woche 1 Tag 1	11	13,42	15,181	0,0	9,52	47,6
		Zyklus 6 Woche 1 Tag 1	10	12,38	11,707	0,0	9,52	42,9
		Zyklus 7 Woche 1 Tag 1	8	16,67	16,298	0,0	16,67	52,4
		Zyklus 8 Woche 1 Tag 1	9	17,99	13,631	0,0	19,05	47,6
		Zyklus 9 Woche 1 Tag 1	9	17,99	13,838	0,0	19,05	47,6
		Zyklus 10 Woche 1 Tag 1	9	12,17	9,557	0,0	14,29	28,6
		Zyklus 11 Woche 1 Tag 1	7	16,33	11,288	0,0	14,29	33,3
		Zyklus 12 Woche 1 Tag 1	5	16,19	16,358	0,0	9,52	38,1
		Zyklus 13 Woche 1 Tag 1	7	13,61	10,799	0,0	14,29	28,6
		Zyklus 14 Woche 1 Tag 1	5	16,19	11,952	0,0	14,29	33,3
		Zyklus 15 Woche 1 Tag 1	4	17,86	10,559	9,5	14,29	33,3
		Zyklus 16 Woche 1 Tag 1	3	12,70	2,749	9,5	14,29	14,3
		Zyklus 17 Woche 1 Tag 1	3	12,70	7,274	4,8	14,29	19,0
		Zyklus 18 Woche 1 Tag 1	2	7,14	3,367	4,8	7,14	9,5
		Zyklus 19 Woche 1 Tag 1	2	7,14	3,367	4,8	7,14	9,5
		Zyklus 20 Woche 1 Tag 1	2	7,14	10,102	0,0	7,14	14,3
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=13)	Baseline	12	9,03	9,030	0,0	8,33	25,0
		Zyklus 2 Woche 1 Tag 1	13	6,41	10,293	0,0	0,00	25,0
		Zyklus 3 Woche 1 Tag 1	12	6,25	8,794	0,0	0,00	25,0
		Zyklus 4 Woche 1 Tag 1	12	5,56	6,487	0,0	4,17	16,7
		Zyklus 5 Woche 1 Tag 1	12	5,56	8,206	0,0	0,00	25,0
		Zyklus 6 Woche 1 Tag 1	12	9,03	10,334	0,0	4,17	25,0
		Zyklus 7 Woche 1 Tag 1	12	6,25	10,129	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	11	3,79	10,113	0,0	0,00	33,3
		Zyklus 9 Woche 1 Tag 1	11	6,06	8,409	0,0	0,00	25,0
		Zyklus 10 Woche 1 Tag 1	9	4,63	11,111	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	10	4,17	10,577	0,0	0,00	33,3

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=13)	Zyklus 12 Woche 1 Tag 1	8	4,17	11,785	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	2,38	4,066	0,0	0,00	8,3
		Zyklus 14 Woche 1 Tag 1	8	10,42	18,230	0,0	0,00	50,0
		Zyklus 15 Woche 1 Tag 1	8	11,46	14,731	0,0	4,17	33,3
		Zyklus 16 Woche 1 Tag 1	8	5,21	7,634	0,0	0,00	16,7
		Zyklus 17 Woche 1 Tag 1	8	9,38	11,302	0,0	8,33	33,3
		Zyklus 18 Woche 1 Tag 1	8	5,21	11,732	0,0	0,00	33,3
		Zyklus 19 Woche 1 Tag 1	8	9,38	11,302	0,0	8,33	33,3
		Zyklus 20 Woche 1 Tag 1	8	6,25	14,605	0,0	0,00	41,7
		Zyklus 21 Woche 1 Tag 1	4	2,08	4,167	0,0	0,00	8,3
		Zyklus 22 Woche 1 Tag 1	3	2,78	4,811	0,0	0,00	8,3
		Zyklus 23 Woche 1 Tag 1	3	2,78	4,811	0,0	0,00	8,3
		Zyklus 24 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
	Placebo + Fulvestrant (N=18)	Baseline	17	12,75	12,190	0,0	16,67	41,7
		Zyklus 2 Woche 1 Tag 1	14	8,33	9,245	0,0	8,33	25,0
		Zyklus 3 Woche 1 Tag 1	14	11,90	11,187	0,0	12,50	33,3
		Zyklus 4 Woche 1 Tag 1	11	9,85	11,067	0,0	8,33	33,3
		Zyklus 5 Woche 1 Tag 1	11	7,58	12,050	0,0	0,00	33,3
		Zyklus 6 Woche 1 Tag 1	10	10,83	11,146	0,0	12,50	33,3
		Zyklus 7 Woche 1 Tag 1	8	9,38	11,302	0,0	8,33	33,3
		Zyklus 8 Woche 1 Tag 1	9	8,33	11,024	0,0	8,33	33,3
		Zyklus 9 Woche 1 Tag 1	9	9,26	8,784	0,0	8,33	25,0
		Zyklus 10 Woche 1 Tag 1	9	11,11	12,500	0,0	8,33	33,3
		Zyklus 11 Woche 1 Tag 1	7	10,71	11,501	0,0	8,33	33,3
		Zyklus 12 Woche 1 Tag 1	5	11,67	12,638	0,0	8,33	25,0
		Zyklus 13 Woche 1 Tag 1	7	11,90	12,599	0,0	8,33	33,3
		Zyklus 14 Woche 1 Tag 1	5	11,67	12,638	0,0	8,33	25,0
		Zyklus 15 Woche 1 Tag 1	4	14,58	14,232	0,0	12,50	33,3
		Zyklus 16 Woche 1 Tag 1	3	8,33	8,333	0,0	8,33	16,7
		Zyklus 17 Woche 1 Tag 1	3	8,33	8,333	0,0	8,33	16,7

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Placebo + Fulvestrant (N=18)	Zyklus 18 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 19 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
		Zyklus 20 Woche 1 Tag 1	2	8,33	11,785	0,0	8,33	16,7
EORTC QLQ-BR23 Symptome im Armbereich	Capivasertib + Fulvestrant (N=13)	Baseline	12	16,67	21,968	0,0	5,56	66,7
		Zyklus 2 Woche 1 Tag 1	13	10,26	13,195	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	12	11,11	13,401	0,0	11,11	44,4
		Zyklus 4 Woche 1 Tag 1	12	7,41	10,941	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	12	8,33	10,726	0,0	5,56	33,3
		Zyklus 6 Woche 1 Tag 1	12	11,11	12,535	0,0	11,11	33,3
		Zyklus 7 Woche 1 Tag 1	12	9,26	13,260	0,0	0,00	33,3
		Zyklus 8 Woche 1 Tag 1	11	11,11	12,172	0,0	11,11	33,3
		Zyklus 9 Woche 1 Tag 1	11	14,14	17,979	0,0	11,11	55,6
		Zyklus 10 Woche 1 Tag 1	9	12,35	12,963	0,0	11,11	33,3
		Zyklus 11 Woche 1 Tag 1	10	10,00	11,049	0,0	5,56	22,2
		Zyklus 12 Woche 1 Tag 1	8	11,11	13,280	0,0	5,56	33,3
		Zyklus 13 Woche 1 Tag 1	7	6,35	8,742	0,0	0,00	22,2
		Zyklus 14 Woche 1 Tag 1	8	12,50	17,252	0,0	5,56	44,4
		Zyklus 15 Woche 1 Tag 1	8	16,67	22,222	0,0	11,11	66,7
		Zyklus 16 Woche 1 Tag 1	8	12,50	19,188	0,0	5,56	55,6
		Zyklus 17 Woche 1 Tag 1	8	15,28	20,520	0,0	5,56	55,6
		Zyklus 18 Woche 1 Tag 1	8	11,11	15,713	0,0	5,56	44,4
		Zyklus 19 Woche 1 Tag 1	8	23,61	29,360	0,0	22,22	88,9
		Zyklus 20 Woche 1 Tag 1	8	16,67	30,861	0,0	0,00	88,9
		Zyklus 21 Woche 1 Tag 1	4	8,33	10,638	0,0	5,56	22,2
		Zyklus 22 Woche 1 Tag 1	3	14,81	16,973	0,0	11,11	33,3
		Zyklus 23 Woche 1 Tag 1	3	14,81	12,830	0,0	22,22	22,2
		Zyklus 24 Woche 1 Tag 1	2	5,56	7,857	0,0	5,56	11,1
		Zyklus 25 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Placebo + Fulvestrant (N=18)	Baseline	17	15,03	15,185	0,0	11,11	33,3
		Zyklus 2 Woche 1 Tag 1	14	13,49	13,203	0,0	11,11	44,4
		Zyklus 3 Woche 1 Tag 1	14	13,49	14,571	0,0	11,11	44,4
		Zyklus 4 Woche 1 Tag 1	11	10,10	11,605	0,0	0,00	22,2
		Zyklus 5 Woche 1 Tag 1	11	12,12	11,605	0,0	11,11	33,3
		Zyklus 6 Woche 1 Tag 1	10	17,78	14,999	0,0	16,67	33,3
		Zyklus 7 Woche 1 Tag 1	8	20,83	16,197	0,0	22,22	44,4
		Zyklus 8 Woche 1 Tag 1	9	16,05	13,734	0,0	22,22	33,3
		Zyklus 9 Woche 1 Tag 1	9	16,05	14,815	0,0	11,11	33,3
		Zyklus 10 Woche 1 Tag 1	9	11,11	14,699	0,0	0,00	33,3
		Zyklus 11 Woche 1 Tag 1	7	17,46	16,798	0,0	22,22	33,3
		Zyklus 12 Woche 1 Tag 1	5	11,11	15,713	0,0	0,00	33,3
		Zyklus 13 Woche 1 Tag 1	7	14,29	15,335	0,0	11,11	33,3
		Zyklus 14 Woche 1 Tag 1	5	11,11	15,713	0,0	0,00	33,3
		Zyklus 15 Woche 1 Tag 1	4	13,89	16,667	0,0	11,11	33,3
		Zyklus 16 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 17 Woche 1 Tag 1	3	7,41	12,830	0,0	0,00	22,2
		Zyklus 18 Woche 1 Tag 1	2	11,11	15,713	0,0	11,11	22,2
		Zyklus 19 Woche 1 Tag 1	2	22,22	31,427	0,0	22,22	44,4
		Zyklus 20 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
EORTC QLQ-BR23 Belastung durch Haarausfall	Capivasertib + Fulvestrant (N=13)	Baseline	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 2 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	5	26,67	43,461	0,0	0,00	100,0
		Zyklus 4 Woche 1 Tag 1	5	33,33	23,570	0,0	33,33	66,7
		Zyklus 5 Woche 1 Tag 1	5	46,67	18,257	33,3	33,33	66,7
		Zyklus 6 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	5	26,67	27,889	0,0	33,33	66,7
		Zyklus 8 Woche 1 Tag 1	5	46,67	38,006	0,0	33,33	100,0
		Zyklus 9 Woche 1 Tag 1	5	33,33	23,570	0,0	33,33	66,7
		Zyklus 10 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 11 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Belastung durch Haarausfall	Capivasertib + Fulvestrant (N=13)	Zyklus 12 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 14 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 15 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	4	33,33	27,217	0,0	33,33	66,7
		Zyklus 17 Woche 1 Tag 1	3	44,44	50,918	0,0	33,33	100,0
		Zyklus 18 Woche 1 Tag 1	3	33,33	33,333	0,0	33,33	66,7
		Zyklus 19 Woche 1 Tag 1	5	26,67	43,461	0,0	0,00	100,0
		Zyklus 20 Woche 1 Tag 1	4	33,33	47,140	0,0	16,67	100,0
		Zyklus 21 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 22 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 23 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=18)	Baseline	4	0,00	0,000	0,0	0,00	0,0
		Zyklus 2 Woche 1 Tag 1	4	8,33	16,667	0,0	0,00	33,3
		Zyklus 3 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 4 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 5 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 6 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 7 Woche 1 Tag 1	4	16,67	19,245	0,0	16,67	33,3
		Zyklus 8 Woche 1 Tag 1	6	16,67	18,257	0,0	16,67	33,3
		Zyklus 9 Woche 1 Tag 1	5	13,33	18,257	0,0	0,00	33,3
		Zyklus 10 Woche 1 Tag 1	4	25,00	16,667	0,0	33,33	33,3
		Zyklus 11 Woche 1 Tag 1	5	20,00	29,814	0,0	0,00	66,7
		Zyklus 12 Woche 1 Tag 1	3	44,44	19,245	33,3	33,33	66,7
		Zyklus 13 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 14 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 15 Woche 1 Tag 1	3	22,22	19,245	0,0	33,33	33,3
		Zyklus 16 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 17 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.3 CAPItello-291 (Global A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Belastung durch Haarausfall	Placebo + Fulvestrant (N=18)	Zyklus 18 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 19 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 20 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Körperbild	Capivasertib + Fulvestrant (N=3)	Baseline	3	72,22	4,811	66,7	75,00	75,0
		Zyklus 2 Woche 1 Tag 1	2	70,83	17,678	58,3	70,83	83,3
		Zyklus 3 Woche 1 Tag 1	2	66,67	11,785	58,3	66,67	75,0
		Zyklus 4 Woche 1 Tag 1	3	80,56	17,347	66,7	75,00	100,0
		Zyklus 5 Woche 1 Tag 1	3	80,56	20,972	58,3	83,33	100,0
		Zyklus 6 Woche 1 Tag 1	3	80,56	12,729	66,7	83,33	91,7
		Zyklus 7 Woche 1 Tag 1	3	72,22	4,811	66,7	75,00	75,0
		Zyklus 8 Woche 1 Tag 1	3	75,00	16,667	58,3	75,00	91,7
		Zyklus 9 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	2	54,17	5,893	50,0	54,17	58,3
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 12 Woche 1 Tag 1	2	75,00	23,570	58,3	75,00	91,7
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=5)	Baseline	4	93,75	7,979	83,3	95,83	100,0
		Zyklus 2 Woche 1 Tag 1	4	83,33	6,804	75,0	83,33	91,7
		Zyklus 3 Woche 1 Tag 1	4	79,17	4,811	75,0	79,17	83,3
		Zyklus 4 Woche 1 Tag 1	3	77,78	12,729	66,7	75,00	91,7
		Zyklus 5 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 7 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 8 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 9 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 10 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
		Zyklus 11 Woche 1 Tag 1	1	75,00	NC	75,0	75,00	75,0
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=3)	Baseline	3	88,89	9,623	83,3	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 3 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 4 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	94,44	9,623	83,3	100,00	100,0
		Zyklus 8 Woche 1 Tag 1	3	100,00	0,000	100,0	100,00	100,0

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Sexuelle Aktivität	Capivasertib + Fulvestrant (N=3)	Zyklus 9 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	2	66,67	47,140	33,3	66,67	100,0
		Zyklus 11 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 12 Woche 1 Tag 1	2	100,00	0,000	100,0	100,00	100,0
		Zyklus 13 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=5)	Baseline	4	95,83	8,333	83,3	100,00	100,0
		Zyklus 2 Woche 1 Tag 1	4	87,50	15,957	66,7	91,67	100,0
		Zyklus 3 Woche 1 Tag 1	4	83,33	19,245	66,7	83,33	100,0
		Zyklus 4 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	1	83,33	NC	83,3	83,33	83,3
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Freude an Sex	Capivasertib + Fulvestrant (N=3)	Baseline	1	100,00	NC	100,0	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
		Zyklus 10 Woche 1 Tag 1	1	100,00	NC	100,0	100,00	100,0
	Placebo + Fulvestrant (N=5)	Baseline	1	66,67	NC	66,7	66,67	66,7
		Zyklus 2 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 3 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 4 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Zukunftsperspektiven	Capivasertib + Fulvestrant (N=3)	Baseline	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 2 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 3 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 4 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 5 Woche 1 Tag 1	3	88,89	19,245	66,7	100,00	100,0
		Zyklus 6 Woche 1 Tag 1	3	77,78	38,490	33,3	100,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	77,78	19,245	66,7	66,67	100,0
		Zyklus 8 Woche 1 Tag 1	3	55,56	19,245	33,3	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	2	66,67	0,000	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	2	33,33	0,000	33,3	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
	Placebo + Fulvestrant (N=5)	Baseline	4	83,33	19,245	66,7	83,33	100,0
		Zyklus 2 Woche 1 Tag 1	4	66,67	0,000	66,7	66,67	66,7
		Zyklus 3 Woche 1 Tag 1	4	75,00	16,667	66,7	66,67	100,0
		Zyklus 4 Woche 1 Tag 1	3	66,67	0,000	66,7	66,67	66,7
		Zyklus 5 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 7 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 8 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 9 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 10 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
		Zyklus 11 Woche 1 Tag 1	1	66,67	NC	66,7	66,67	66,7
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=3)	Baseline	3	4,76	8,248	0,0	0,00	14,3
		Zyklus 2 Woche 1 Tag 1	2	9,52	13,469	0,0	9,52	19,0
		Zyklus 3 Woche 1 Tag 1	2	9,52	6,734	4,8	9,52	14,3
		Zyklus 4 Woche 1 Tag 1	3	14,29	8,248	4,8	19,05	19,0
		Zyklus 5 Woche 1 Tag 1	3	6,35	7,274	0,0	4,76	14,3
		Zyklus 6 Woche 1 Tag 1	3	7,94	7,274	0,0	9,52	14,3
		Zyklus 7 Woche 1 Tag 1	3	9,52	4,762	4,8	9,52	14,3
		Zyklus 8 Woche 1 Tag 1	3	11,11	7,274	4,8	9,52	19,0

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Nebenwirkungen der systemischen Therapie	Capivasertib + Fulvestrant (N=3)	Zyklus 9 Woche 1 Tag 1	2	16,67	16,836	4,8	16,67	28,6
		Zyklus 10 Woche 1 Tag 1	2	26,19	10,102	19,0	26,19	33,3
		Zyklus 11 Woche 1 Tag 1	1	42,86	NC	42,9	42,86	42,9
		Zyklus 12 Woche 1 Tag 1	2	26,19	16,836	14,3	26,19	38,1
		Zyklus 13 Woche 1 Tag 1	1	23,81	NC	23,8	23,81	23,8
	Placebo + Fulvestrant (N=5)	Baseline	4	14,29	3,888	9,5	14,29	19,0
		Zyklus 2 Woche 1 Tag 1	4	13,10	8,133	4,8	11,90	23,8
		Zyklus 3 Woche 1 Tag 1	4	11,90	6,148	4,8	11,90	19,0
		Zyklus 4 Woche 1 Tag 1	3	14,29	14,286	0,0	14,29	28,6
		Zyklus 5 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	4,76	NC	4,8	4,76	4,8
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-BR23 Symptome im Brustbereich	Capivasertib + Fulvestrant (N=3)	Baseline	3	11,11	12,729	0,0	8,33	25,0
		Zyklus 2 Woche 1 Tag 1	2	4,17	5,893	0,0	4,17	8,3
		Zyklus 3 Woche 1 Tag 1	2	8,33	0,000	8,3	8,33	8,3
		Zyklus 4 Woche 1 Tag 1	3	19,44	12,729	8,3	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	3	13,89	17,347	0,0	8,33	33,3
		Zyklus 6 Woche 1 Tag 1	3	8,33	8,333	0,0	8,33	16,7
		Zyklus 7 Woche 1 Tag 1	3	13,89	12,729	0,0	16,67	25,0
		Zyklus 8 Woche 1 Tag 1	3	11,11	12,729	0,0	8,33	25,0
		Zyklus 9 Woche 1 Tag 1	2	8,33	0,000	8,3	8,33	8,3
		Zyklus 10 Woche 1 Tag 1	2	12,50	5,893	8,3	12,50	16,7
		Zyklus 11 Woche 1 Tag 1	1	16,67	NC	16,7	16,67	16,7
		Zyklus 12 Woche 1 Tag 1	2	29,17	5,893	25,0	29,17	33,3
		Zyklus 13 Woche 1 Tag 1	1	8,33	NC	8,3	8,33	8,3

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Brustbereich	Placebo + Fulvestrant (N=5)	Baseline	4	8,33	6,804	0,0	8,33	16,7
		Zyklus 2 Woche 1 Tag 1	4	6,25	12,500	0,0	0,00	25,0
		Zyklus 3 Woche 1 Tag 1	4	8,33	9,623	0,0	8,33	16,7
		Zyklus 4 Woche 1 Tag 1	3	11,11	19,245	0,0	0,00	33,3
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	8,33	NC	8,3	8,33	8,3
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	8,33	NC	8,3	8,33	8,3
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-BR23 Symptome im Armbereich	Capivasertib + Fulvestrant (N=3)	Baseline	3	14,81	16,973	0,0	11,11	33,3
		Zyklus 2 Woche 1 Tag 1	2	11,11	0,000	11,1	11,11	11,1
		Zyklus 3 Woche 1 Tag 1	2	11,11	15,713	0,0	11,11	22,2
		Zyklus 4 Woche 1 Tag 1	3	18,52	23,130	0,0	11,11	44,4
		Zyklus 5 Woche 1 Tag 1	3	14,81	16,973	0,0	11,11	33,3
		Zyklus 6 Woche 1 Tag 1	3	7,41	6,415	0,0	11,11	11,1
		Zyklus 7 Woche 1 Tag 1	3	7,41	6,415	0,0	11,11	11,1
		Zyklus 8 Woche 1 Tag 1	3	11,11	11,111	0,0	11,11	22,2
		Zyklus 9 Woche 1 Tag 1	2	11,11	15,713	0,0	11,11	22,2
		Zyklus 10 Woche 1 Tag 1	2	11,11	15,713	0,0	11,11	22,2
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 12 Woche 1 Tag 1	2	5,56	7,857	0,0	5,56	11,1
		Zyklus 13 Woche 1 Tag 1	1	22,22	NC	22,2	22,22	22,2
	Placebo + Fulvestrant (N=5)	Baseline	4	13,89	10,638	0,0	16,67	22,2
		Zyklus 2 Woche 1 Tag 1	4	16,67	14,344	0,0	16,67	33,3
		Zyklus 3 Woche 1 Tag 1	4	22,22	18,144	0,0	22,22	44,4
		Zyklus 4 Woche 1 Tag 1	3	25,93	25,660	11,1	11,11	55,6
		Zyklus 5 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 7 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 8 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0

Table 2.6.2.4 CAPItello-291 (China A2): Summary of absolute values of EORTC QLQ-BR23 scores over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EORTC QLQ-BR23 Symptome im Armbereich	Placebo + Fulvestrant (N=5)	Zyklus 10 Woche 1 Tag 1	1	11,11	NC	11,1	11,11	11,1
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
EORTC QLQ-BR23 Belastung durch Haarausfall	Capivasertib + Fulvestrant (N=3)	Baseline	1	33,33	NC	33,3	33,33	33,3
		Zyklus 3 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 4 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 6 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 7 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 8 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 9 Woche 1 Tag 1	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 10 Woche 1 Tag 1	2	50,00	23,570	33,3	50,00	66,7
		Zyklus 11 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 12 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
		Zyklus 13 Woche 1 Tag 1	1	33,33	NC	33,3	33,33	33,3
	Placebo + Fulvestrant (N=5)	Baseline	2	16,67	23,570	0,0	16,67	33,3
		Zyklus 2 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0

Table 2.6.3.3 CAPItello-291 (Global A2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Capivasertib + Fulvestrant (N=13)	Baseline	12	72,92	18,667	36,0	80,00	100,0
		Zyklus 2 Woche 1 Tag 1	13	74,00	15,481	50,0	76,00	90,0
		Zyklus 3 Woche 1 Tag 1	12	72,25	17,062	49,0	77,00	100,0
		Zyklus 4 Woche 1 Tag 1	12	82,83	12,291	53,0	81,00	100,0
		Zyklus 5 Woche 1 Tag 1	12	74,67	16,183	28,0	78,00	92,0
		Zyklus 6 Woche 1 Tag 1	12	84,25	9,226	61,0	84,50	95,0
		Zyklus 7 Woche 1 Tag 1	12	82,17	12,684	51,0	84,00	97,0
		Zyklus 8 Woche 1 Tag 1	11	81,27	13,154	47,0	82,00	99,0
		Zyklus 9 Woche 1 Tag 1	11	80,18	15,217	37,0	82,00	95,0
		Zyklus 10 Woche 1 Tag 1	9	83,11	6,936	69,0	86,00	90,0
		Zyklus 11 Woche 1 Tag 1	10	80,90	14,858	49,0	82,00	100,0
		Zyklus 12 Woche 1 Tag 1	8	85,38	7,596	77,0	84,00	100,0
		Zyklus 13 Woche 1 Tag 1	7	83,86	7,734	74,0	82,00	95,0
		Zyklus 14 Woche 1 Tag 1	8	77,13	13,453	48,0	79,00	96,0
		Zyklus 15 Woche 1 Tag 1	8	80,13	16,839	41,0	84,50	95,0
		Zyklus 16 Woche 1 Tag 1	8	78,00	11,588	50,0	82,50	85,0
		Zyklus 17 Woche 1 Tag 1	8	81,63	14,312	50,0	86,50	95,0
		Zyklus 18 Woche 1 Tag 1	8	79,63	12,270	52,0	83,00	89,0
		Zyklus 19 Woche 1 Tag 1	8	75,00	21,388	24,0	79,00	90,0
		Zyklus 20 Woche 1 Tag 1	8	74,38	22,367	21,0	80,50	90,0
		Zyklus 21 Woche 1 Tag 1	4	75,00	4,967	68,0	76,50	79,0
		Zyklus 22 Woche 1 Tag 1	3	78,67	4,726	75,0	77,00	84,0
		Zyklus 23 Woche 1 Tag 1	3	79,67	4,041	76,0	79,00	84,0
		Zyklus 24 Woche 1 Tag 1	2	84,00	5,657	80,0	84,00	88,0
		Zyklus 25 Woche 1 Tag 1	1	76,00	NC	76,0	76,00	76,0
	Placebo + Fulvestrant (N=18)	Baseline	17	65,35	16,885	31,0	68,00	95,0
		Zyklus 2 Woche 1 Tag 1	14	70,14	15,879	38,0	70,50	100,0
		Zyklus 3 Woche 1 Tag 1	14	66,93	25,272	8,0	76,00	98,0
		Zyklus 4 Woche 1 Tag 1	11	70,73	10,817	51,0	70,00	85,0
		Zyklus 5 Woche 1 Tag 1	11	72,55	9,267	60,0	74,00	91,0
		Zyklus 6 Woche 1 Tag 1	10	74,80	10,665	57,0	73,50	91,0

Table 2.6.3.3 CAPItello-291 (Global A2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Placebo + Fulvestrant (N=18)	Zyklus 7 Woche 1 Tag 1	8	65,63	15,592	45,0	66,00	90,0
		Zyklus 8 Woche 1 Tag 1	9	70,67	13,210	50,0	73,00	93,0
		Zyklus 9 Woche 1 Tag 1	9	65,78	19,760	31,0	72,00	91,0
		Zyklus 10 Woche 1 Tag 1	9	69,00	8,170	50,0	71,00	77,0
		Zyklus 11 Woche 1 Tag 1	7	64,43	10,675	49,0	65,00	76,0
		Zyklus 12 Woche 1 Tag 1	5	58,20	26,423	20,0	60,00	88,0
		Zyklus 13 Woche 1 Tag 1	7	66,29	15,294	40,0	69,00	81,0
		Zyklus 14 Woche 1 Tag 1	5	71,60	13,520	49,0	75,00	84,0
		Zyklus 15 Woche 1 Tag 1	4	68,25	13,647	49,0	71,50	81,0
		Zyklus 16 Woche 1 Tag 1	3	62,67	17,616	44,0	65,00	79,0
		Zyklus 17 Woche 1 Tag 1	3	59,67	11,150	47,0	64,00	68,0
		Zyklus 18 Woche 1 Tag 1	2	56,50	12,021	48,0	56,50	65,0
		Zyklus 19 Woche 1 Tag 1	2	47,00	1,414	46,0	47,00	48,0
		Zyklus 20 Woche 1 Tag 1	2	56,00	16,971	44,0	56,00	68,0

Table 2.6.3.4 CAPItello-291 (China A2): Summary of absolute values of EQ-5D-5L VAS questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
EQ-5D-5L Visuelle Analogskala	Capivasertib + Fulvestrant (N=3)	Baseline	3	86,00	14,731	70,0	89,00	99,0
		Zyklus 2 Woche 1 Tag 1	2	89,00	14,142	79,0	89,00	99,0
		Zyklus 3 Woche 1 Tag 1	2	84,00	15,556	73,0	84,00	95,0
		Zyklus 4 Woche 1 Tag 1	3	79,33	15,373	69,0	72,00	97,0
		Zyklus 5 Woche 1 Tag 1	3	83,67	14,364	73,0	78,00	100,0
		Zyklus 6 Woche 1 Tag 1	3	83,00	15,716	69,0	80,00	100,0
		Zyklus 7 Woche 1 Tag 1	3	83,67	12,897	73,0	80,00	98,0
		Zyklus 8 Woche 1 Tag 1	3	78,67	15,948	68,0	71,00	97,0
		Zyklus 9 Woche 1 Tag 1	2	70,00	2,828	68,0	70,00	72,0
		Zyklus 10 Woche 1 Tag 1	2	67,00	7,071	62,0	67,00	72,0
		Zyklus 11 Woche 1 Tag 1	1	72,00	NC	72,0	72,00	72,0
		Zyklus 12 Woche 1 Tag 1	2	63,50	9,192	57,0	63,50	70,0
		Zyklus 13 Woche 1 Tag 1	1	78,00	NC	78,0	78,00	78,0
	Placebo + Fulvestrant (N=5)	Baseline	4	74,25	15,370	60,0	74,00	89,0
		Zyklus 2 Woche 1 Tag 1	4	78,75	9,215	68,0	78,50	90,0
		Zyklus 3 Woche 1 Tag 1	4	80,50	9,183	68,0	82,00	90,0
		Zyklus 4 Woche 1 Tag 1	3	70,33	18,502	49,0	80,00	82,0
		Zyklus 5 Woche 1 Tag 1	1	84,00	NC	84,0	84,00	84,0
		Zyklus 7 Woche 1 Tag 1	1	83,00	NC	83,0	83,00	83,0
		Zyklus 8 Woche 1 Tag 1	1	68,00	NC	68,0	68,00	68,0
		Zyklus 9 Woche 1 Tag 1	1	77,00	NC	77,0	77,00	77,0
		Zyklus 10 Woche 1 Tag 1	1	71,00	NC	71,0	71,00	71,0
		Zyklus 11 Woche 1 Tag 1	1	78,00	NC	78,0	78,00	78,0

Table 2.6.4.3 CAPItello-291 (Global A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Capivasertib + Fulvestrant (N=13)	Baseline	12	1,25	0,622	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	11	2,36	1,286	1,0	2,00	4,0
		Zyklus 2 Woche 1 Tag 1	13	2,31	1,182	1,0	2,00	5,0
		Zyklus 2 Woche 3 Tag 1	12	1,67	0,985	1,0	1,00	4,0
		Zyklus 3 Woche 1 Tag 1	12	1,42	0,669	1,0	1,00	3,0
		Zyklus 3 Woche 3 Tag 1	9	1,56	0,726	1,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	12	1,67	1,155	1,0	1,00	5,0
		Zyklus 5 Woche 1 Tag 1	12	1,58	0,669	1,0	1,50	3,0
		Zyklus 6 Woche 1 Tag 1	12	1,50	0,522	1,0	1,50	2,0
		Zyklus 7 Woche 1 Tag 1	12	1,42	0,669	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	11	1,45	0,688	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	11	1,55	0,688	1,0	1,00	3,0
		Zyklus 10 Woche 1 Tag 1	9	1,44	0,527	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	9	1,44	0,527	1,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 13 Woche 1 Tag 1	7	1,29	0,488	1,0	1,00	2,0
		Zyklus 14 Woche 1 Tag 1	8	1,63	0,744	1,0	1,50	3,0
		Zyklus 15 Woche 1 Tag 1	8	1,88	0,991	1,0	2,00	4,0
		Zyklus 16 Woche 1 Tag 1	7	1,57	0,787	1,0	1,00	3,0
		Zyklus 17 Woche 1 Tag 1	7	1,43	0,535	1,0	1,00	2,0
		Zyklus 18 Woche 1 Tag 1	6	1,17	0,408	1,0	1,00	2,0
		Zyklus 19 Woche 1 Tag 1	5	1,60	0,548	1,0	2,00	2,0
		Zyklus 20 Woche 1 Tag 1	5	1,60	0,548	1,0	2,00	2,0
		Zyklus 21 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 22 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 23 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 24 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.4.3 CAPItello-291 (Global A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Placebo + Fulvestrant (N=18)	Baseline	16	1,19	0,403	1,0	1,00	2,0
		Zyklus 1 Woche 3 Tag 1	15	1,33	0,617	1,0	1,00	3,0
		Zyklus 2 Woche 1 Tag 1	14	1,43	0,514	1,0	1,00	2,0
		Zyklus 2 Woche 3 Tag 1	12	1,42	0,669	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	14	1,57	0,938	1,0	1,00	4,0
		Zyklus 3 Woche 3 Tag 1	9	1,67	1,000	1,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	11	1,64	0,924	1,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	11	1,64	0,924	1,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	9	1,33	0,707	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	7	2,14	1,069	1,0	2,00	4,0
		Zyklus 8 Woche 1 Tag 1	8	1,88	0,835	1,0	2,00	3,0
		Zyklus 9 Woche 1 Tag 1	8	1,38	0,744	1,0	1,00	3,0
		Zyklus 10 Woche 1 Tag 1	8	1,50	0,756	1,0	1,00	3,0
		Zyklus 11 Woche 1 Tag 1	5	1,40	0,894	1,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	4	1,75	1,500	1,0	1,00	4,0
		Zyklus 13 Woche 1 Tag 1	5	1,60	0,894	1,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 16 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 18 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
PGIS	Capivasertib + Fulvestrant (N=13)	Baseline	12	1,50	1,382	0,0	1,50	4,0
		Zyklus 2 Woche 1 Tag 1	13	0,77	0,927	0,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	12	0,50	0,798	0,0	0,00	2,0
		Zyklus 4 Woche 1 Tag 1	12	0,42	0,669	0,0	0,00	2,0
		Zyklus 5 Woche 1 Tag 1	12	0,33	0,651	0,0	0,00	2,0
		Zyklus 6 Woche 1 Tag 1	12	0,42	0,515	0,0	0,00	1,0
		Zyklus 7 Woche 1 Tag 1	12	0,33	0,651	0,0	0,00	2,0
		Zyklus 8 Woche 1 Tag 1	11	0,18	0,603	0,0	0,00	2,0

Table 2.6.4.3 CAPItello-291 (Global A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Capivasertib + Fulvestrant (N=13)	Zyklus 9 Woche 1 Tag 1	11	0,36	0,924	0,0	0,00	3,0
		Zyklus 10 Woche 1 Tag 1	9	0,11	0,333	0,0	0,00	1,0
		Zyklus 11 Woche 1 Tag 1	10	0,60	0,966	0,0	0,00	3,0
		Zyklus 12 Woche 1 Tag 1	8	0,25	0,463	0,0	0,00	1,0
		Zyklus 13 Woche 1 Tag 1	7	0,29	0,488	0,0	0,00	1,0
		Zyklus 14 Woche 1 Tag 1	8	0,63	1,061	0,0	0,00	3,0
		Zyklus 15 Woche 1 Tag 1	8	0,75	1,389	0,0	0,00	4,0
		Zyklus 16 Woche 1 Tag 1	8	0,88	1,356	0,0	0,50	4,0
		Zyklus 17 Woche 1 Tag 1	8	0,50	0,756	0,0	0,00	2,0
		Zyklus 18 Woche 1 Tag 1	8	0,88	1,126	0,0	0,50	3,0
		Zyklus 19 Woche 1 Tag 1	8	1,13	1,642	0,0	1,00	5,0
		Zyklus 20 Woche 1 Tag 1	8	0,88	1,727	0,0	0,00	5,0
		Zyklus 21 Woche 1 Tag 1	4	0,25	0,500	0,0	0,00	1,0
		Zyklus 22 Woche 1 Tag 1	3	0,33	0,577	0,0	0,00	1,0
		Zyklus 23 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 24 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 25 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=18)	Baseline	17	1,29	1,160	0,0	1,00	3,0
		Zyklus 2 Woche 1 Tag 1	14	1,29	1,267	0,0	1,00	4,0
		Zyklus 3 Woche 1 Tag 1	14	1,21	1,369	0,0	1,00	4,0
		Zyklus 4 Woche 1 Tag 1	11	1,36	1,362	0,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	11	1,09	1,221	0,0	1,00	4,0
		Zyklus 6 Woche 1 Tag 1	10	1,00	0,816	0,0	1,00	2,0
		Zyklus 7 Woche 1 Tag 1	8	1,75	1,488	0,0	1,50	4,0
		Zyklus 8 Woche 1 Tag 1	9	1,33	1,414	0,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	9	0,89	1,054	0,0	1,00	3,0
		Zyklus 10 Woche 1 Tag 1	9	1,33	1,225	0,0	1,00	3,0
		Zyklus 11 Woche 1 Tag 1	7	1,00	1,155	0,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	5	1,60	1,517	0,0	1,00	4,0
		Zyklus 13 Woche 1 Tag 1	7	1,00	1,155	0,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	5	0,60	0,548	0,0	1,00	1,0

Table 2.6.4.3 CAPItello-291 (Global A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Placebo + Fulvestrant (N=18)	Zyklus 15 Woche 1 Tag 1	4	0,75	0,957	0,0	0,50	2,0
		Zyklus 16 Woche 1 Tag 1	3	1,33	1,528	0,0	1,00	3,0
		Zyklus 17 Woche 1 Tag 1	3	1,33	1,528	0,0	1,00	3,0
		Zyklus 18 Woche 1 Tag 1	2	0,50	0,707	0,0	0,50	1,0
		Zyklus 19 Woche 1 Tag 1	2	0,50	0,707	0,0	0,50	1,0
		Zyklus 20 Woche 1 Tag 1	2	0,50	0,707	0,0	0,50	1,0
PGIC	Capivasertib + Fulvestrant (N=13)	Zyklus 2 Woche 1 Tag 1	13	3,31	1,316	1,0	4,00	5,0
		Zyklus 3 Woche 1 Tag 1	12	3,25	1,055	1,0	4,00	4,0
		Zyklus 4 Woche 1 Tag 1	12	2,67	1,497	1,0	2,50	5,0
		Zyklus 5 Woche 1 Tag 1	12	2,67	1,557	1,0	3,00	5,0
		Zyklus 6 Woche 1 Tag 1	12	2,42	1,379	1,0	2,00	5,0
		Zyklus 7 Woche 1 Tag 1	12	2,92	1,165	1,0	3,00	4,0
		Zyklus 8 Woche 1 Tag 1	11	2,27	1,489	1,0	1,00	4,0
		Zyklus 9 Woche 1 Tag 1	11	2,55	1,368	1,0	3,00	4,0
		Zyklus 10 Woche 1 Tag 1	9	2,67	1,581	1,0	4,00	4,0
		Zyklus 11 Woche 1 Tag 1	10	3,10	1,729	1,0	4,00	6,0
		Zyklus 12 Woche 1 Tag 1	8	2,50	1,604	1,0	2,50	4,0
		Zyklus 13 Woche 1 Tag 1	7	2,57	1,512	1,0	3,00	4,0
		Zyklus 14 Woche 1 Tag 1	8	2,63	1,506	1,0	3,00	4,0
		Zyklus 15 Woche 1 Tag 1	8	3,13	1,885	1,0	4,00	6,0
		Zyklus 16 Woche 1 Tag 1	8	3,13	2,100	1,0	3,50	7,0
		Zyklus 17 Woche 1 Tag 1	8	3,13	1,727	1,0	3,50	6,0
		Zyklus 18 Woche 1 Tag 1	8	3,25	1,669	1,0	3,50	6,0
		Zyklus 19 Woche 1 Tag 1	8	3,25	1,982	1,0	3,50	7,0
		Zyklus 20 Woche 1 Tag 1	8	3,25	1,982	1,0	3,50	7,0
		Zyklus 21 Woche 1 Tag 1	4	3,25	1,500	1,0	4,00	4,0
		Zyklus 22 Woche 1 Tag 1	3	3,33	1,155	2,0	4,00	4,0
		Zyklus 23 Woche 1 Tag 1	3	3,00	1,732	1,0	4,00	4,0
		Zyklus 24 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 25 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0

Table 2.6.4.3 CAPItello-291 (Global A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIC	Placebo + Fulvestrant (N=18)	Zyklus 2 Woche 1 Tag 1	14	3,36	1,008	1,0	3,50	5,0
		Zyklus 3 Woche 1 Tag 1	14	3,36	1,393	1,0	4,00	6,0
		Zyklus 4 Woche 1 Tag 1	11	3,45	1,440	1,0	4,00	6,0
		Zyklus 5 Woche 1 Tag 1	11	3,00	1,183	1,0	3,00	4,0
		Zyklus 6 Woche 1 Tag 1	10	2,70	1,160	1,0	3,00	4,0
		Zyklus 7 Woche 1 Tag 1	8	3,38	1,598	1,0	4,00	6,0
		Zyklus 8 Woche 1 Tag 1	9	3,00	1,225	1,0	3,00	5,0
		Zyklus 9 Woche 1 Tag 1	9	3,00	1,414	1,0	3,00	5,0
		Zyklus 10 Woche 1 Tag 1	9	3,56	1,424	2,0	4,00	6,0
		Zyklus 11 Woche 1 Tag 1	7	3,14	0,900	2,0	3,00	4,0
		Zyklus 12 Woche 1 Tag 1	5	3,20	1,789	2,0	2,00	6,0
		Zyklus 13 Woche 1 Tag 1	7	3,14	1,215	2,0	3,00	5,0
		Zyklus 14 Woche 1 Tag 1	5	2,60	0,894	2,0	2,00	4,0
		Zyklus 15 Woche 1 Tag 1	4	3,00	1,155	2,0	3,00	4,0
		Zyklus 16 Woche 1 Tag 1	3	2,33	1,528	1,0	2,00	4,0
		Zyklus 17 Woche 1 Tag 1	3	3,00	1,000	2,0	3,00	4,0
		Zyklus 18 Woche 1 Tag 1	2	3,00	1,414	2,0	3,00	4,0
		Zyklus 19 Woche 1 Tag 1	2	3,50	0,707	3,0	3,50	4,0
		Zyklus 20 Woche 1 Tag 1	2	3,50	0,707	3,0	3,50	4,0

Table 2.6.4.4 CAPItello-291 (China A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGI-TT	Capivasertib + Fulvestrant (N=3)	Baseline	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 2 Woche 1 Tag 1	2	3,00	1,414	2,0	3,00	4,0
		Zyklus 2 Woche 3 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 3 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 3 Woche 3 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 6 Woche 1 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 8 Woche 1 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 9 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 10 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
	Placebo + Fulvestrant (N=5)	Baseline	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 1 Woche 3 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	4	2,00	0,816	1,0	2,00	3,0
		Zyklus 3 Woche 3 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 4 Woche 1 Tag 1	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 11 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
PGIS	Capivasertib + Fulvestrant (N=3)	Baseline	3	1,67	2,887	0,0	0,00	5,0
		Zyklus 2 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 3 Woche 1 Tag 1	2	0,00	0,000	0,0	0,00	0,0
		Zyklus 4 Woche 1 Tag 1	3	0,00	0,000	0,0	0,00	0,0
		Zyklus 5 Woche 1 Tag 1	3	1,00	1,000	0,0	1,00	2,0

Table 2.6.4.4 CAPItello-291 (China A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIS	Capivasertib + Fulvestrant (N=3)	Zyklus 6 Woche 1 Tag 1	3	1,33	1,155	0,0	2,00	2,0
		Zyklus 7 Woche 1 Tag 1	3	1,33	1,155	0,0	2,00	2,0
		Zyklus 8 Woche 1 Tag 1	3	1,33	1,155	0,0	2,00	2,0
		Zyklus 9 Woche 1 Tag 1	2	1,00	1,414	0,0	1,00	2,0
		Zyklus 10 Woche 1 Tag 1	2	2,50	0,707	2,0	2,50	3,0
		Zyklus 11 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 12 Woche 1 Tag 1	2	3,00	0,000	3,0	3,00	3,0
		Zyklus 13 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=5)	Baseline	4	0,50	1,000	0,0	0,00	2,0
		Zyklus 2 Woche 1 Tag 1	4	0,75	0,957	0,0	0,50	2,0
		Zyklus 3 Woche 1 Tag 1	4	0,50	0,577	0,0	0,50	1,0
		Zyklus 4 Woche 1 Tag 1	3	1,33	1,528	0,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
		Zyklus 10 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	1	0,00	NC	0,0	0,00	0,0
PGIC	Capivasertib + Fulvestrant (N=3)	Zyklus 2 Woche 1 Tag 1	2	3,50	0,707	3,0	3,50	4,0
		Zyklus 3 Woche 1 Tag 1	2	3,50	0,707	3,0	3,50	4,0
		Zyklus 4 Woche 1 Tag 1	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 5 Woche 1 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 6 Woche 1 Tag 1	3	2,33	2,309	1,0	1,00	5,0
		Zyklus 7 Woche 1 Tag 1	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 8 Woche 1 Tag 1	3	3,33	2,082	1,0	4,00	5,0
		Zyklus 9 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 10 Woche 1 Tag 1	2	5,00	0,000	5,0	5,00	5,0
		Zyklus 11 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 12 Woche 1 Tag 1	2	3,00	1,414	2,0	3,00	4,0
		Zyklus 13 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0

Table 2.6.4.4 CAPItello-291 (China A2): Summary of absolute values of PGI-TT/PGIS/PGISC questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PGIC	Placebo + Fulvestrant (N=5)	Zyklus 2 Woche 1 Tag 1	4	3,00	1,414	1,0	3,50	4,0
		Zyklus 3 Woche 1 Tag 1	4	2,50	1,291	1,0	2,50	4,0
		Zyklus 4 Woche 1 Tag 1	3	3,67	1,155	3,0	3,00	5,0
		Zyklus 5 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 7 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 8 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 9 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 10 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0
		Zyklus 11 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Capivasertib + Fulvestrant (N=13)	Baseline	11	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	11	1,41	0,917	1,0	1,00	3,5
		Zyklus 2 Woche 1 Tag 1	13	1,31	1,109	1,0	1,00	5,0
		Zyklus 2 Woche 3 Tag 1	12	1,25	0,866	1,0	1,00	4,0
		Zyklus 3 Woche 1 Tag 1	12	1,13	0,311	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	9	1,22	0,441	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	12	1,04	0,144	1,0	1,00	1,5
		Zyklus 5 Woche 1 Tag 1	12	1,04	0,144	1,0	1,00	1,5
		Zyklus 6 Woche 1 Tag 1	12	1,13	0,311	1,0	1,00	2,0
		Zyklus 7 Woche 1 Tag 1	12	1,17	0,444	1,0	1,00	2,5
		Zyklus 8 Woche 1 Tag 1	11	1,00	0,000	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	11	1,09	0,302	1,0	1,00	2,0
		Zyklus 10 Woche 1 Tag 1	9	1,00	0,000	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	9	1,00	0,000	1,0	1,00	1,0
		Zyklus 12 Woche 1 Tag 1	8	1,00	0,000	1,0	1,00	1,0
		Zyklus 13 Woche 1 Tag 1	7	1,07	0,189	1,0	1,00	1,5
		Zyklus 14 Woche 1 Tag 1	8	1,00	0,000	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	8	1,06	0,177	1,0	1,00	1,5
		Zyklus 16 Woche 1 Tag 1	7	1,07	0,189	1,0	1,00	1,5
		Zyklus 17 Woche 1 Tag 1	7	1,00	0,000	1,0	1,00	1,0
		Zyklus 18 Woche 1 Tag 1	6	1,08	0,204	1,0	1,00	1,5
		Zyklus 19 Woche 1 Tag 1	5	1,10	0,224	1,0	1,00	1,5
		Zyklus 20 Woche 1 Tag 1	5	1,00	0,000	1,0	1,00	1,0
		Zyklus 21 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 22 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 23 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 24 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Placebo + Fulvestrant (N=18)	Baseline	17	1,03	0,121	1,0	1,00	1,5
		Zyklus 1 Woche 3 Tag 1	15	1,10	0,280	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	14	1,07	0,182	1,0	1,00	1,5
		Zyklus 2 Woche 3 Tag 1	13	1,31	0,522	1,0	1,00	2,5
		Zyklus 3 Woche 1 Tag 1	14	1,25	0,470	1,0	1,00	2,5
		Zyklus 3 Woche 3 Tag 1	9	1,17	0,354	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	11	1,32	0,405	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	11	1,27	0,467	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	10	1,15	0,337	1,0	1,00	2,0
		Zyklus 7 Woche 1 Tag 1	7	1,50	0,957	1,0	1,00	3,5
		Zyklus 8 Woche 1 Tag 1	8	1,38	0,744	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	8	1,44	0,678	1,0	1,00	2,5
		Zyklus 10 Woche 1 Tag 1	8	1,25	0,378	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	5	1,10	0,224	1,0	1,00	1,5
		Zyklus 12 Woche 1 Tag 1	4	1,38	0,479	1,0	1,25	2,0
		Zyklus 13 Woche 1 Tag 1	5	1,20	0,447	1,0	1,00	2,0
		Zyklus 14 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 15 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 16 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 17 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 18 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=13)	Baseline	11	1,36	0,674	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	11	2,09	1,375	1,0	2,00	5,0
		Zyklus 2 Woche 1 Tag 1	13	1,85	1,068	1,0	1,00	4,0
		Zyklus 2 Woche 3 Tag 1	12	2,08	1,311	1,0	2,00	5,0
		Zyklus 3 Woche 1 Tag 1	12	2,42	1,084	1,0	2,00	5,0
		Zyklus 3 Woche 3 Tag 1	9	2,11	1,364	1,0	2,00	5,0
		Zyklus 4 Woche 1 Tag 1	12	2,50	1,087	1,0	3,00	4,0
		Zyklus 5 Woche 1 Tag 1	12	2,33	1,371	1,0	2,50	5,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=13)	Zyklus 6 Woche 1 Tag 1	12	2,25	1,357	1,0	2,00	5,0
		Zyklus 7 Woche 1 Tag 1	12	2,33	1,303	1,0	2,50	4,0
		Zyklus 8 Woche 1 Tag 1	11	2,36	1,433	1,0	2,00	5,0
		Zyklus 9 Woche 1 Tag 1	11	2,27	1,009	1,0	2,00	4,0
		Zyklus 10 Woche 1 Tag 1	9	2,33	1,118	1,0	3,00	4,0
		Zyklus 11 Woche 1 Tag 1	9	2,11	1,054	1,0	2,00	4,0
		Zyklus 12 Woche 1 Tag 1	8	2,38	0,916	1,0	3,00	3,0
		Zyklus 13 Woche 1 Tag 1	7	2,57	1,134	1,0	3,00	4,0
		Zyklus 14 Woche 1 Tag 1	8	2,25	1,035	1,0	3,00	3,0
		Zyklus 15 Woche 1 Tag 1	8	2,25	1,035	1,0	3,00	3,0
		Zyklus 16 Woche 1 Tag 1	7	2,29	1,113	1,0	2,00	4,0
		Zyklus 17 Woche 1 Tag 1	7	2,29	1,254	1,0	3,00	4,0
		Zyklus 18 Woche 1 Tag 1	6	2,33	0,816	1,0	2,50	3,0
		Zyklus 19 Woche 1 Tag 1	5	2,80	1,095	1,0	3,00	4,0
		Zyklus 20 Woche 1 Tag 1	5	2,60	0,548	2,0	3,00	3,0
		Zyklus 21 Woche 1 Tag 1	3	3,00	1,000	2,0	3,00	4,0
		Zyklus 22 Woche 1 Tag 1	2	2,50	2,121	1,0	2,50	4,0
		Zyklus 23 Woche 1 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 24 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
	Placebo + Fulvestrant (N=18)	Baseline	17	1,18	0,393	1,0	1,00	2,0
		Zyklus 1 Woche 3 Tag 1	15	1,33	0,724	1,0	1,00	3,0
		Zyklus 2 Woche 1 Tag 1	14	1,43	0,938	1,0	1,00	4,0
		Zyklus 2 Woche 3 Tag 1	13	1,31	0,630	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	14	1,21	0,426	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	9	1,22	0,441	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	11	1,27	0,647	1,0	1,00	3,0
		Zyklus 5 Woche 1 Tag 1	11	1,64	1,206	1,0	1,00	5,0
		Zyklus 6 Woche 1 Tag 1	10	1,50	0,850	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	7	1,29	0,756	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	8	1,25	0,707	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	8	1,13	0,354	1,0	1,00	2,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Placebo + Fulvestrant (N=18)	Zyklus 10 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	5	1,40	0,548	1,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 13 Woche 1 Tag 1	5	1,20	0,447	1,0	1,00	2,0
		Zyklus 14 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	3	2,33	1,155	1,0	3,00	3,0
		Zyklus 16 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 17 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 18 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 19 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 20 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=13)	Baseline	11	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	11	1,82	1,079	1,0	1,00	4,0
		Zyklus 2 Woche 1 Tag 1	13	1,77	0,927	1,0	2,00	4,0
		Zyklus 2 Woche 3 Tag 1	12	1,17	0,389	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	12	1,25	0,452	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	9	1,22	0,667	1,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	12	1,92	1,084	1,0	2,00	4,0
		Zyklus 5 Woche 1 Tag 1	12	1,83	1,030	1,0	1,50	4,0
		Zyklus 6 Woche 1 Tag 1	12	1,50	0,674	1,0	1,00	3,0
		Zyklus 7 Woche 1 Tag 1	12	1,75	0,965	1,0	1,50	4,0
		Zyklus 8 Woche 1 Tag 1	11	1,64	0,809	1,0	1,00	3,0
		Zyklus 9 Woche 1 Tag 1	11	1,64	1,286	1,0	1,00	5,0
		Zyklus 10 Woche 1 Tag 1	9	1,56	1,014	1,0	1,00	4,0
		Zyklus 11 Woche 1 Tag 1	9	1,44	0,726	1,0	1,00	3,0
		Zyklus 12 Woche 1 Tag 1	8	1,88	0,991	1,0	2,00	4,0
		Zyklus 13 Woche 1 Tag 1	7	1,14	0,378	1,0	1,00	2,0
		Zyklus 14 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 15 Woche 1 Tag 1	8	1,75	1,035	1,0	1,50	4,0
		Zyklus 16 Woche 1 Tag 1	7	1,43	0,535	1,0	1,00	2,0
		Zyklus 17 Woche 1 Tag 1	7	1,43	0,535	1,0	1,00	2,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=13)	Zyklus 18 Woche 1 Tag 1	6	1,33	0,816	1,0	1,00	3,0
		Zyklus 19 Woche 1 Tag 1	5	1,40	0,894	1,0	1,00	3,0
		Zyklus 20 Woche 1 Tag 1	5	1,20	0,447	1,0	1,00	2,0
		Zyklus 21 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 22 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 23 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 24 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
	Placebo + Fulvestrant (N=18)	Baseline	17	1,29	0,588	1,0	1,00	3,0
		Zyklus 1 Woche 3 Tag 1	15	1,40	0,507	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	14	1,64	0,842	1,0	1,50	4,0
		Zyklus 2 Woche 3 Tag 1	13	1,08	0,277	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	14	1,21	0,426	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	9	1,44	0,527	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	11	1,45	0,522	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	11	1,18	0,405	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	10	1,60	0,699	1,0	1,50	3,0
		Zyklus 7 Woche 1 Tag 1	7	1,43	0,787	1,0	1,00	3,0
		Zyklus 8 Woche 1 Tag 1	8	1,25	0,463	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	8	2,00	0,926	1,0	2,00	3,0
		Zyklus 10 Woche 1 Tag 1	8	1,38	0,518	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	5	1,80	0,837	1,0	2,00	3,0
		Zyklus 12 Woche 1 Tag 1	4	2,00	1,414	1,0	1,50	4,0
		Zyklus 13 Woche 1 Tag 1	5	1,40	0,894	1,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 15 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 17 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 18 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 20 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=13)	Baseline	11	1,18	0,337	1,0	1,00	2,0
		Zyklus 1 Woche 3 Tag 1	11	1,05	0,151	1,0	1,00	1,5
		Zyklus 2 Woche 1 Tag 1	13	1,35	0,427	1,0	1,00	2,0
		Zyklus 2 Woche 3 Tag 1	12	1,21	0,582	1,0	1,00	3,0
		Zyklus 3 Woche 1 Tag 1	12	1,21	0,396	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	9	1,06	0,167	1,0	1,00	1,5
		Zyklus 4 Woche 1 Tag 1	12	1,17	0,444	1,0	1,00	2,5
		Zyklus 5 Woche 1 Tag 1	12	1,42	0,764	1,0	1,00	3,5
		Zyklus 6 Woche 1 Tag 1	12	1,04	0,144	1,0	1,00	1,5
		Zyklus 7 Woche 1 Tag 1	12	1,25	0,337	1,0	1,00	2,0
		Zyklus 8 Woche 1 Tag 1	11	1,09	0,202	1,0	1,00	1,5
		Zyklus 9 Woche 1 Tag 1	11	1,36	0,897	1,0	1,00	4,0
		Zyklus 10 Woche 1 Tag 1	9	1,33	0,433	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	9	1,28	0,363	1,0	1,00	2,0
		Zyklus 12 Woche 1 Tag 1	8	1,31	0,372	1,0	1,25	2,0
		Zyklus 13 Woche 1 Tag 1	7	1,21	0,567	1,0	1,00	2,5
		Zyklus 14 Woche 1 Tag 1	8	1,38	0,744	1,0	1,00	3,0
		Zyklus 15 Woche 1 Tag 1	8	1,44	1,237	1,0	1,00	4,5
		Zyklus 16 Woche 1 Tag 1	7	1,07	0,189	1,0	1,00	1,5
		Zyklus 17 Woche 1 Tag 1	7	1,14	0,244	1,0	1,00	1,5
		Zyklus 18 Woche 1 Tag 1	6	1,42	0,492	1,0	1,25	2,0
		Zyklus 19 Woche 1 Tag 1	5	1,40	0,418	1,0	1,50	2,0
		Zyklus 20 Woche 1 Tag 1	5	1,20	0,274	1,0	1,00	1,5
		Zyklus 21 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 22 Woche 1 Tag 1	2	1,50	0,000	1,5	1,50	1,5
		Zyklus 23 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 24 Woche 1 Tag 1	1	1,50	NC	1,5	1,50	1,5

Table 2.6.5.3 CAPItello-291 (Global A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 15AUG2022

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Placebo + Fulvestrant (N=18)	Baseline	17	1,29	0,398	1,0	1,00	2,0
		Zyklus 1 Woche 3 Tag 1	15	1,30	0,368	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	14	1,36	0,413	1,0	1,25	2,0
		Zyklus 2 Woche 3 Tag 1	13	1,27	0,388	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	14	1,36	0,602	1,0	1,00	3,0
		Zyklus 3 Woche 3 Tag 1	9	1,44	0,635	1,0	1,00	2,5
		Zyklus 4 Woche 1 Tag 1	11	1,36	0,452	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	11	1,41	0,769	1,0	1,00	3,5
		Zyklus 6 Woche 1 Tag 1	10	1,40	0,394	1,0	1,50	2,0
		Zyklus 7 Woche 1 Tag 1	7	1,79	0,906	1,0	2,00	3,5
		Zyklus 8 Woche 1 Tag 1	8	1,75	0,845	1,0	1,75	3,5
		Zyklus 9 Woche 1 Tag 1	8	1,69	0,884	1,0	1,50	3,5
		Zyklus 10 Woche 1 Tag 1	8	1,13	0,354	1,0	1,00	2,0
		Zyklus 11 Woche 1 Tag 1	5	1,30	0,671	1,0	1,00	2,5
		Zyklus 12 Woche 1 Tag 1	4	1,50	1,000	1,0	1,00	3,0
		Zyklus 13 Woche 1 Tag 1	5	1,50	0,866	1,0	1,00	3,0
		Zyklus 14 Woche 1 Tag 1	3	1,50	0,500	1,0	1,50	2,0
		Zyklus 15 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 16 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 17 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 18 Woche 1 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 19 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 20 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0

Table 2.6.5.4 CAPItello-291 (China A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Capivasertib + Fulvestrant (N=3)	Baseline	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 1 Woche 3 Tag 1	2	2,00	1,414	1,0	2,00	3,0
		Zyklus 2 Woche 1 Tag 1	2	2,75	1,768	1,5	2,75	4,0
		Zyklus 2 Woche 3 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 3 Woche 1 Tag 1	2	1,75	0,354	1,5	1,75	2,0
		Zyklus 3 Woche 3 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 5 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 7 Woche 1 Tag 1	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
	Placebo + Fulvestrant (N=5)	Baseline	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	4	1,13	0,250	1,0	1,00	1,5
		Zyklus 2 Woche 1 Tag 1	4	1,38	0,479	1,0	1,25	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,13	0,250	1,0	1,00	1,5
		Zyklus 3 Woche 1 Tag 1	4	1,13	0,250	1,0	1,00	1,5
		Zyklus 3 Woche 3 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 4 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=3)	Baseline	3	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	2	3,00	0,000	3,0	3,00	3,0
		Zyklus 2 Woche 1 Tag 1	2	3,00	2,828	1,0	3,00	5,0
		Zyklus 2 Woche 3 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 3 Woche 1 Tag 1	2	3,00	1,414	2,0	3,00	4,0

Table 2.6.5.4 CAPItello-291 (China A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

					Absolute Werte			
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Durchfall	Capivasertib + Fulvestrant (N=3)	Zyklus 3 Woche 3 Tag 1	3	1,67	1,155	1,0	1,00	3,0
		Zyklus 4 Woche 1 Tag 1	3	2,33	1,155	1,0	3,00	3,0
		Zyklus 5 Woche 1 Tag 1	3	2,67	1,528	1,0	3,00	4,0
		Zyklus 6 Woche 1 Tag 1	3	2,33	0,577	2,0	2,00	3,0
		Zyklus 7 Woche 1 Tag 1	3	2,33	1,528	1,0	2,00	4,0
		Zyklus 8 Woche 1 Tag 1	3	2,33	1,528	1,0	2,00	4,0
		Zyklus 9 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
		Zyklus 10 Woche 1 Tag 1	1	4,00	NC	4,0	4,00	4,0
	Placebo + Fulvestrant (N=5)	Baseline	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 1 Woche 3 Tag 1	4	2,25	0,500	2,0	2,00	3,0
		Zyklus 2 Woche 1 Tag 1	4	2,00	0,000	2,0	2,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,50	0,577	1,0	1,50	2,0
		Zyklus 3 Woche 1 Tag 1	4	1,75	0,500	1,0	2,00	2,0
		Zyklus 3 Woche 3 Tag 1	3	2,00	1,000	1,0	2,00	3,0
		Zyklus 4 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 11 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=3)	Baseline	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 1 Woche 3 Tag 1	2	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 2 Woche 3 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	2	1,50	0,707	1,0	1,50	2,0
		Zyklus 3 Woche 3 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	3	1,67	0,577	1,0	2,00	2,0
		Zyklus 5 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 7 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0

Table 2.6.5.4 CAPItello-291 (China A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Juckreiz	Capivasertib + Fulvestrant (N=3)	Zyklus 8 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 9 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 10 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
	Placebo + Fulvestrant (N=5)	Baseline	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 1 Woche 3 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 2 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 3 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Capivasertib + Fulvestrant (N=3)	Baseline	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 1 Woche 3 Tag 1	2	1,75	1,061	1,0	1,75	2,5
		Zyklus 2 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 2 Woche 3 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 3 Woche 1 Tag 1	2	1,25	0,354	1,0	1,25	1,5
		Zyklus 3 Woche 3 Tag 1	3	1,17	0,289	1,0	1,00	1,5
		Zyklus 4 Woche 1 Tag 1	3	1,67	0,289	1,5	1,50	2,0
		Zyklus 5 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 6 Woche 1 Tag 1	3	2,00	1,732	1,0	1,00	4,0
		Zyklus 7 Woche 1 Tag 1	3	1,50	0,866	1,0	1,00	2,5
		Zyklus 8 Woche 1 Tag 1	3	1,83	0,764	1,0	2,00	2,5
		Zyklus 9 Woche 1 Tag 1	1	2,50	NC	2,5	2,50	2,5
		Zyklus 10 Woche 1 Tag 1	1	3,00	NC	3,0	3,00	3,0

Table 2.6.5.4 CAPItello-291 (China A2): Summary of absolute values of PRO-CTCAE questionnaire results over time by treatment group
Altered full analysis set, DCO 08MAY2023

				Absolute Werte				
Parameter	Gruppe	Zeitpunkt	n	Mittelwert	SD	Min	Median	Max
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Placebo + Fulvestrant (N=5)	Baseline	4	1,38	0,479	1,0	1,25	2,0
		Zyklus 1 Woche 3 Tag 1	4	1,00	0,000	1,0	1,00	1,0
		Zyklus 2 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 2 Woche 3 Tag 1	4	1,13	0,250	1,0	1,00	1,5
		Zyklus 3 Woche 1 Tag 1	4	1,25	0,500	1,0	1,00	2,0
		Zyklus 3 Woche 3 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 4 Woche 1 Tag 1	3	1,33	0,577	1,0	1,00	2,0
		Zyklus 5 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 7 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 8 Woche 1 Tag 1	1	2,00	NC	2,0	2,00	2,0
		Zyklus 9 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 10 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0
		Zyklus 11 Woche 1 Tag 1	1	1,00	NC	1,0	1,00	1,0

Table 2.7.3.1 CAPItello-291 (Global A2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	17	17	94,4	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	10	10	58,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	16	8	8	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	9	9	69,2	100
	Placebo + Fulvestrant (N=18)	14	9	9	64,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	10	10	83,3	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	8	8	66,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	13	4	4	30,8	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.1 CAPItello-291 (Global A2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	11	3	3	27,3	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	10	3	3	30,0	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	7	2	2	28,6	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.2 CAPItello-291 (Global A2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	17	17	94,4	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	10	10	58,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	16	8	8	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	9	9	69,2	100
	Placebo + Fulvestrant (N=18)	14	9	9	64,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	10	10	83,3	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	8	8	66,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	13	4	4	30,8	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.2 CAPItello-291 (Global A2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	11	3	3	27,3	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	10	3	3	30,0	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	7	2	2	28,6	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.3 CAPItello-291 (Global A2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	17	17	94,4	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	10	10	58,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	16	8	8	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	9	9	69,2	100
	Placebo + Fulvestrant (N=18)	14	9	9	64,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	10	10	83,3	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	8	8	66,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	13	4	4	30,8	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.3 CAPItello-291 (Global A2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	11	3	3	27,3	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	10	3	3	30,0	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	7	2	2	28,6	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.4 CAPItello-291 (Global A2): Summary of compliance with PGI-TT by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	16	16	88,9	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	12	12	66,7	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	12	9	9	75,0	100
	Placebo + Fulvestrant (N=18)	15	9	9	60,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	15	11	11	73,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	12	11	11	91,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	11	9	9	81,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	8	7	7	87,5	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	11	11	91,7	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	11	11	100	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100

N = Number of patients in treatment group. Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.1 CAPItello-291 (China A2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	1	1	20,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	4	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.1 CAPItello-291 (China A2): Summary of compliance with EORTC QLQ-C30 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.2 CAPItello-291 (China A2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	1	1	20,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	4	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.2 CAPItello-291 (China A2): Summary of compliance with EORTC QLQ-BR23 by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.3 CAPItello-291 (China A2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	1	1	20,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	4	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.3 CAPItello-291 (China A2): Summary of compliance with EQ-5D-5L by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.4 CAPItello-291 (China A2): Summary of compliance with PGI-TT by visit
Altered full analysis set, 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	2	1	1	50,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	1	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	1	1	1	100	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	1	1	50,0	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	1	1	100	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
	Placebo + Fulvestrant (N=5)	0	1	1	0	100

N = Number of patients in treatment group.Baseline is defined as the last evaluable assessment prior to randomisation.
[a] Number of patients who has not withdrawn from the study at given time point.
[b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

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Table 3.1.3 CAPItello-291 (Global A2): Summary of observation period (months) for all safety outcomes
Altered safety analysis set DCO 27MAR2023

		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
UE	n	13	18
	Mediane	14,98	4,88
	Min	2,3	1,6
	Max	28,5	25,0

Observation period for all safety outcomes is defined as the duration from the date of first dose of study treatment to the earliest of the date of data cut-off, the date of death or 37 days following the date of last dose.

Table 3.1.4 CAPItello-291 (China A2): Summary of observation period (months) for all safety outcomes
Altered safety analysis set DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
UE	n	3	5
	Mediane	7,69	3,19
	Min	6,7	3,0
	Max	9,4	5,7

Observation period for all safety outcomes is defined as the duration from the date of first dose of study treatment to the earliest of the date of data cut-off, the date of death or 37 days following the date of last dose.

Table 3.2.1.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE	13	13 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,75	[1,50; 9,34]	0,0046*
SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	13	6 (46,2)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	3,43	[0,84; 14,10]	0,0868
PT: Asthenie	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,49	[0,69;192,60]	0,0895
SOC: Augenerkrankungen	13	1 (7,7)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	0,42	[0,04; 4,24]	0,4631
SOC: Endokrine Erkrankungen	13	0	NE [NE; NE]	18	3 (16,7)	NE [NE; NE]	0,15	[0,02; 1,47]	0,1034
PT: Hypothyreose	13	0	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	0,17	[0,01; 2,88]	0,2227
SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums	13	3 (23,1)	NE [NE; NE]	18	4 (22,2)	NE [NE; NE]	0,96	[0,21; 4,34]	0,9536
PT: Dyspnoe	13	2 (15,4)	NE [NE; NE]	18	3 (16,7)	NE [NE; NE]	0,78	[0,13; 4,66]	0,7857
SOC: Erkrankungen der Haut und des Unterhautgewebes	13	8 (61,5)	1,4 [0,3; NE]	18	5 (27,8)	14,5 [6,7; NE]	3,12	[0,997; 9,77]	0,0505
PT: Asteatose	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	10,74	[0,65;177,86]	0,0974
PT: Ausschlag	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,73	[0,29; 10,28]	0,5468

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Ausschlag makulo-papuloes	13	5 (38,5)	NE [NE; NE]	18	0	NE [NE; NE]	13,93	[2,29; 84,96]	0,0043*
PT: Nagelerkrankung	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	7,30	[0,42;125,52]	0,1706
SOC: Erkrankungen des Blutes und des Lymphsystems	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,19	[0,29; 16,27]	0,4441
SOC: Erkrankungen des Gastrointestinaltrakts	13	11 (84,6)	0,5 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	5,19	[1,82; 14,79]	0,0021*
PT: Diarrhoe	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	7,53	[2,18; 25,96]	0,0014*
PT: Erbrechen	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,49	[0,69;192,60]	0,0895
PT: Stomatitis	13	4 (30,8)	NE [NE; NE]	18	0	NE [NE; NE]	10,23	[1,40; 74,76]	0,0219*
PT: Uebelkeit	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	3,03	[0,42; 22,12]	0,2734
SOC: Erkrankungen des Nervensystems	13	4 (30,8)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	2,26	[0,45; 11,33]	0,3202
PT: Dysgeusie	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	8,93	[0,55;145,44]	0,1240
SOC: Gefaesserkrankungen	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,31	[0,22; 7,95]	0,7700

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SOC: Infektionen und parasitaere Erkrankungen	13	6 (46,2)	17,0 [0,5; NE]	18	1 (5,6)	NE [NE; NE]	5,48	[1,21; 24,87]	0,0277*
PT: Zystitis	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,49	[0,69;192,60]	0,0895
SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen	13	6 (46,2)	15,7 [7,2; NE]	18	4 (22,2)	NE [NE; NE]	1,13	[0,31; 4,07]	0,8539
PT: Arthralgie	13	0	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	0,11	[0,01; 1,83]	0,1225
PT: Knochenschmerzen	13	2 (15,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	2,05	[0,21; 20,33]	0,5414
PT: Rueckenschmerzen	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	5,12	[0,30; 88,18]	0,2605
SOC: Stoffwechsel- und Ernaehrungsstoerungen	13	7 (53,8)	22,1 [0,5; NE]	18	3 (16,7)	NE [NE; NE]	2,73	[0,72; 10,32]	0,1390
PT: Appetit vermindert	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,49	[0,69;192,60]	0,0895
PT: Hyperglykaemie	13	4 (30,8)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	2,05	[0,40; 10,51]	0,3877
PT: Hypertriglyzeridaemie	13	0	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	0,10	[0,01; 1,78]	0,1181
SOC: Untersuchungen	13	4 (30,8)	NE [NE; NE]	18	3 (16,7)	NE [NE; NE]	1,28	[0,29; 5,77]	0,7437
PT: Kreatinin im Blut erhoeht	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	7,39	[0,43;125,85]	0,1668

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event
(total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen	13	4 (30,8)	NE [NE; NE]	18	2 (11,1)	16,0 [6,9; NE]	1,26	[0,24; 6,61]	0,7872

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
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All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	2,61	[0,43; 15,97]	0,2987
SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort	3	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	0,16	[0,01; 2,74]	0,2087
PT: Asthenie	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Unwohlsein	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,14	[0,00; 6,82]	0,3173
SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums	3	1 (33,3)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	2,17	[0,11; 41,84]	0,6084
PT: Dyspnoe	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Interstitielle Lungenerkrankung	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
SOC: Erkrankungen der Haut und des Unterhautgewebes	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	21,21	[1,10;409,32]	0,0431*
PT: Ausschlag	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Ausschlag makulo-papuloes	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967

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[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SOC: Erkrankungen der Nieren und Harnwege	3	2 (66,7)	4,6 [0,5; NE]	5	0	NE [NE; NE]	8,16	[0,45;148,33]	0,1561
PT: Nierenversagen	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Proteinurie	3	2 (66,7)	4,6 [1,4; NE]	5	0	NE [NE; NE]	8,16	[0,45;148,33]	0,1561
SOC: Erkrankungen des Blutes und des Lymphsystems	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Anaemie	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
SOC: Erkrankungen des Gastrointestinaltrakts	3	2 (66,7)	0,0 [0,0; NE]	5	2 (40,0)	NE [NE; NE]	2,19	[0,27; 18,02]	0,4675
PT: Abdominalschmerz	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
PT: Diarrhoe	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	5,95	[0,48; 73,49]	0,1646
PT: Dyspepsie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
PT: Erbrechen	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Haemorrhoiden	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
SOC: Erkrankungen des Nervensystems	3	1 (33,3)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	1,51	[0,09; 25,56]	0,7766

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
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[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Hypoaesthesie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Schwindelgefuehl	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
SOC: Infektionen und parasitaere Erkrankungen	3	1 (33,3)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	1,51	[0,09; 25,56]	0,7766
PT: Harnwegsinfektion	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Infektion der oberen Atemwege	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
SOC: Stoffwechsel- und Ernaehrungsstoerungen	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	43,08	[3,27;568,26]	0,0042*
PT: Hypalbuminaemie	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
PT: Hyperglykaemie	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	21,21	[1,10;409,32]	0,0431*
PT: Hypermagnesiaemie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	3,79	[0,04;350,61]	0,5637
PT: Hypertriglyzeridaemie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Hypokaliaemie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	7,39	[0,15;372,38]	0,3173
SOC: Untersuchungen	3	2 (66,7)	5,6 [0,0; NE]	5	0	NE [NE; NE]	8,16	[0,45;148,33]	0,1561

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[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.1.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event (total, and by SOC and PT occurring with frequency at least 10% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
PT: Elektrokardiogramm QT verlaengert	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Gewicht erniedrigt	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	3,79	[0,04;350,61]	0,5637
PT: Leukozytenzahl erniedrigt	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
PT: Neutrophilenzahl erniedrigt	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.2.3 CAPItello-291 (Global A2): Summary of analysis of time to first serious adverse event (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUE	13	2 (15,4)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	1,06	[0,14; 7,77]	0,9549
SUE SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,18	[0,00; 9,48]	0,3954
SUE PT: Pleuraerguss	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,18	[0,00; 9,48]	0,3954
SUE SOC: Erkrankungen des Gastrointestinaltrakts	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	10,85	[0,20;576,25]	0,2393
SUE PT: Erbrechen	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	10,85	[0,20;576,25]	0,2393
SUE SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,77	[0,05; 12,91]	0,8575
SUE PT: Fraktur des Unterarms	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,07	[0,00; 3,98]	0,1967
SUE PT: Oberschenkelfraktur	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	7,39	[0,15;372,38]	0,3173

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.2.4 CAPItello-291 (China A2): Summary of analysis of time to first serious adverse event (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUE	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
SUE SOC: Erkrankungen des Gastrointestinaltrakts	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
SUE PT: Haemorrhoiden	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.3.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event leading to discontinuation of study treatment
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Therapieabbruch aufgrund von UE	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	10,85	[0,20;576,25]	0,2393

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.3.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event leading to discontinuation of study treatment
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Therapieabbruch aufgrund von UE	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.4.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE mit CTCAE Grad >=3	13	6 (46,2)	NE [NE; NE]	18	2 (11,1)	17,5 [14,0; NE]	2,57	[0,62; 10,69]	0,1944
G>=3 SOC: Erkrankungen des Blutes und des Lymphsystems	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	6,66	[0,66; 67,39]	0,1085
G>=3 PT: Anaemie	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	4,74	[0,08;283,15]	0,4561
G>=3 PT: Lymphopenie	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	10,85	[0,20;576,25]	0,2393
G>=3 PT: Thrombozytopenie	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	5,63	[0,11;297,97]	0,3938
G>=3 SOC: Erkrankungen des Gastrointestinaltrakts	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	11,89	[1,18;119,43]	0,0354*
G>=3 PT: Diarrhoe	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,03	[0,66;183,44]	0,0942
G>=3 PT: Erbrechen	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	10,85	[0,20;576,25]	0,2393
G>=3 SOC: Infektionen und parasitaere Erkrankungen	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	4,81	[0,08;283,10]	0,4497
G>=3 PT: Infektion im Zusammenhang mit einem Medizinprodukt	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	4,81	[0,08;283,10]	0,4497
G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,06	[0,00; 3,76]	0,1859

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Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.4.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
G>=3 PT: Hypertriglyzeridaemie	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,06	[0,00; 3,76]	0,1859
G>=3 SOC: Untersuchungen	13	2 (15,4)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	1,21	[0,12; 12,47]	0,8749
G>=3 PT: Aspartataminotransferase erhoeht	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	5,29	[0,10;289,29]	0,4142
G>=3 PT: Leukozytenzahl erniedrigt	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,07	[0,00; 3,98]	0,1967
G>=3 PT: Neutrophilenzahl erniedrigt	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,07	[0,00; 3,98]	0,1967
G>=3 PT: Thrombozytenzahl vermindert	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	4,74	[0,08;283,15]	0,4561
G>=3 SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,77	[0,05; 12,91]	0,8575
G>=3 PT: Fraktur des Unterarms	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,07	[0,00; 3,98]	0,1967
G>=3 PT: Oberschenkelfraktur	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	7,39	[0,15;372,38]	0,3173

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.4.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
G>=3 PT: Sturz	13	0	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	0,07	[0,00; 3,98]	0,1967

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.4.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event with max. CTCAE grade 3 or higher (total, and by SOC and PT occurring with at least 5% in either treatment arm)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UE mit CTCAE Grad >=3	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967
G>=3 PT: Hypertriglyzeridaemie	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.5.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI GT: Ausschlag	13	7 (53,8)	2,8 [0,4; NE]	18	2 (11,1)	NE [NE; NE]	6,32	[1,61; 24,81]	0,0083*
UESI GT: Harnwegsinfektionen	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	12,25	[1,21;123,61]	0,0336*
UESI GT: Hyperglykämie	13	4 (30,8)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	2,05	[0,40; 10,51]	0,3877
UESI GT: Nichtinfektiöse Diarrhö	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	7,53	[2,18; 25,96]	0,0014*
UESI GT: Stomatitis	13	5 (38,5)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	5,03	[0,99; 25,67]	0,0519

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.5.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI GT: Ausschlag	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	21,21	[1,10;409,32]	0,0431*
UESI GT: Harnwegsinfektionen	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	0,20	[0,00; 11,57]	0,4386
UESI GT: Hyperglykämie	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	21,21	[1,10;409,32]	0,0431*
UESI GT: Nichtinfektiöse Diarrhö	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	5,95	[0,48; 73,49]	0,1646
UESI GT: QT-Verlängerung	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	14,39	[0,25;824,81]	0,1967

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.6.3 CAPItello-291 (Global A2): Summary of analysis of time to first adverse event of special interest with max. CTCAE grade 3 or higher (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI G>=3 GT: Ausschlag	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Harnwegsinfektionen	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Hyperglykämie	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Nichtinfektiöse Diarrhö	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	11,03	[0,66;183,44]	0,0942
UESI G>=3 GT: Stomatitis	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.6.4 CAPItello-291 (China A2): Summary of analysis of time to first adverse event of special interest with max. CTCAE grade 3 or higher (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
UESI G>=3 GT: Ausschlag	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Harnwegsinfektionen	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Hyperglykämie	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: Nichtinfektiöse Diarrhö	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
UESI G>=3 GT: QT-Verlängerung	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.7.3 CAPItello-291 (Global A2): Summary of analysis of time to first serious adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUESI GT: Ausschlag	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Harnwegsinfektionen	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Hyperglykämie	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Nichtinfektiöse Diarrhö	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Stomatitis	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	NC	NC

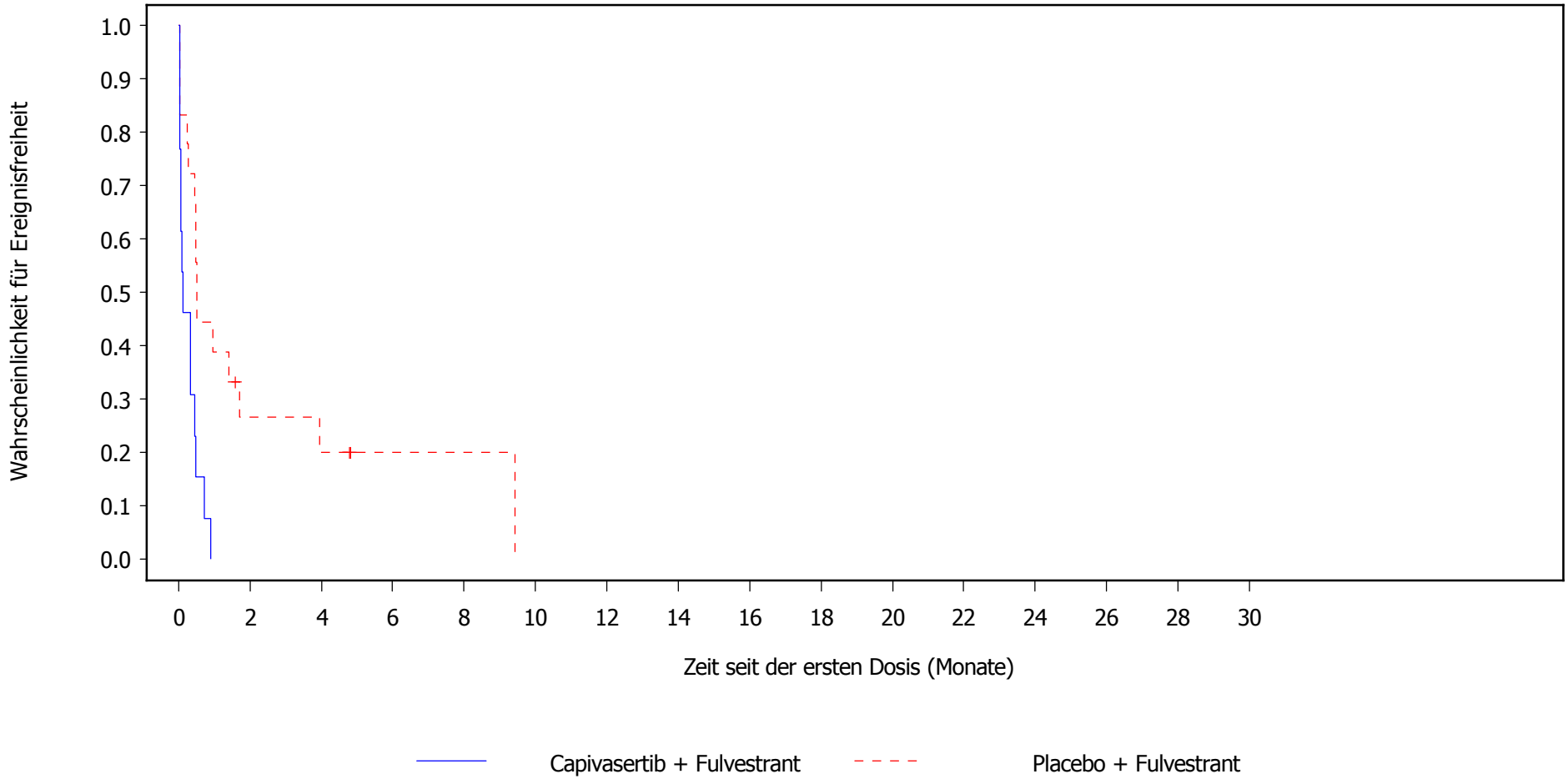
The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 3.2.7.4 CAPItello-291 (China A2): Summary of analysis of time to first serious adverse event of special interest (by grouped term)
Altered safety analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
SUESI GT: Ausschlag	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Harnwegsinfektionen	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Hyperglykämie	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
SUESI GT: Nichtinfektiöse Diarrhö	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC
SUESI GT: QT-Verlängerung	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC

The time to event endpoint is defined as the time from first dose of study treatment to first onset of the respective AE if the AE has occurred by 37 days following the date of last dose of study treatment.
Any patient that has not experienced the AE will be censored at the earliest of the date of study treatment discontinuation+37 days, DCO date or death.
All AEs are coded using MedDRA version 25.0.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] p-value is estimated using unstratified log-rank test. Hazard ratio and 95% confidence interval derived from U and V statistics. Breslow method is used for handling ties. NC = not calculable. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

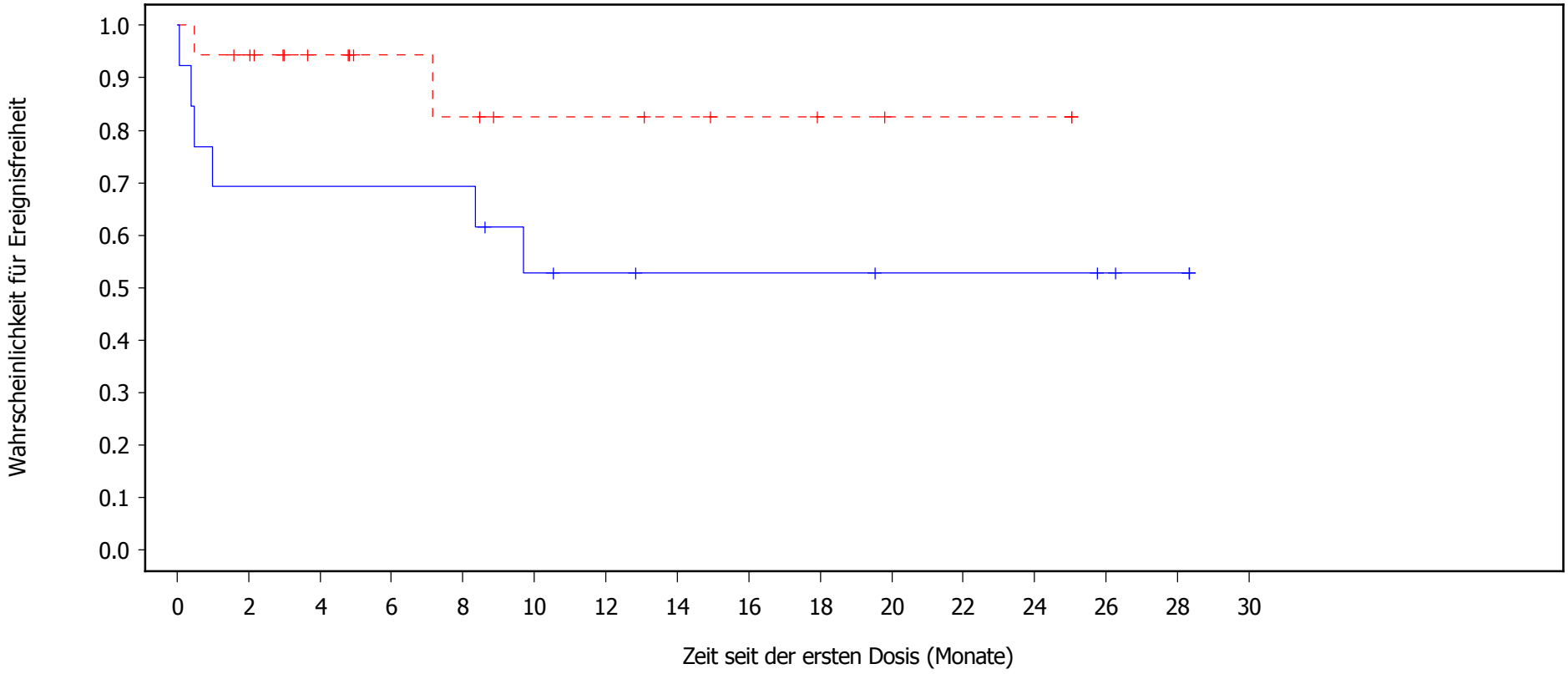
Figure 3.3.3.1 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

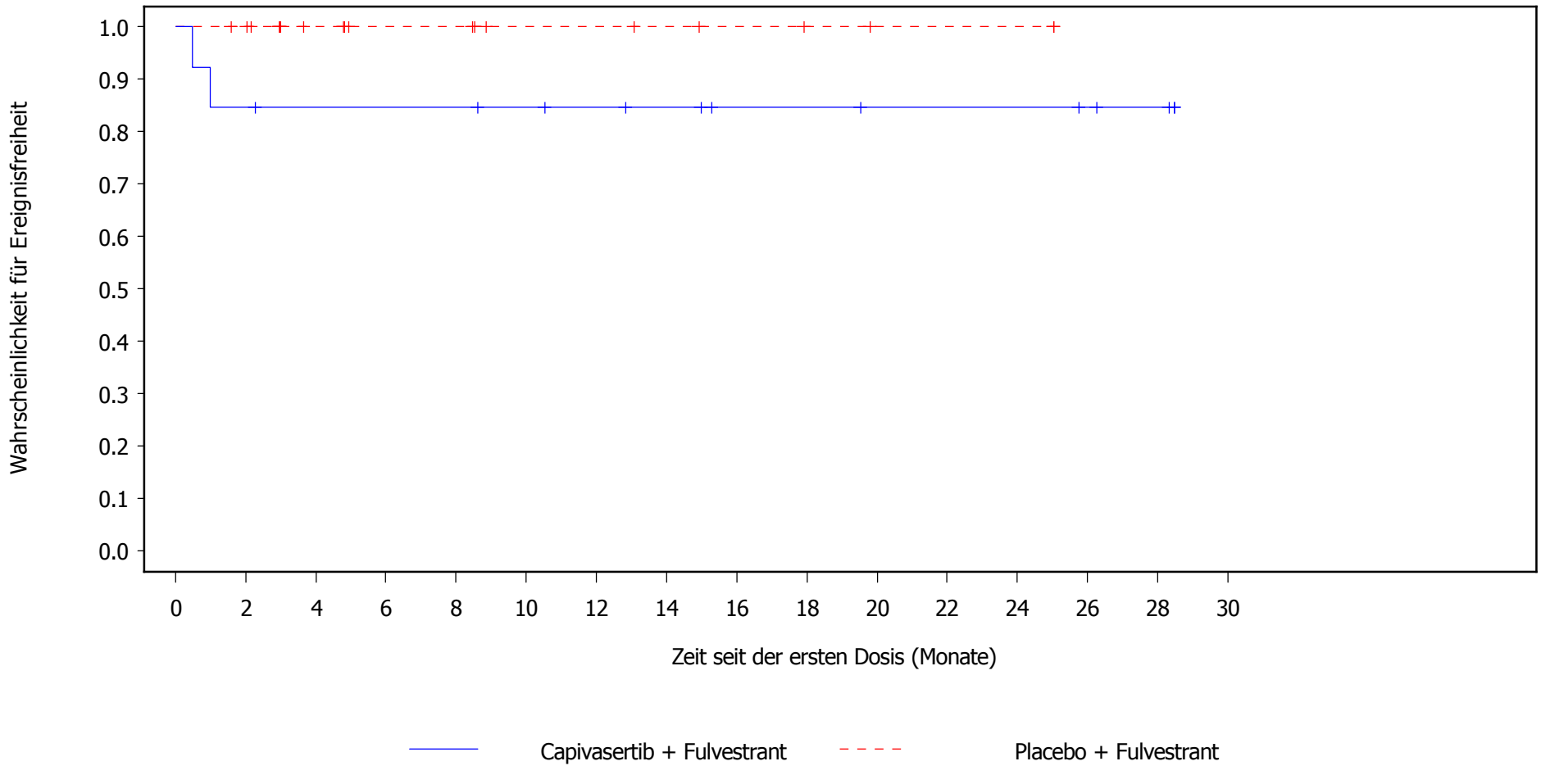
Figure 3.3.3.2 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	9	9	9	9	6	5	4	4	4	3	3	3	2	1	0	Capivasertib + Fulvestrant
18	16	11	8	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

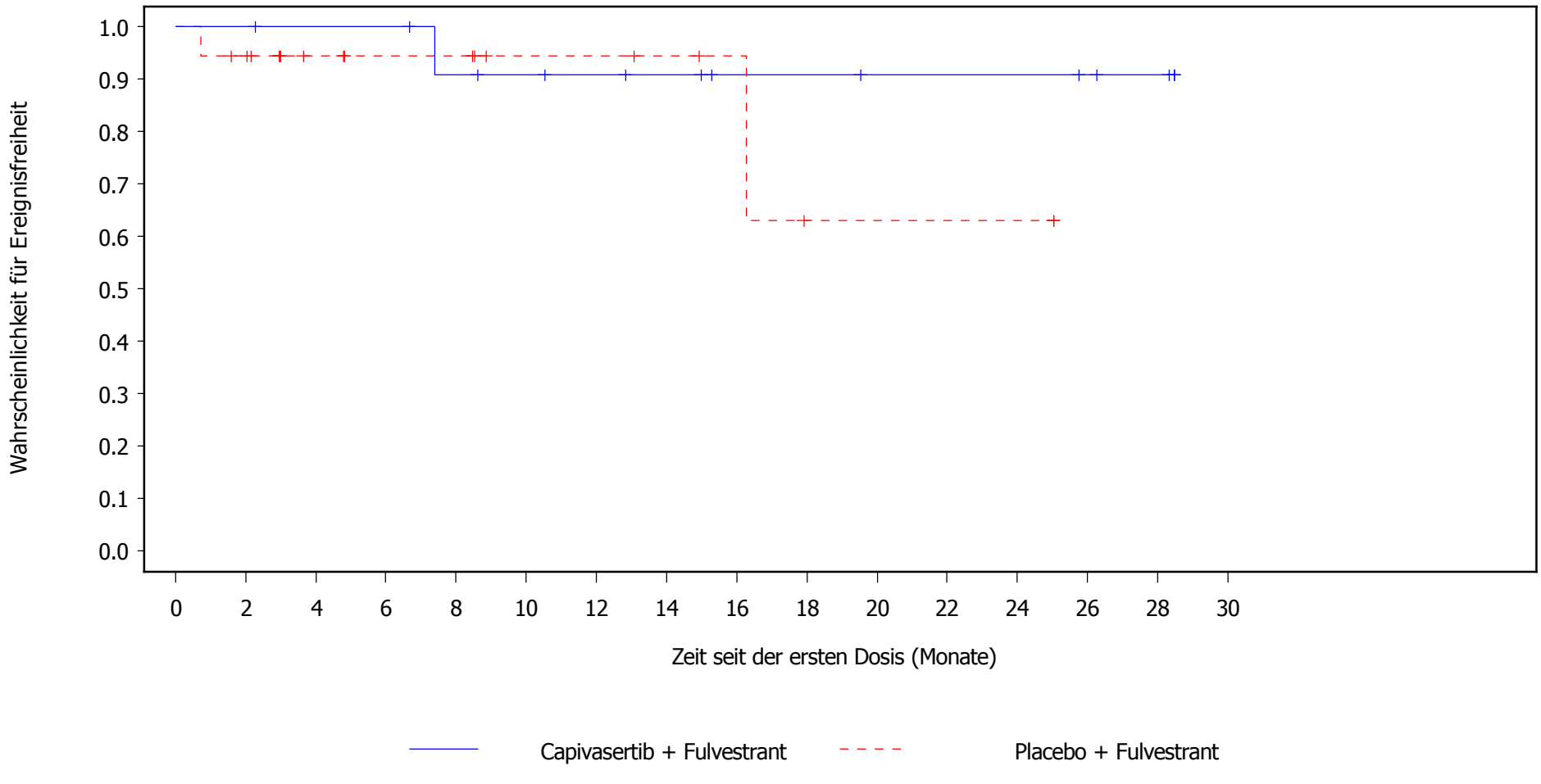
Figure 3.3.3.3 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Asthenie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	10	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

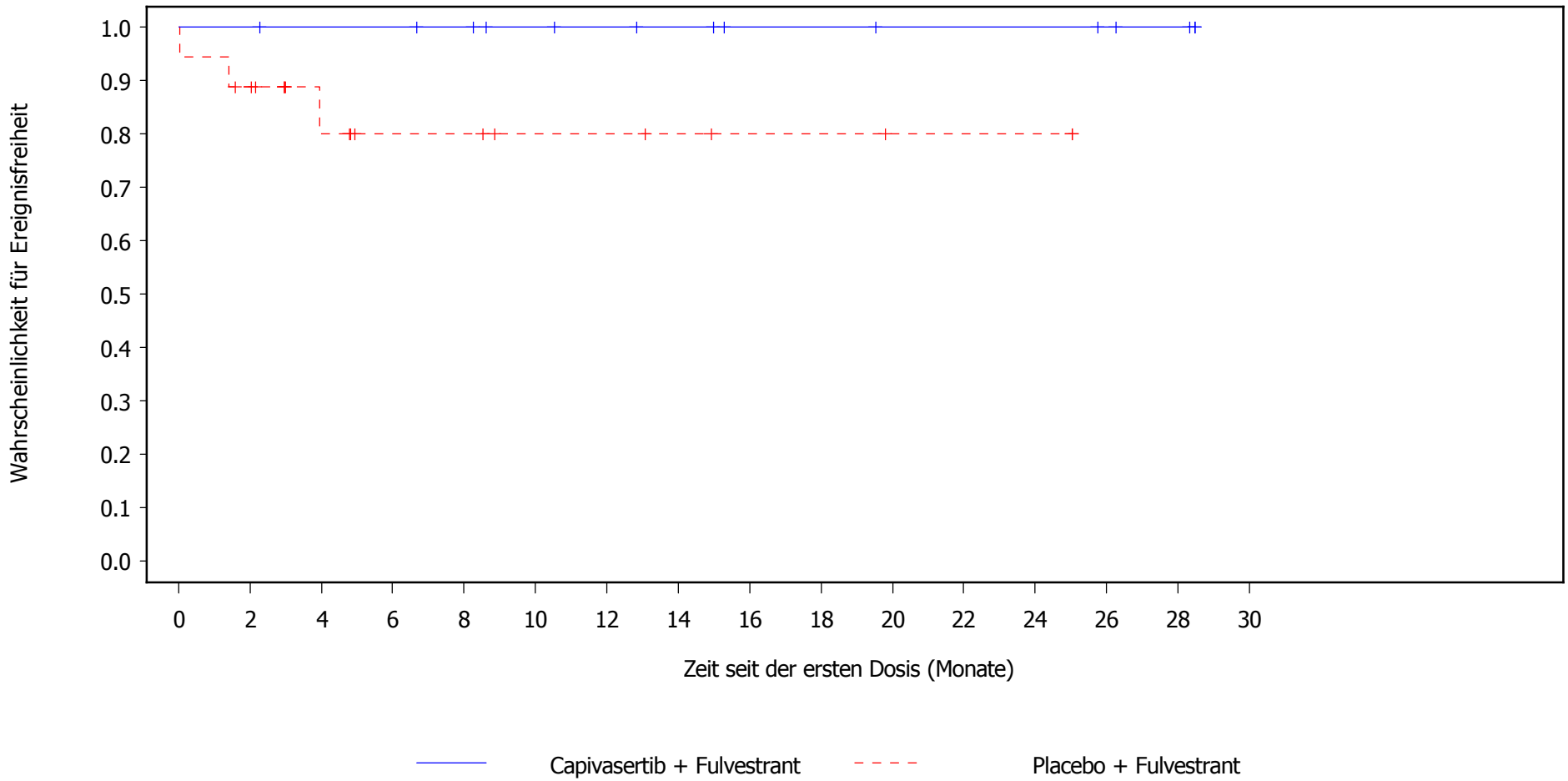
Figure 3.3.3.4 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Augenerkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	10	8	8	5	5	4	3	1	1	1	1	0	0	0	Placebo + Fulvestrant

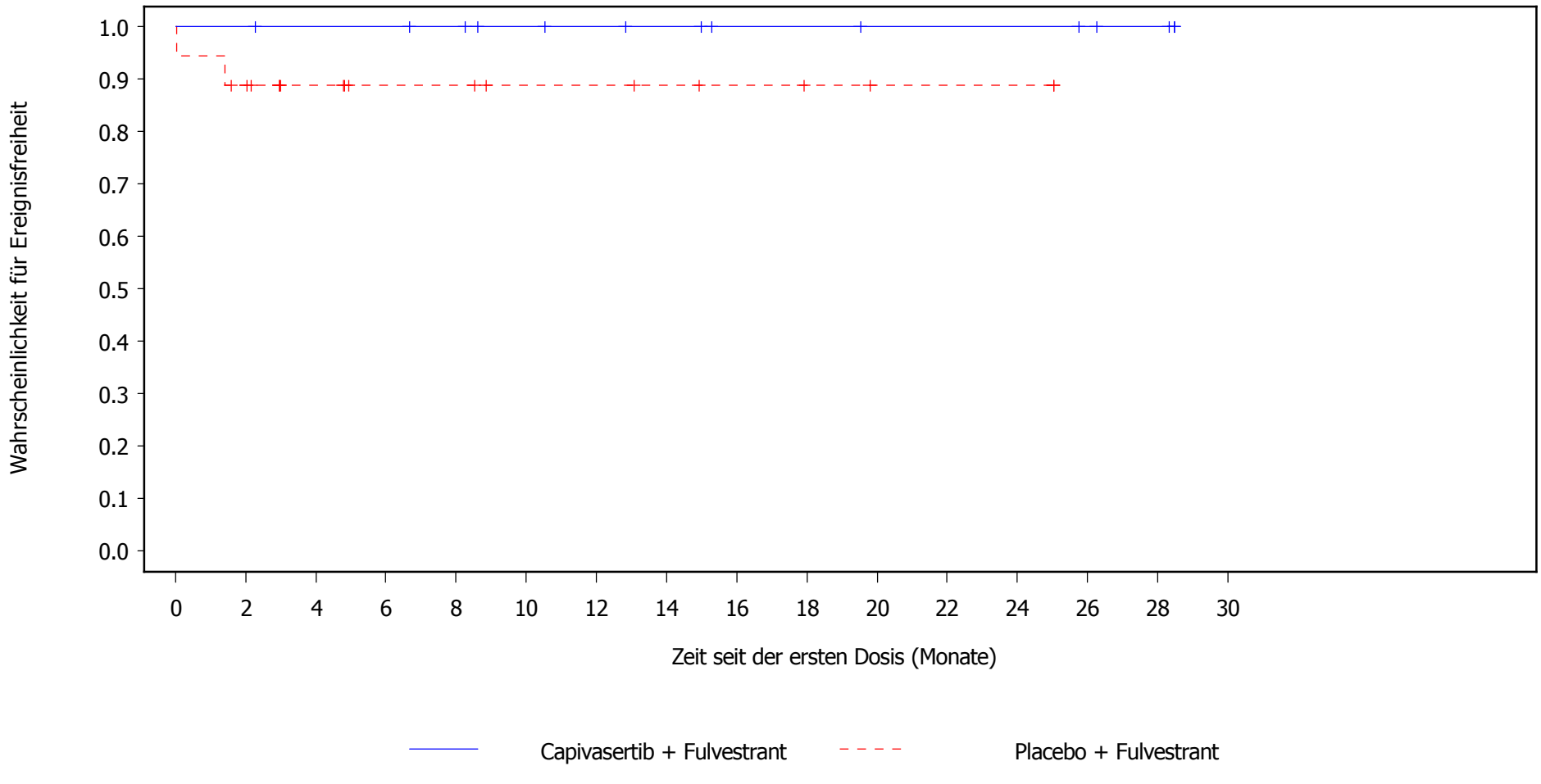
Figure 3.3.3.5 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Endokrine Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	15	9	6	6	4	4	3	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

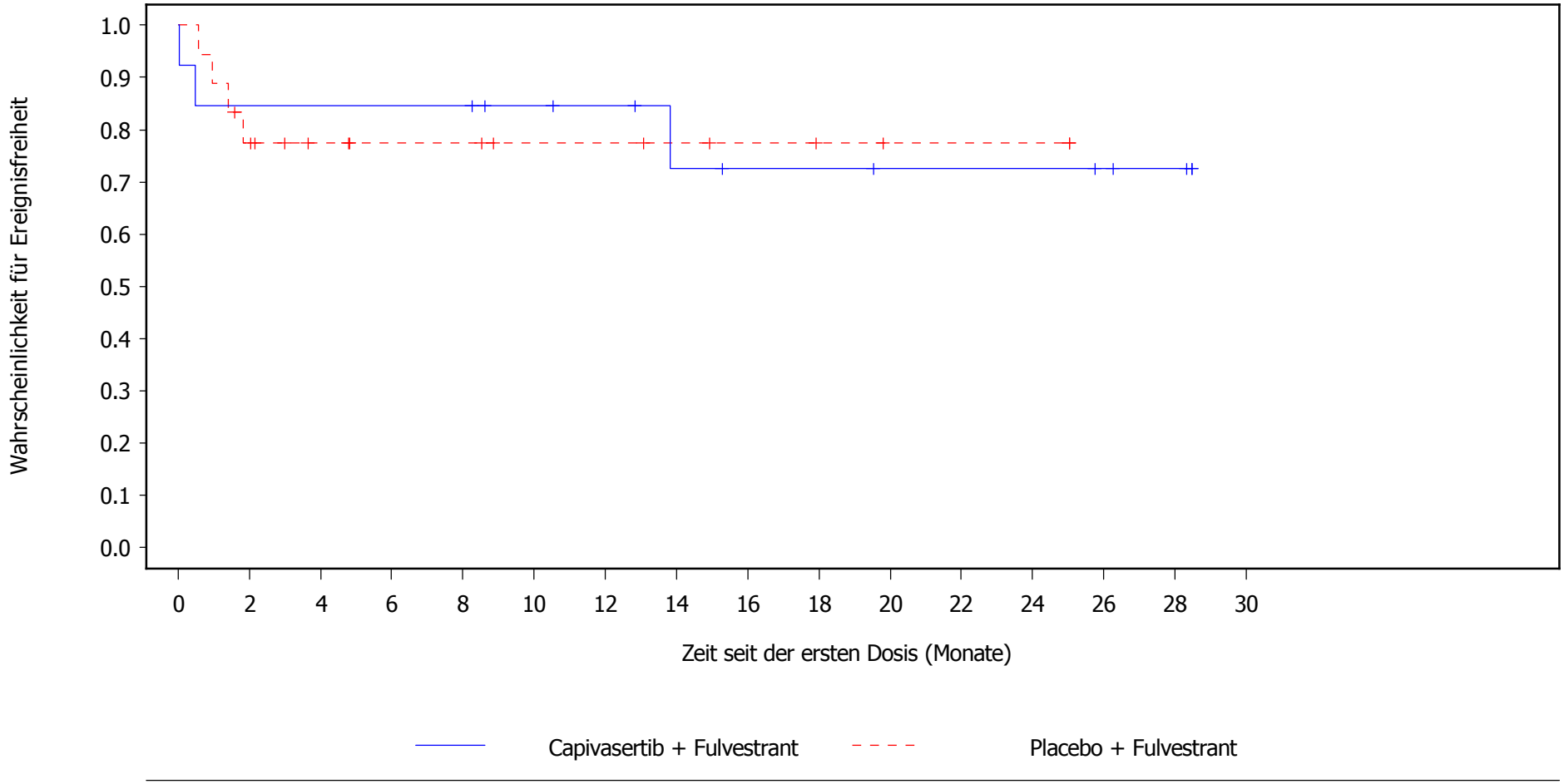
Figure 3.3.3.6 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Hypothyreose
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

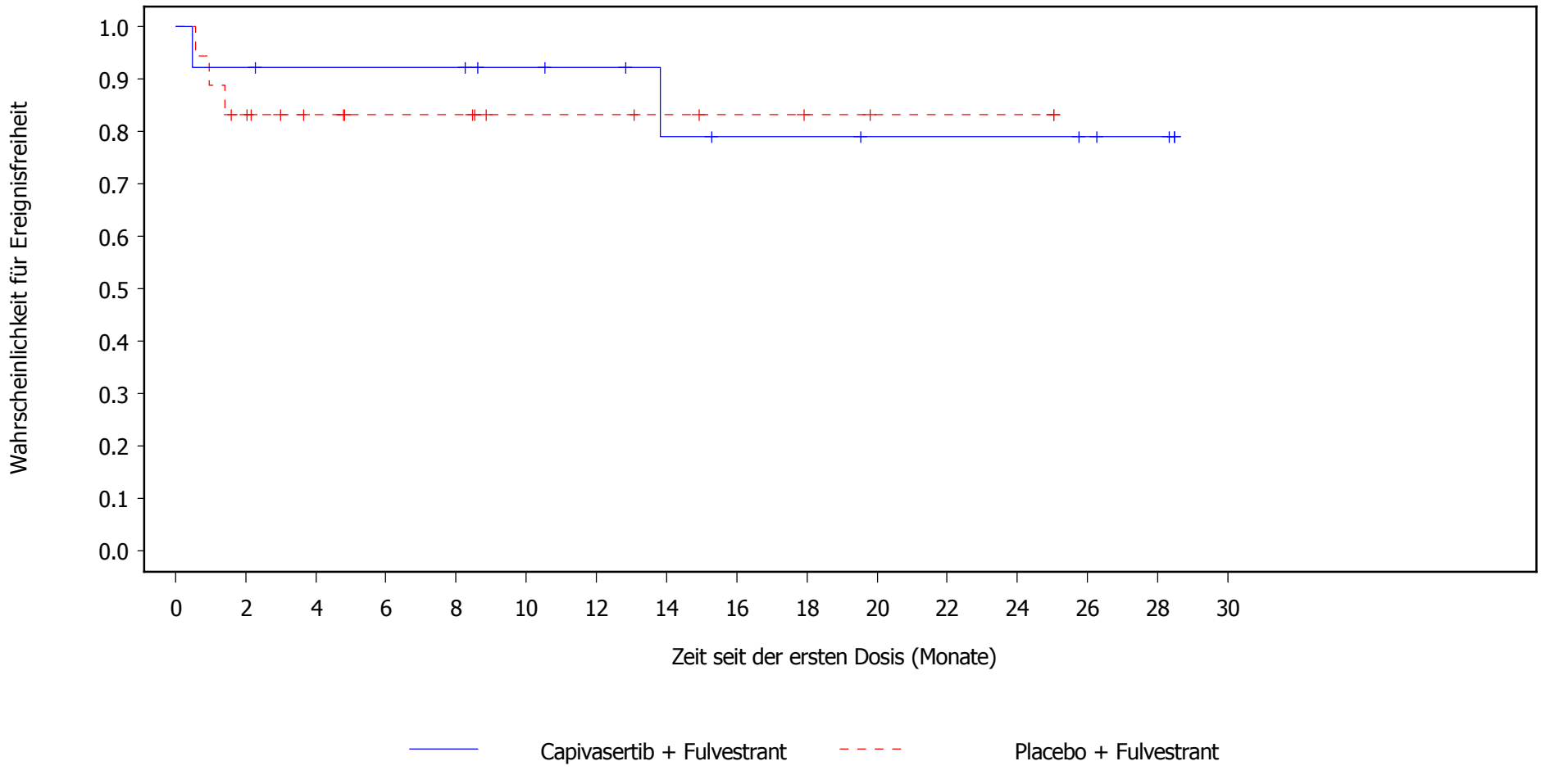
Figure 3.3.3.7 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	11	11	11	9	8	6	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	13	9	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

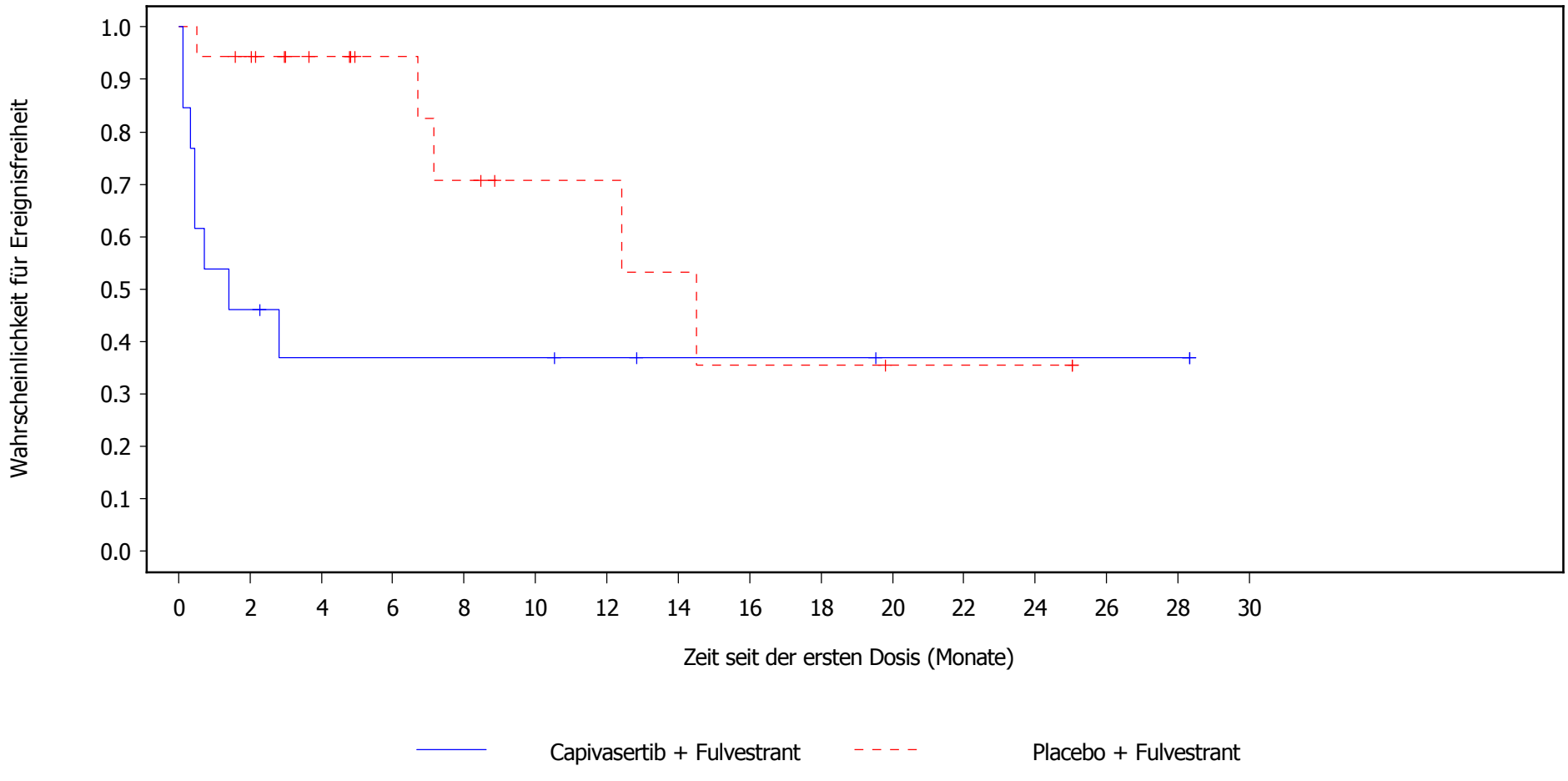
Figure 3.3.3.8 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Dyspnoe
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	11	9	8	6	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	14	10	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

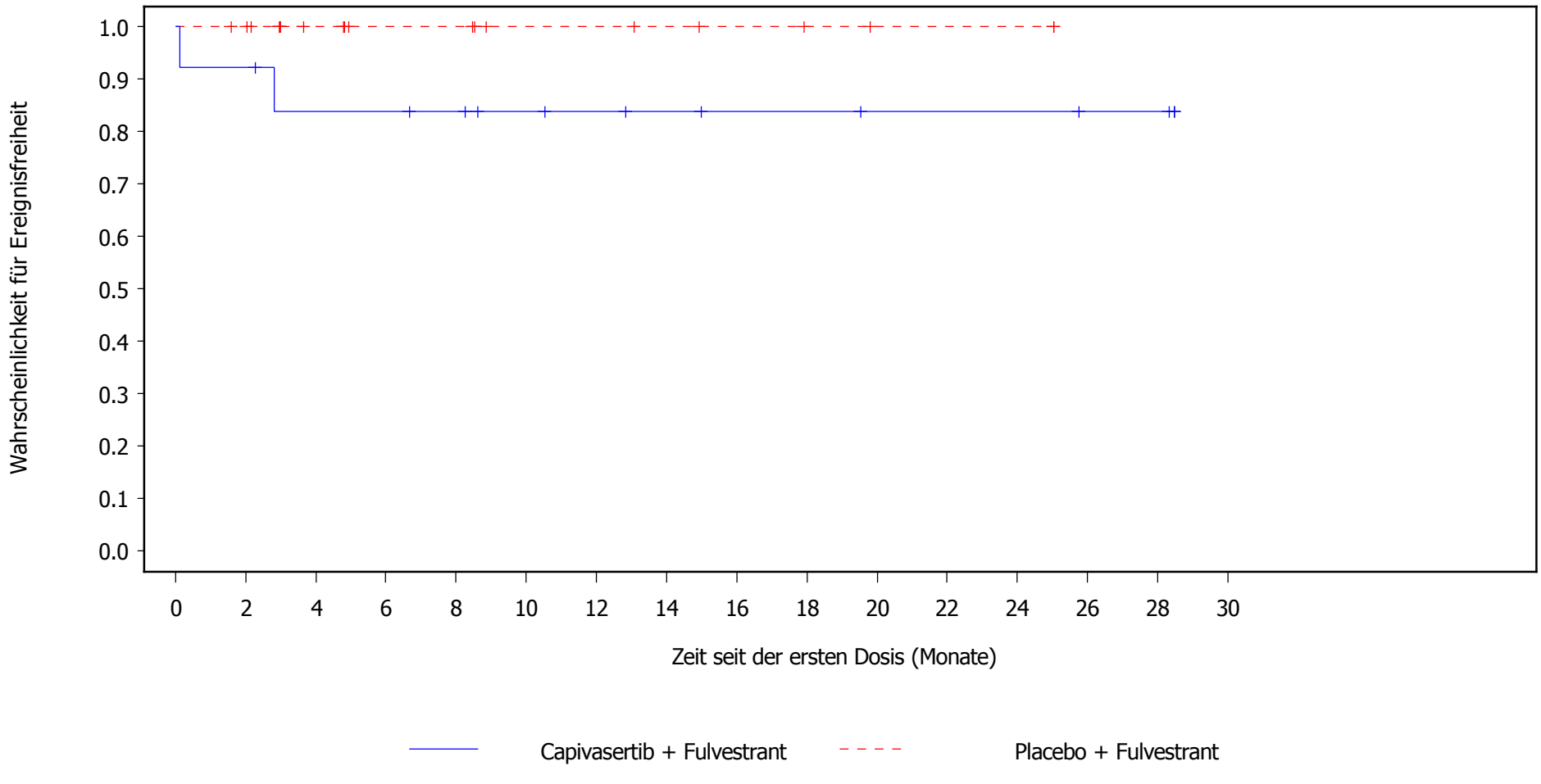
Figure 3.3.3.9 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	6	4	4	4	4	3	2	2	2	1	1	1	1	1	0	Capivasertib + Fulvestrant
18	16	11	8	6	4	4	3	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

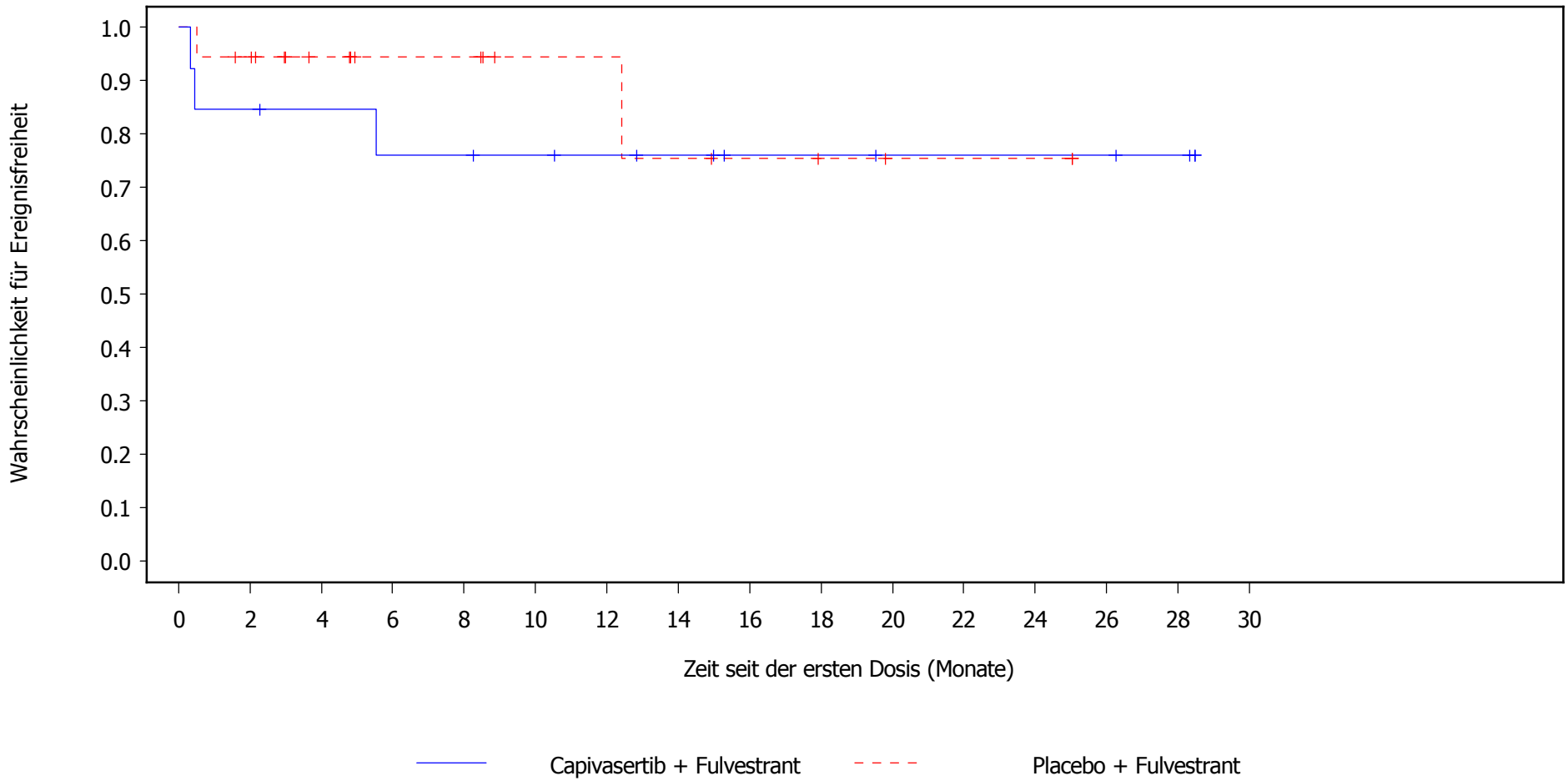
Figure 3.3.3.10 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Asteatose
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	10	10	9	7	6	5	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

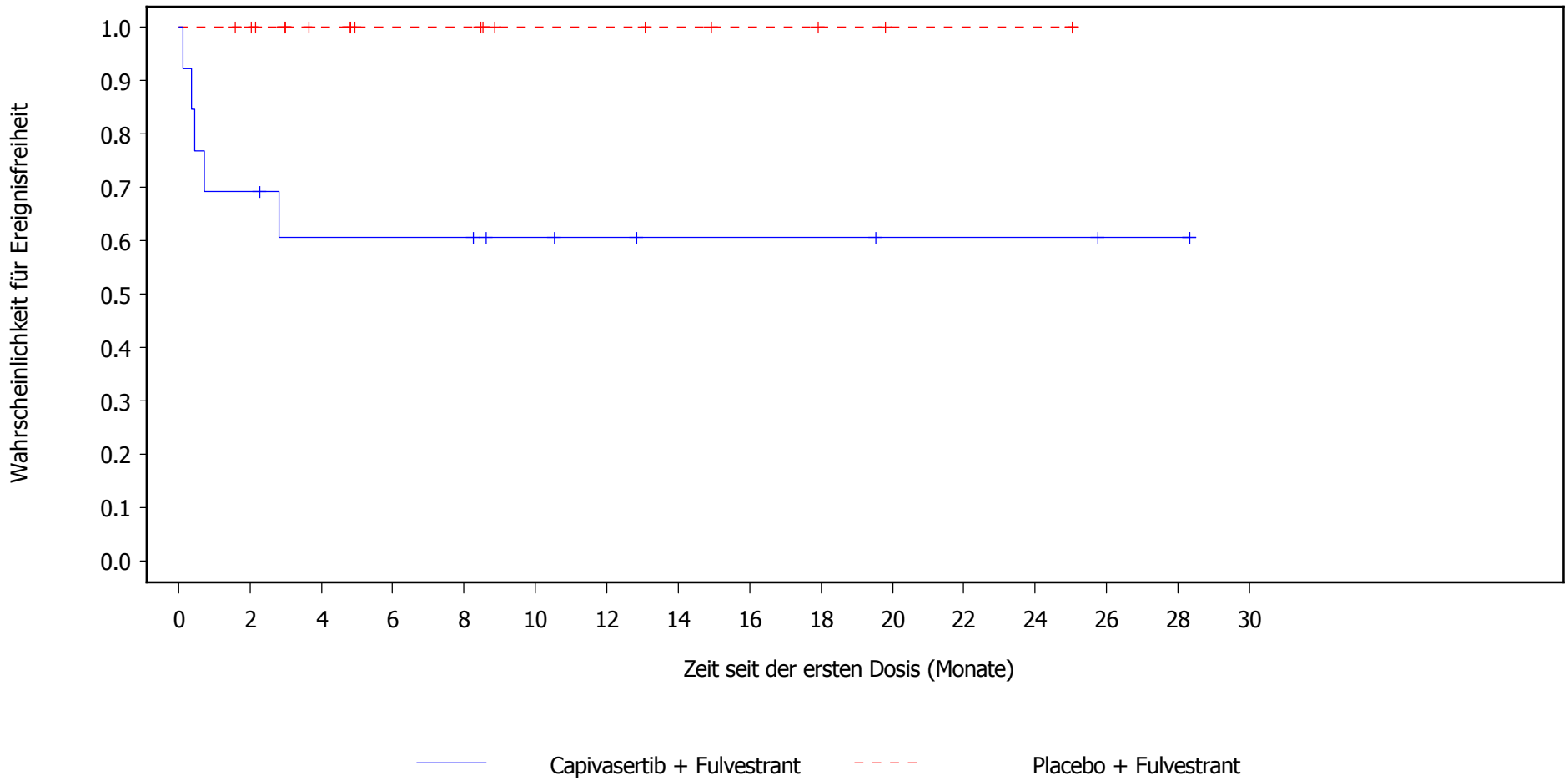
Figure 3.3.3.11 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	9	9	8	7	6	4	4	3	3	3	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

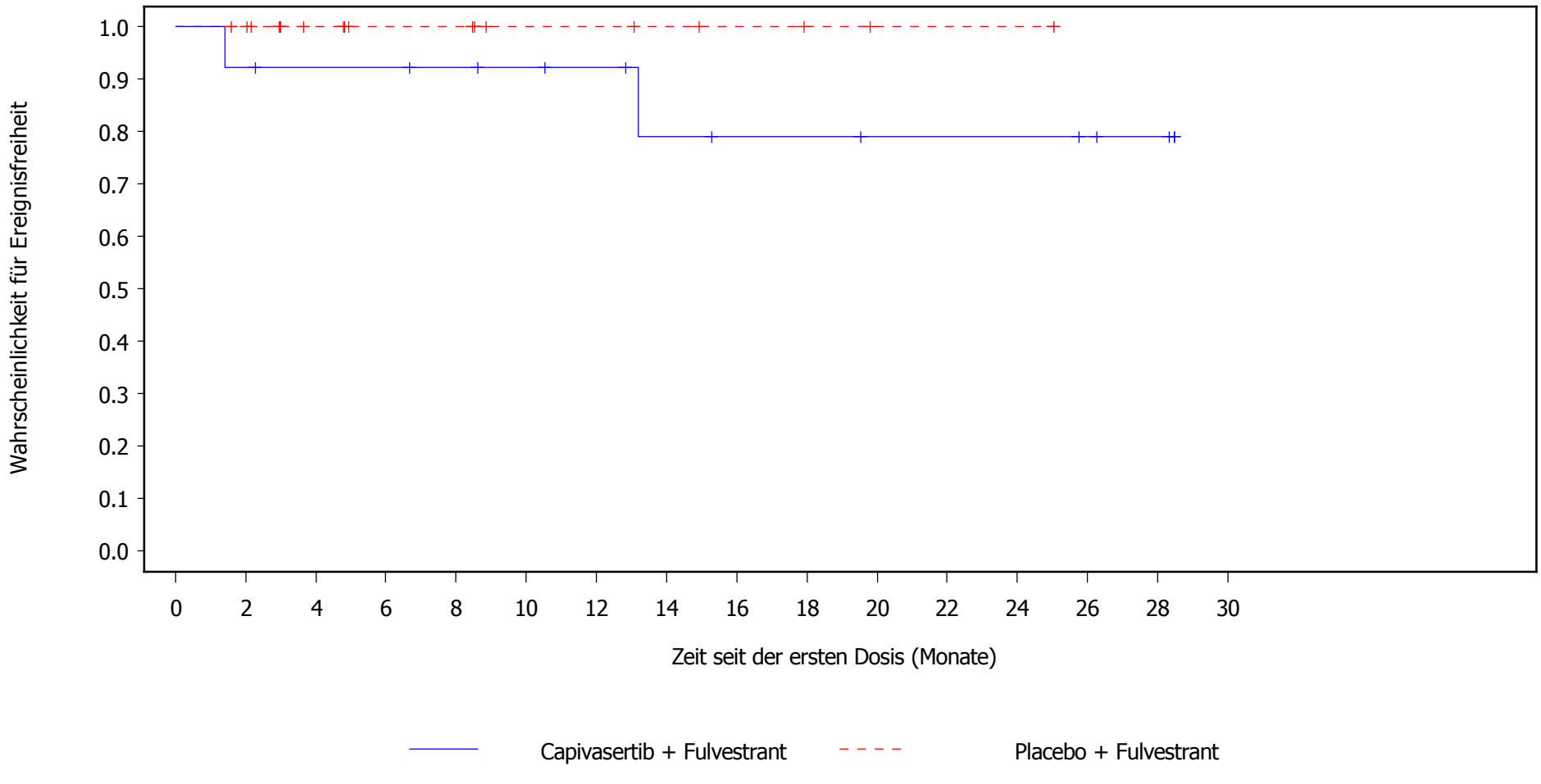
Figure 3.3.3.12 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	9	7	7	7	5	4	3	3	3	2	2	2	1	1	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

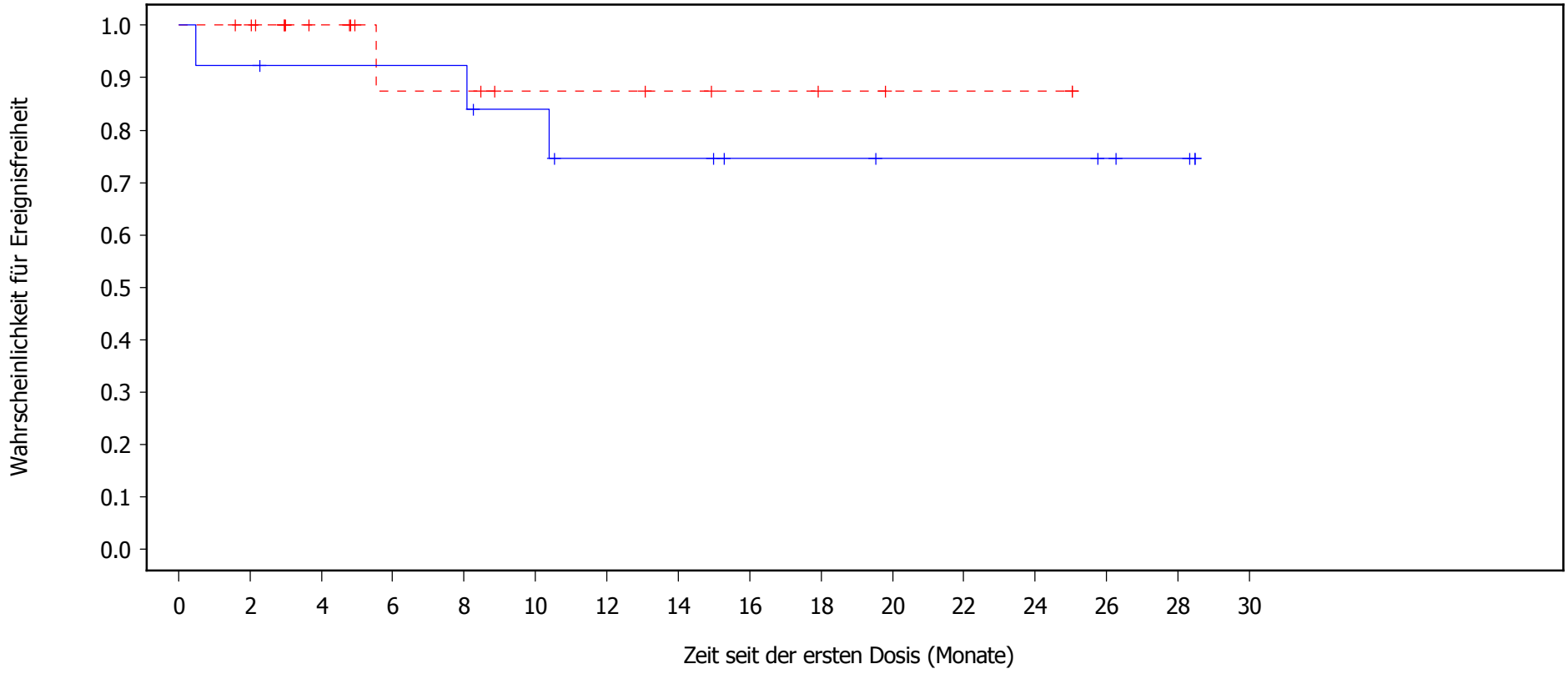
Figure 3.3.3.13 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Nagelerkrankung
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	10	9	8	6	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

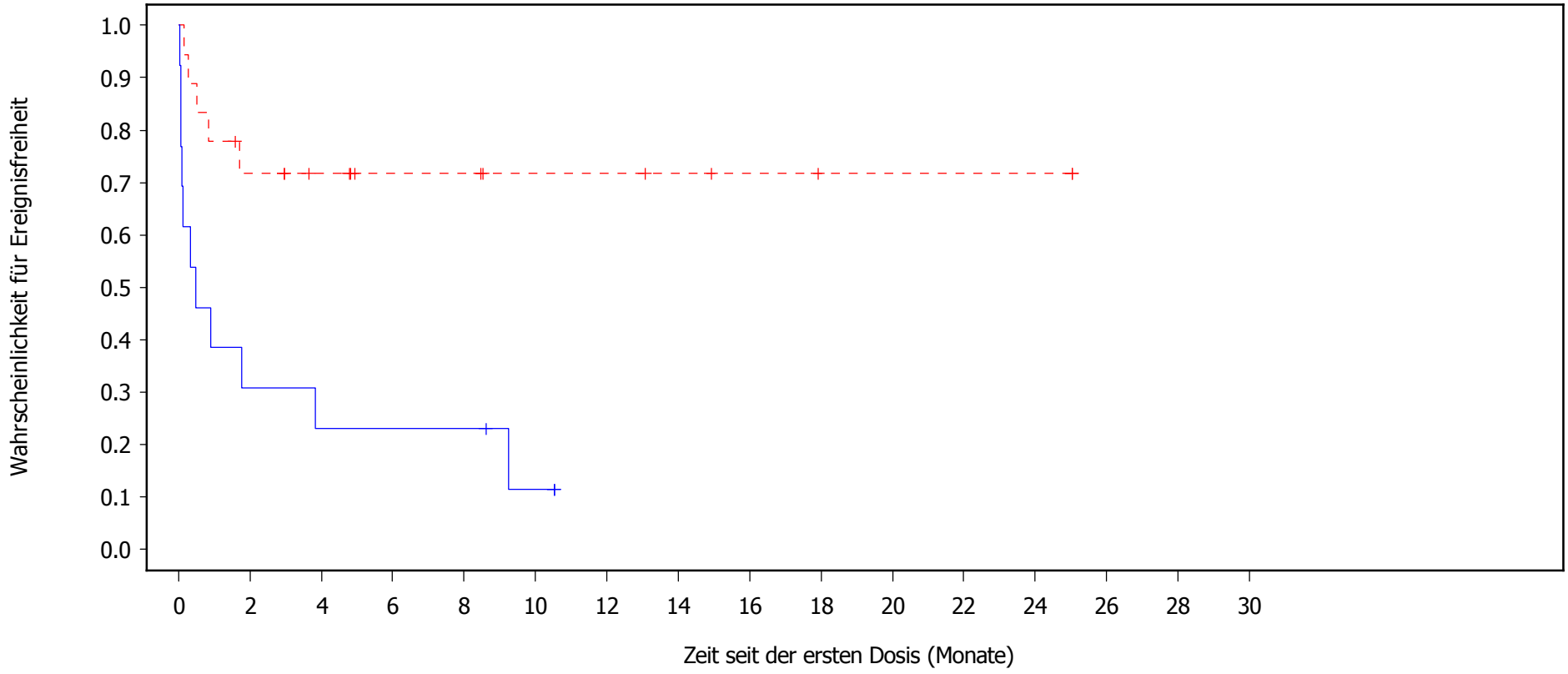
Figure 3.3.3.14 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Blutes und des Lymphsystems
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	11	9	7	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

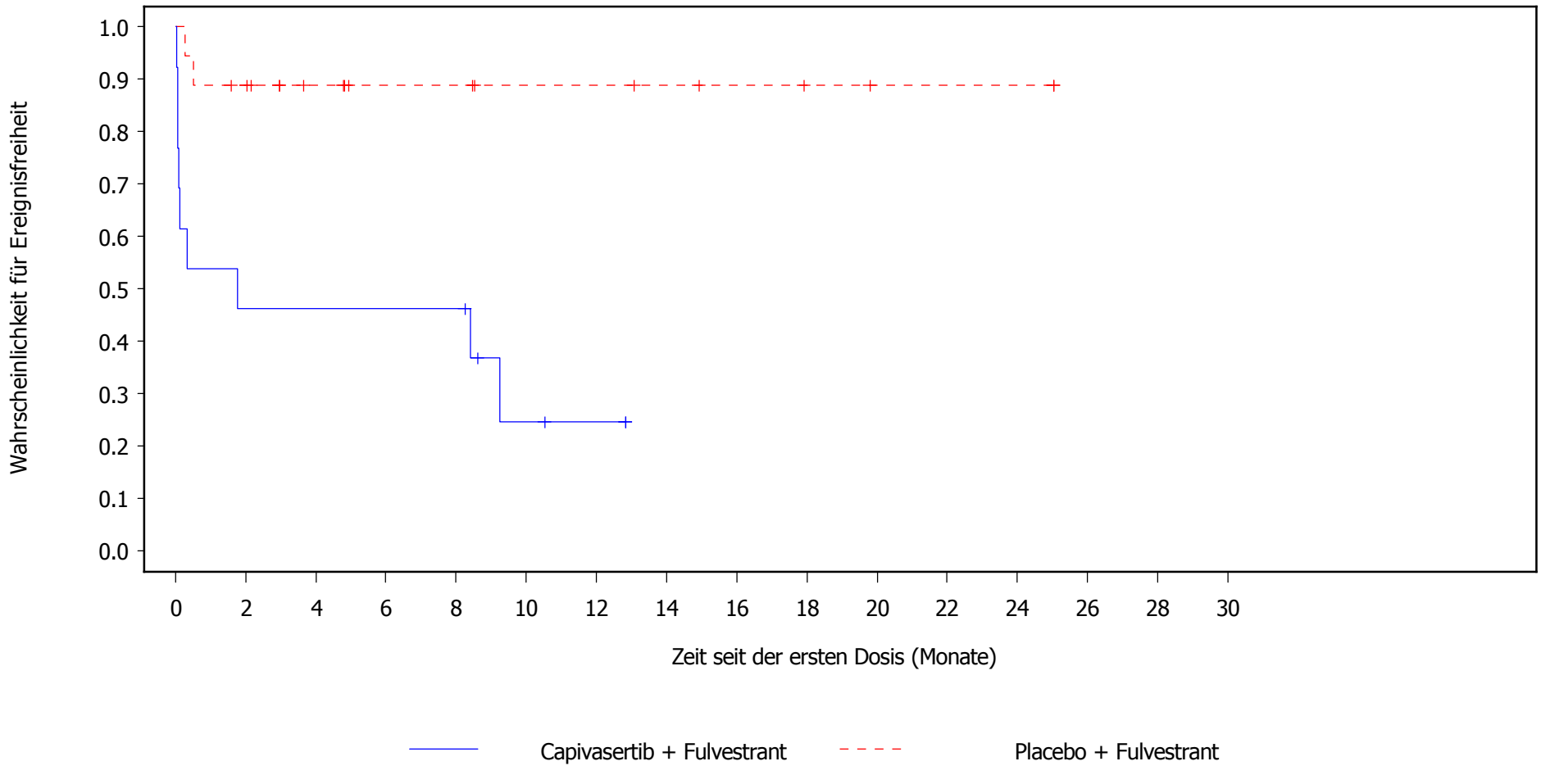
Figure 3.3.3.15 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	4	3	3	3	1	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	12	9	6	6	4	4	3	2	1	1	1	1	0	0	0	Placebo + Fulvestrant

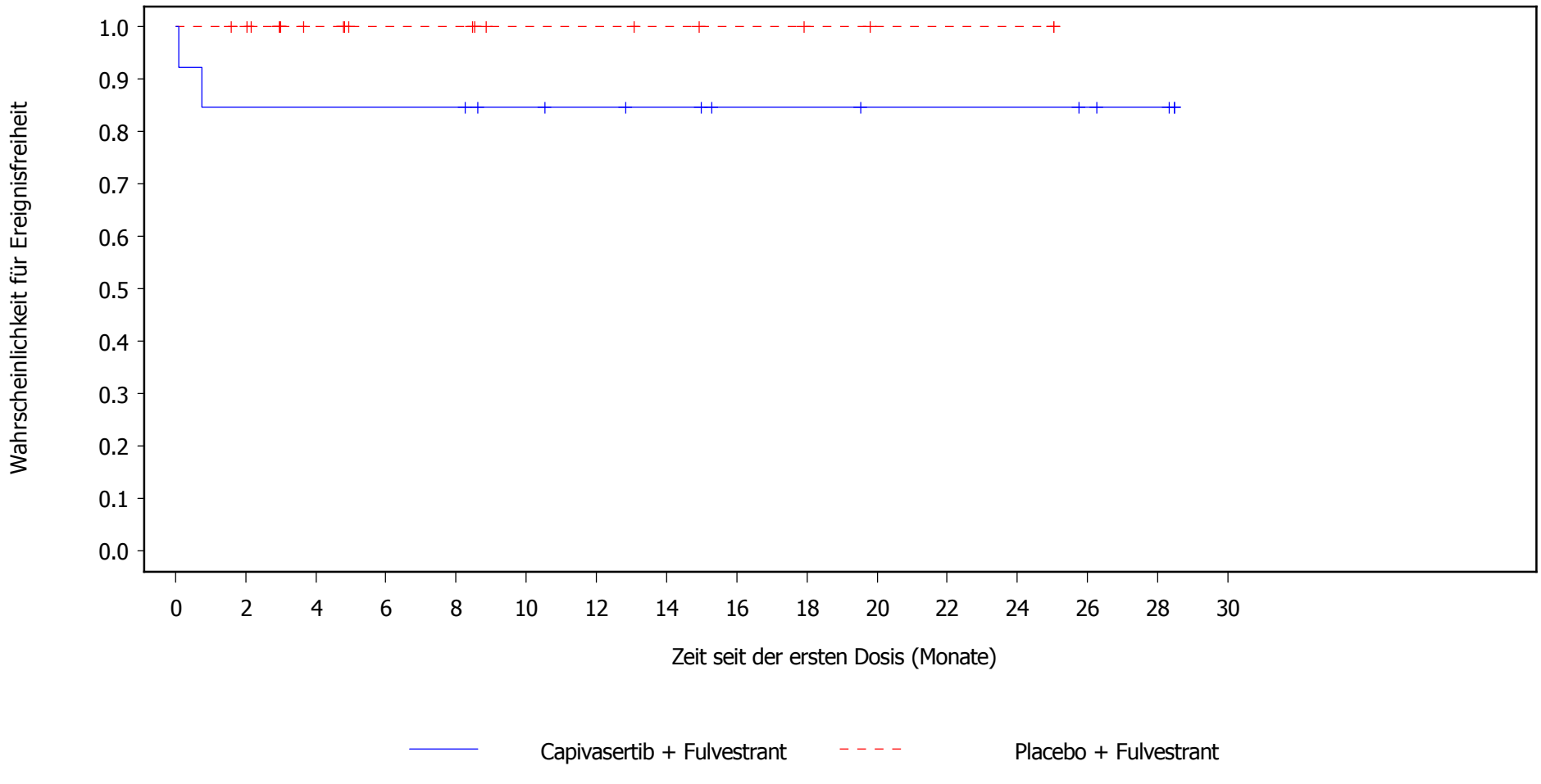
Figure 3.3.3.16 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Diarrhoe
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	6	6	6	6	2	1	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

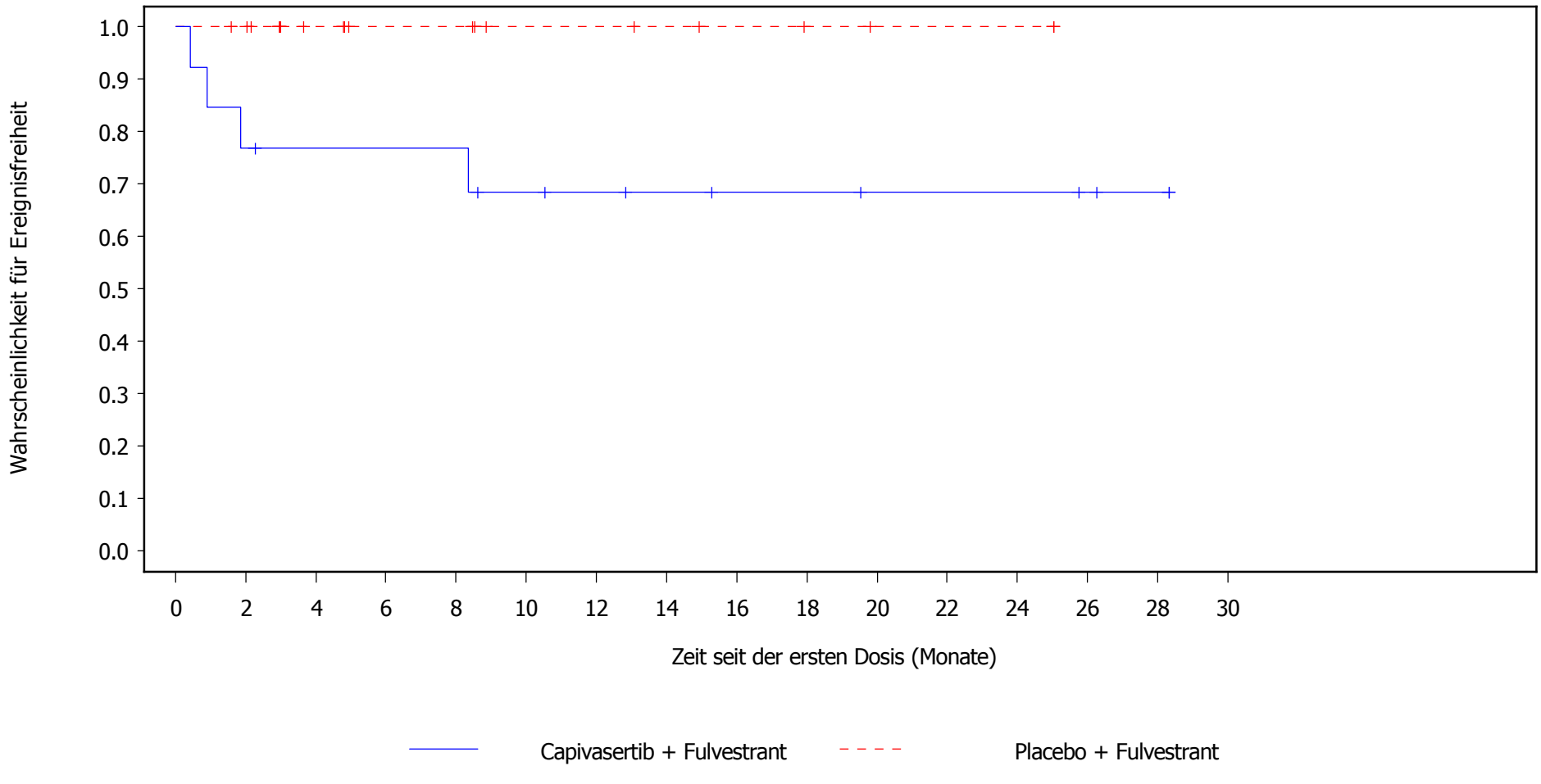
Figure 3.3.3.17 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Erbrechen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	11	11	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

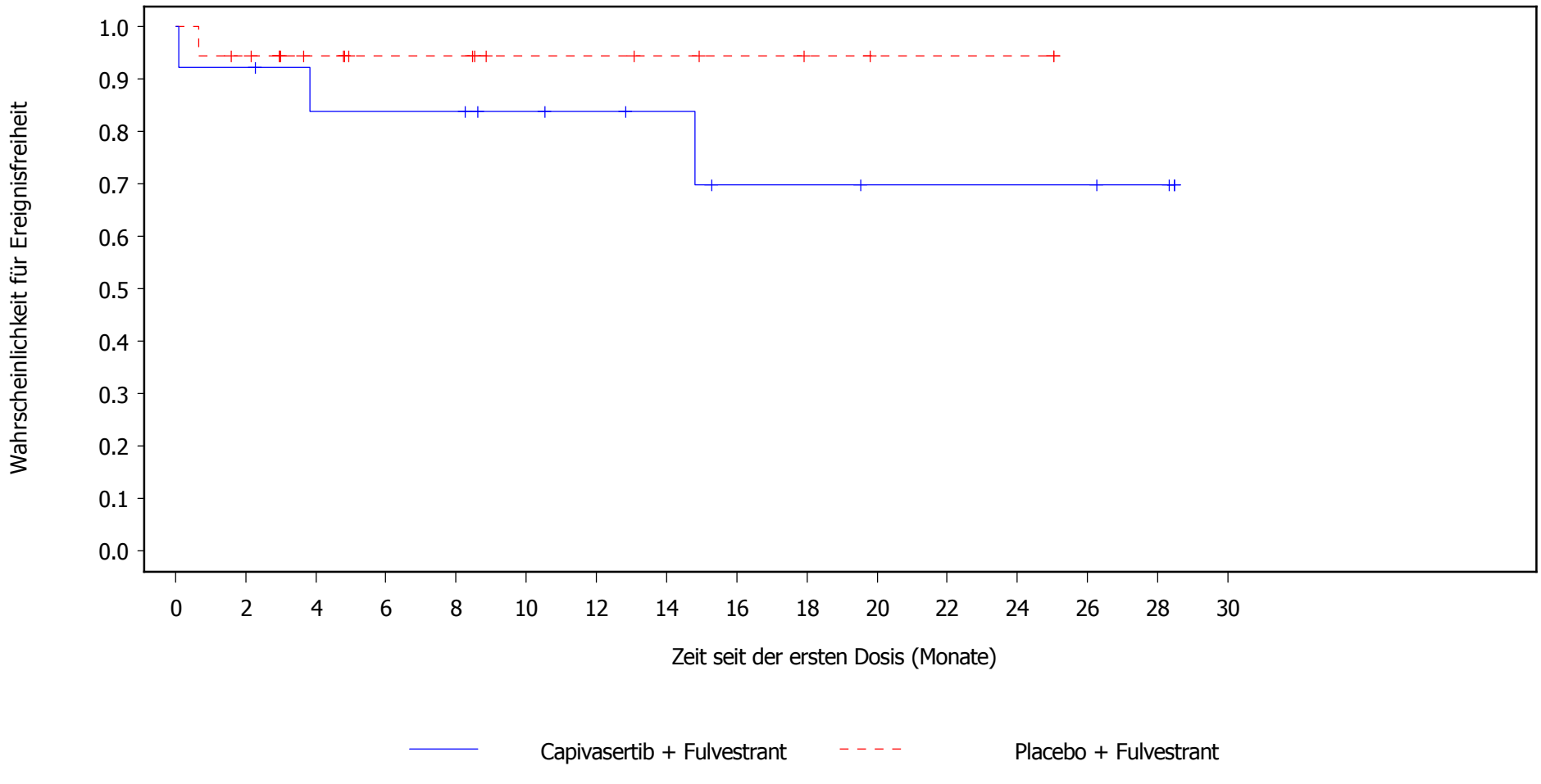
Figure 3.3.3.18 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	10	9	9	9	7	6	5	4	4	3	3	3	2	1	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

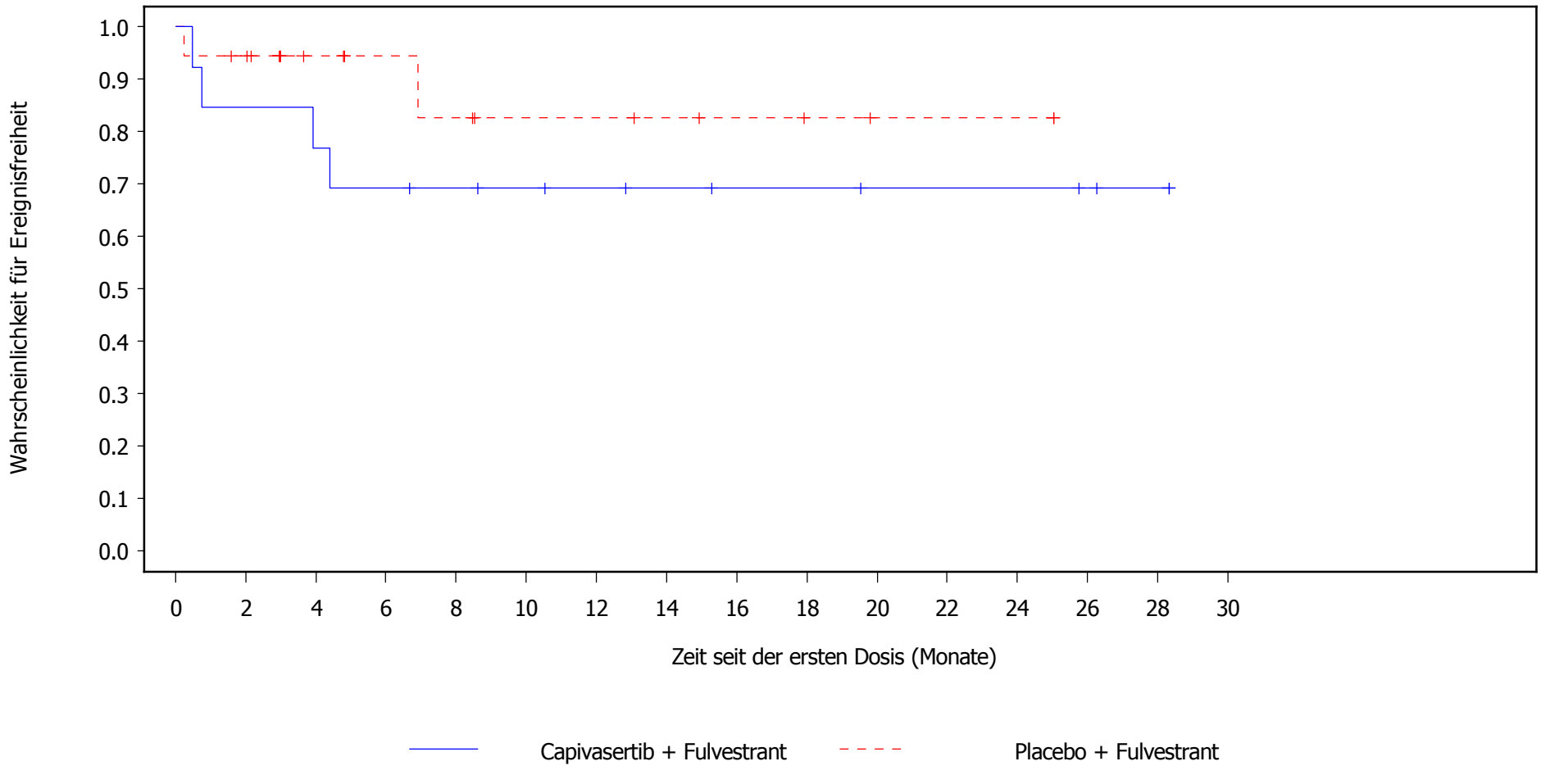
Figure 3.3.3.19 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Uebelkeit
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	10	10	10	8	7	6	4	4	3	3	3	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

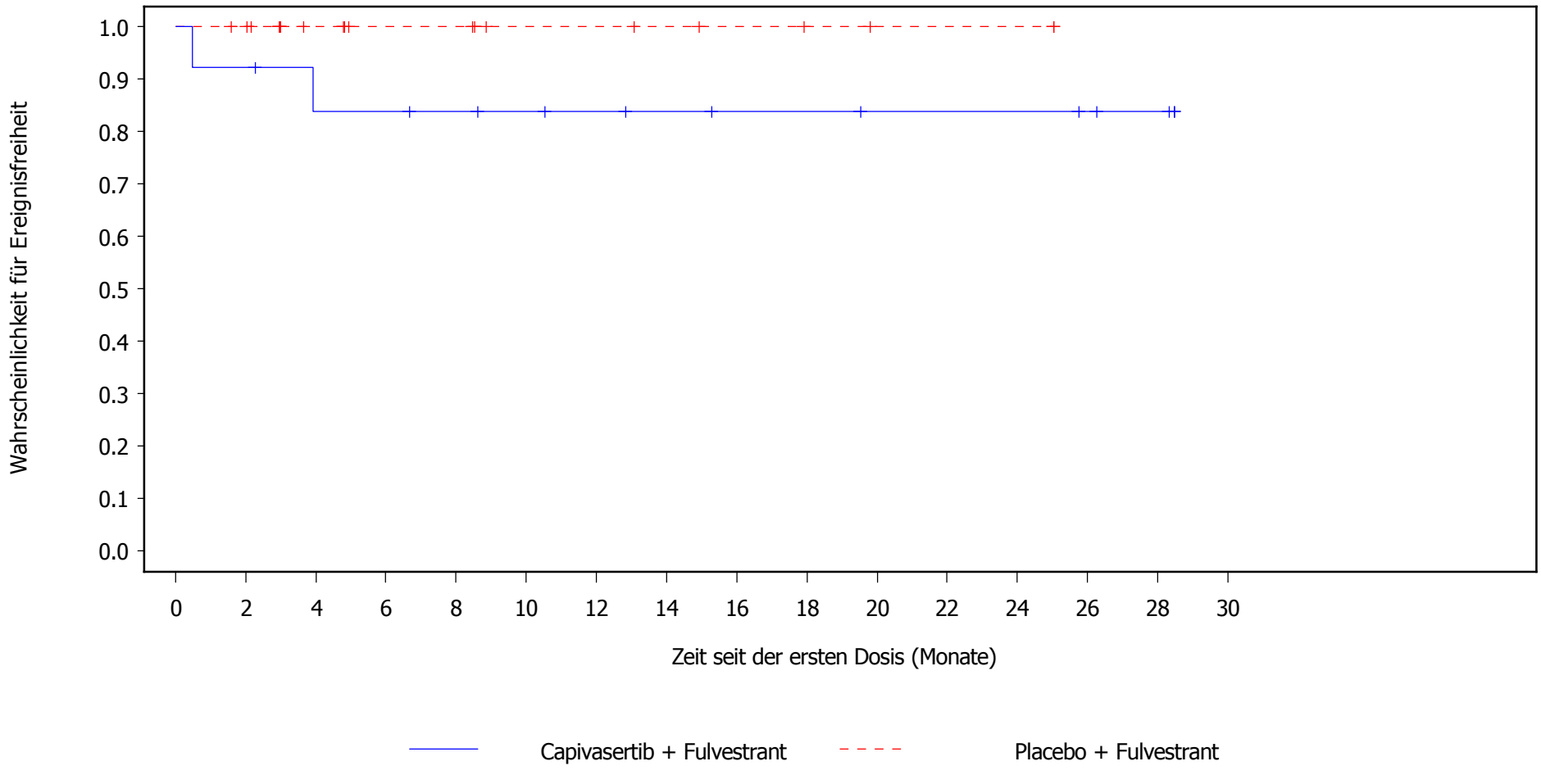
Figure 3.3.3.20 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Nervensystems
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	9	8	7	6	5	4	4	3	3	3	2	1	0	Capivasertib + Fulvestrant
18	16	10	8	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

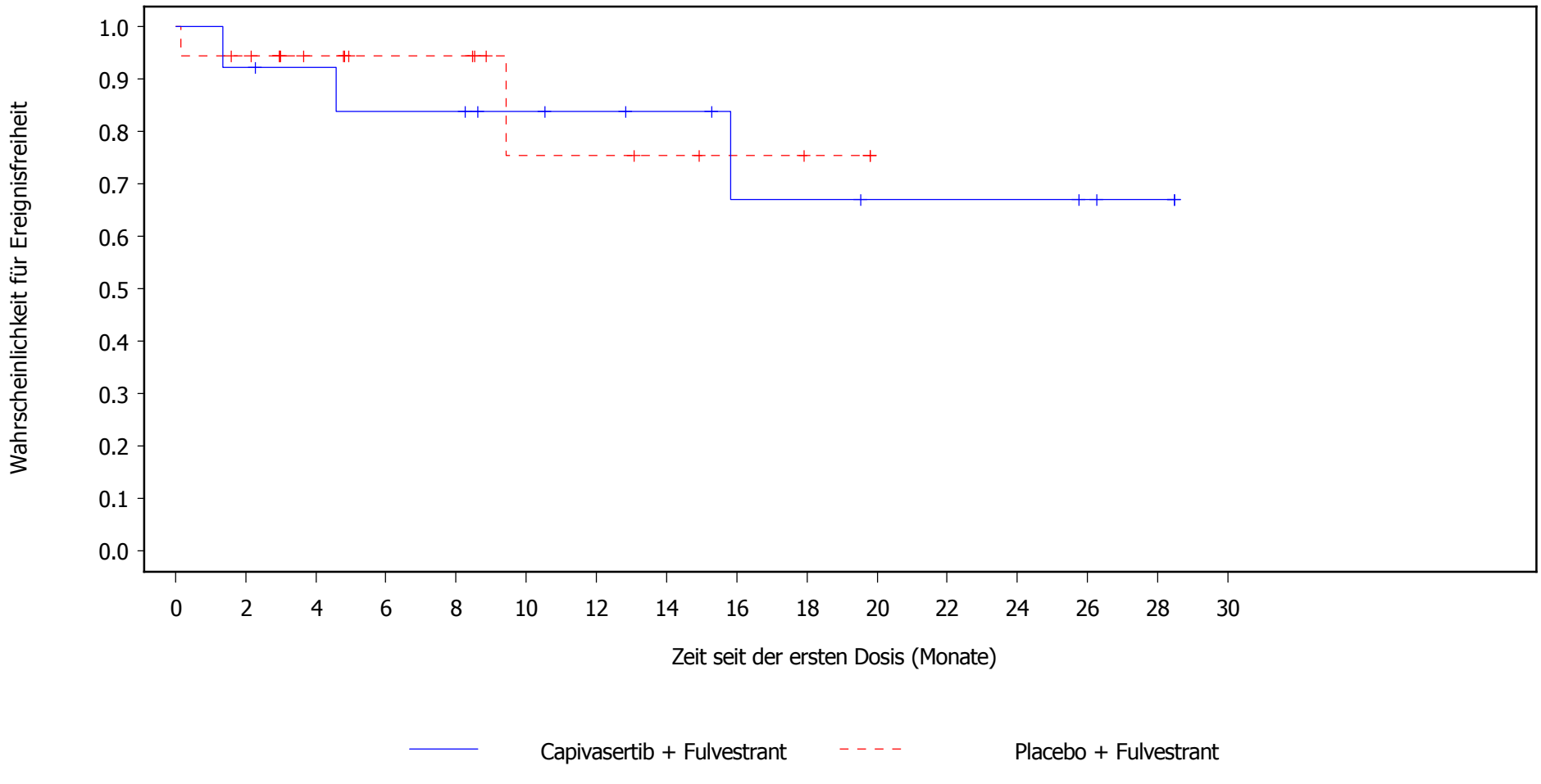
Figure 3.3.3.21 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Dysgeusie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	10	10	9	8	7	6	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

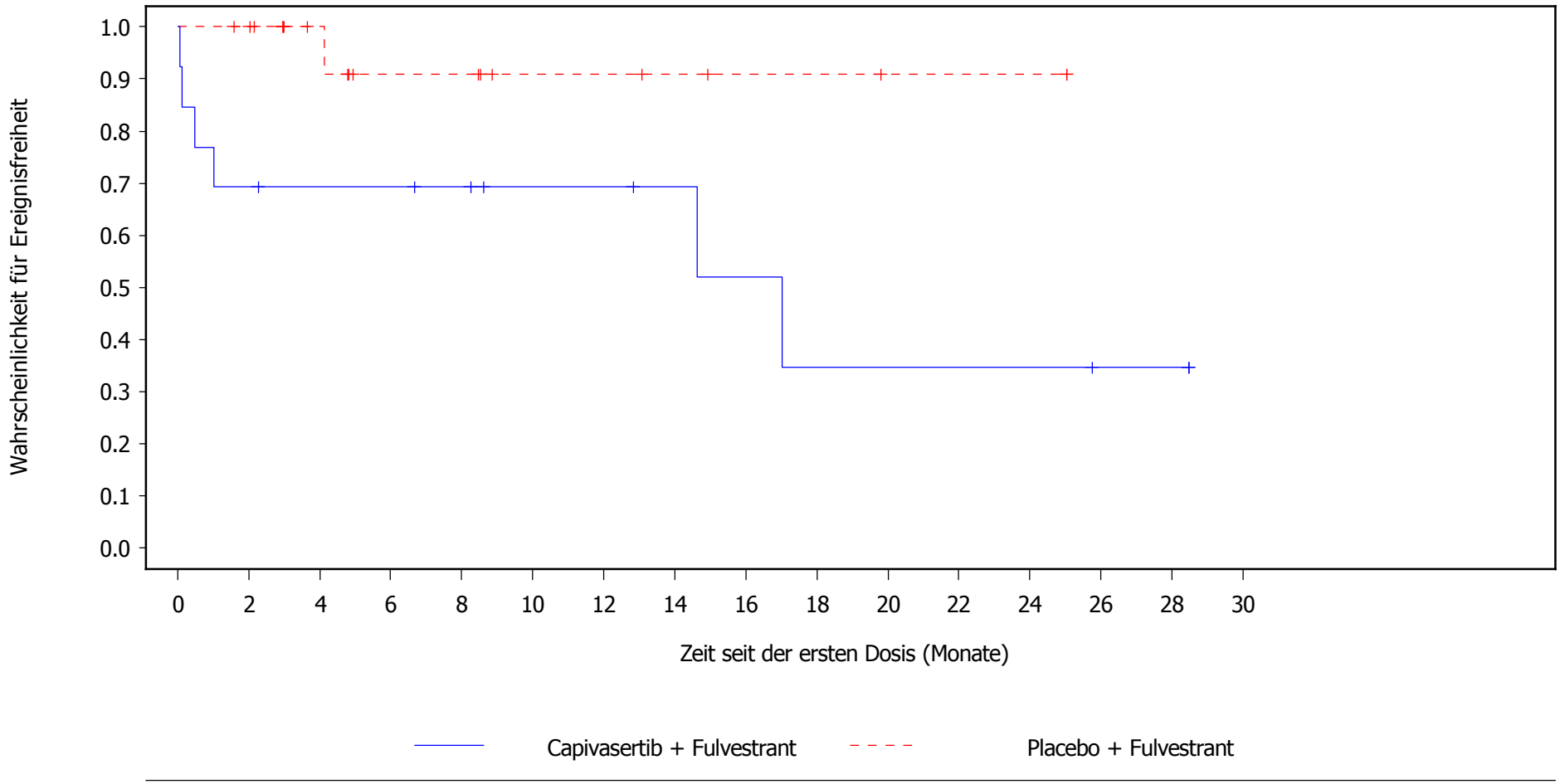
Figure 3.3.3.22 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Gefaesserkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	10	10	8	7	6	4	4	3	3	3	2	1	0	Capivasertib + Fulvestrant
18	16	11	8	8	4	4	3	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

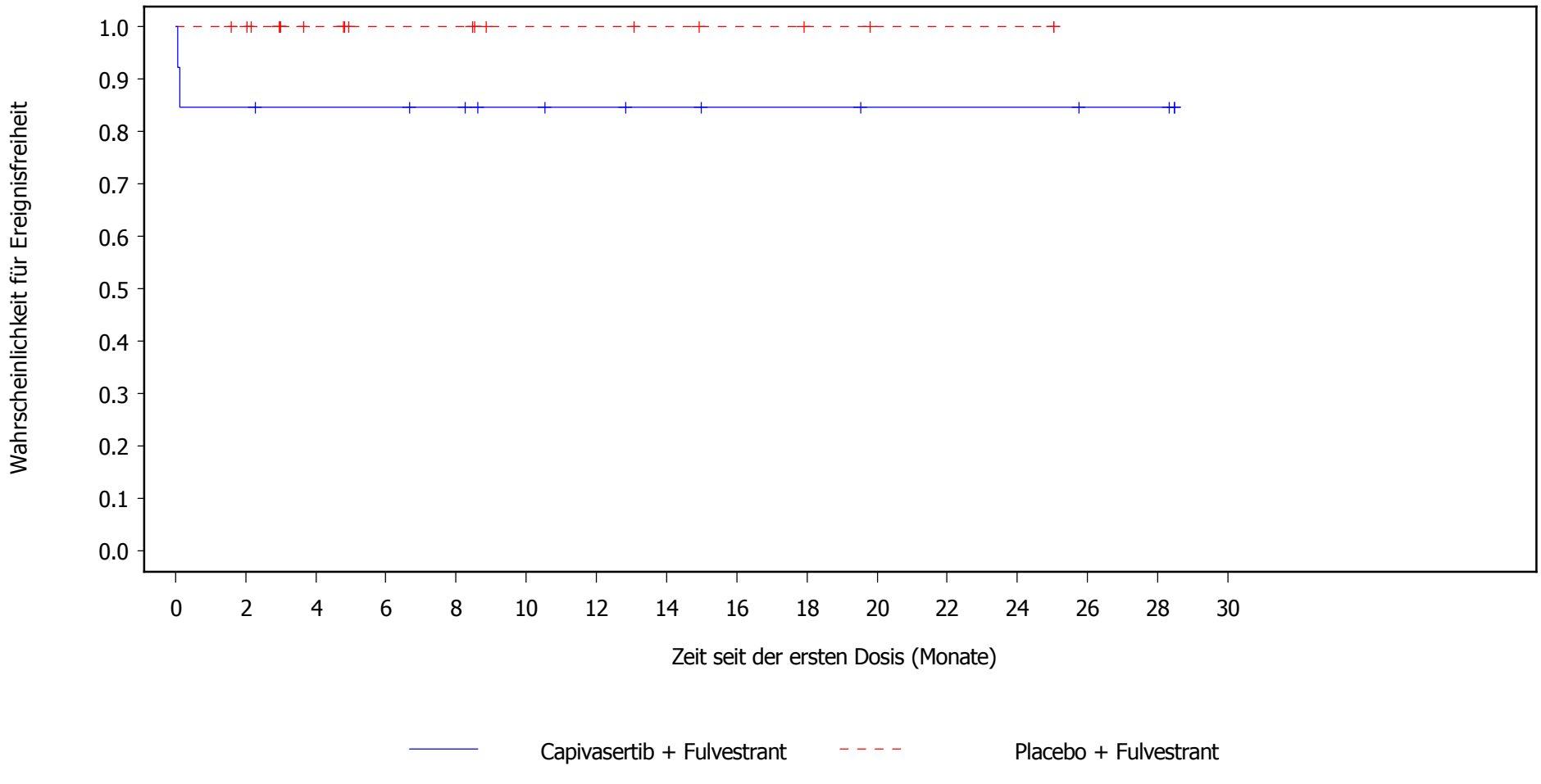
Figure 3.3.3.23 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	9	8	8	7	5	5	4	3	2	2	2	2	1	1	0	Capivasertib + Fulvestrant
18	17	11	7	7	4	4	3	2	2	1	1	1	0	0	0	Placebo + Fulvestrant

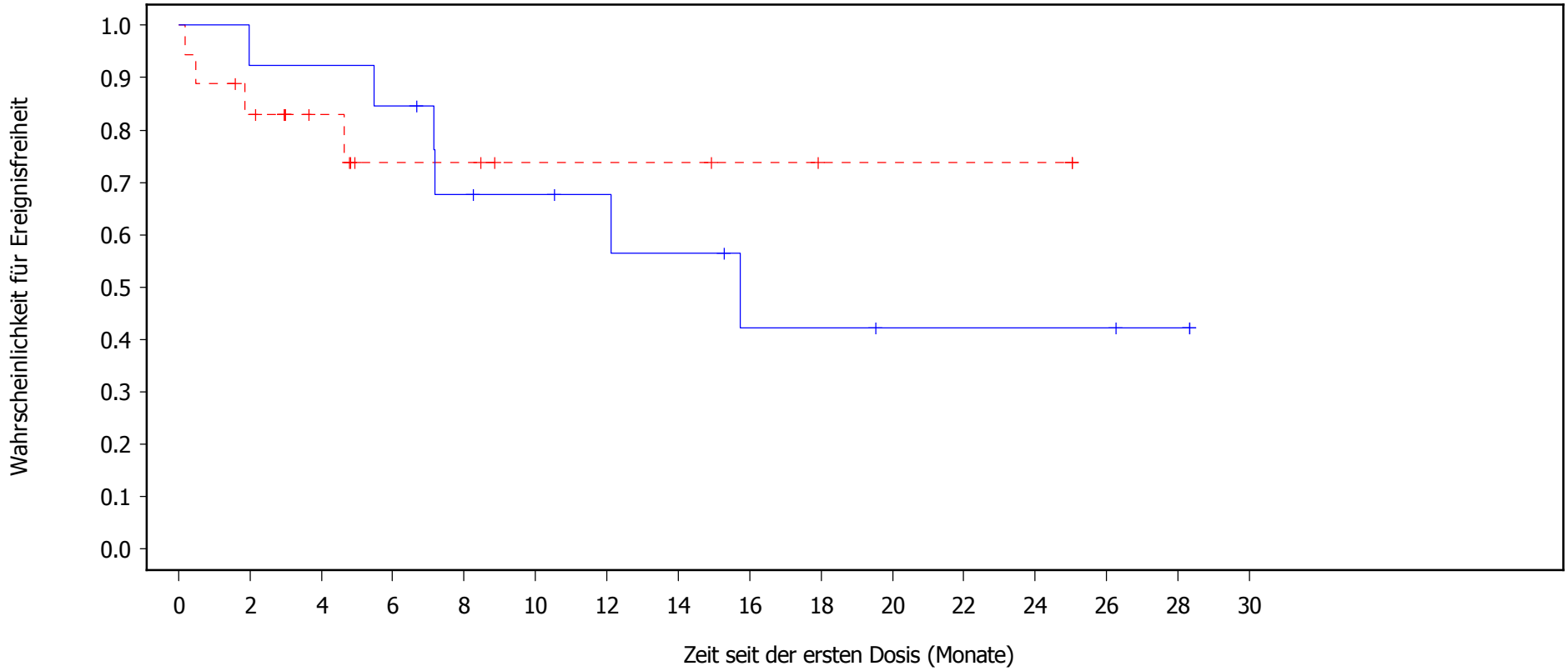
Figure 3.3.3.24 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Zystitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	10	9	7	6	5	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

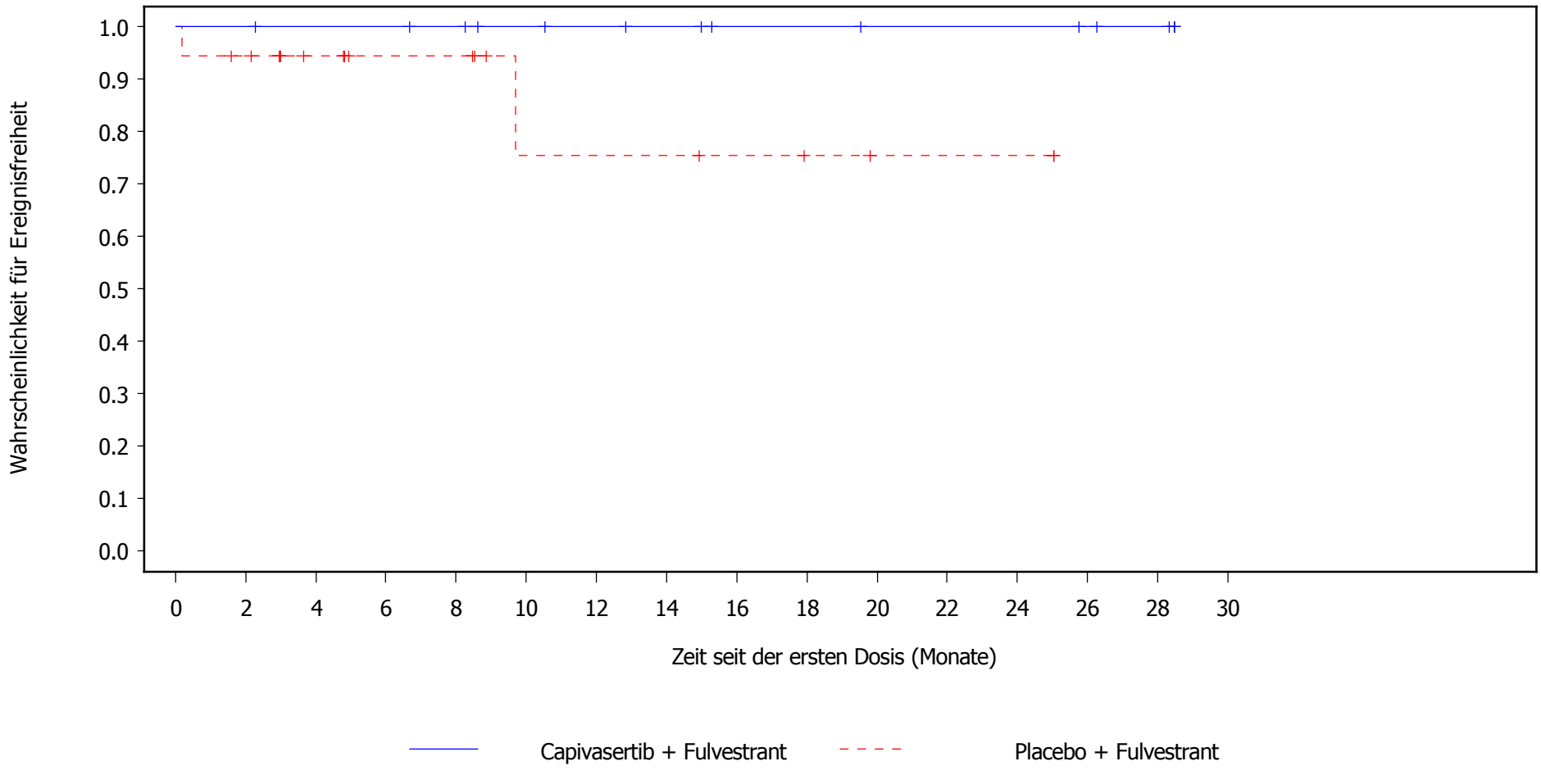
Figure 3.3.3.25 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Skelettmuskulatur-, Bindegewebs- und Knochenerkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	11	8	7	6	5	3	3	2	2	2	2	1	0	Capivasertib + Fulvestrant
18	14	9	5	5	3	3	3	2	1	1	1	1	0	0	0	Placebo + Fulvestrant

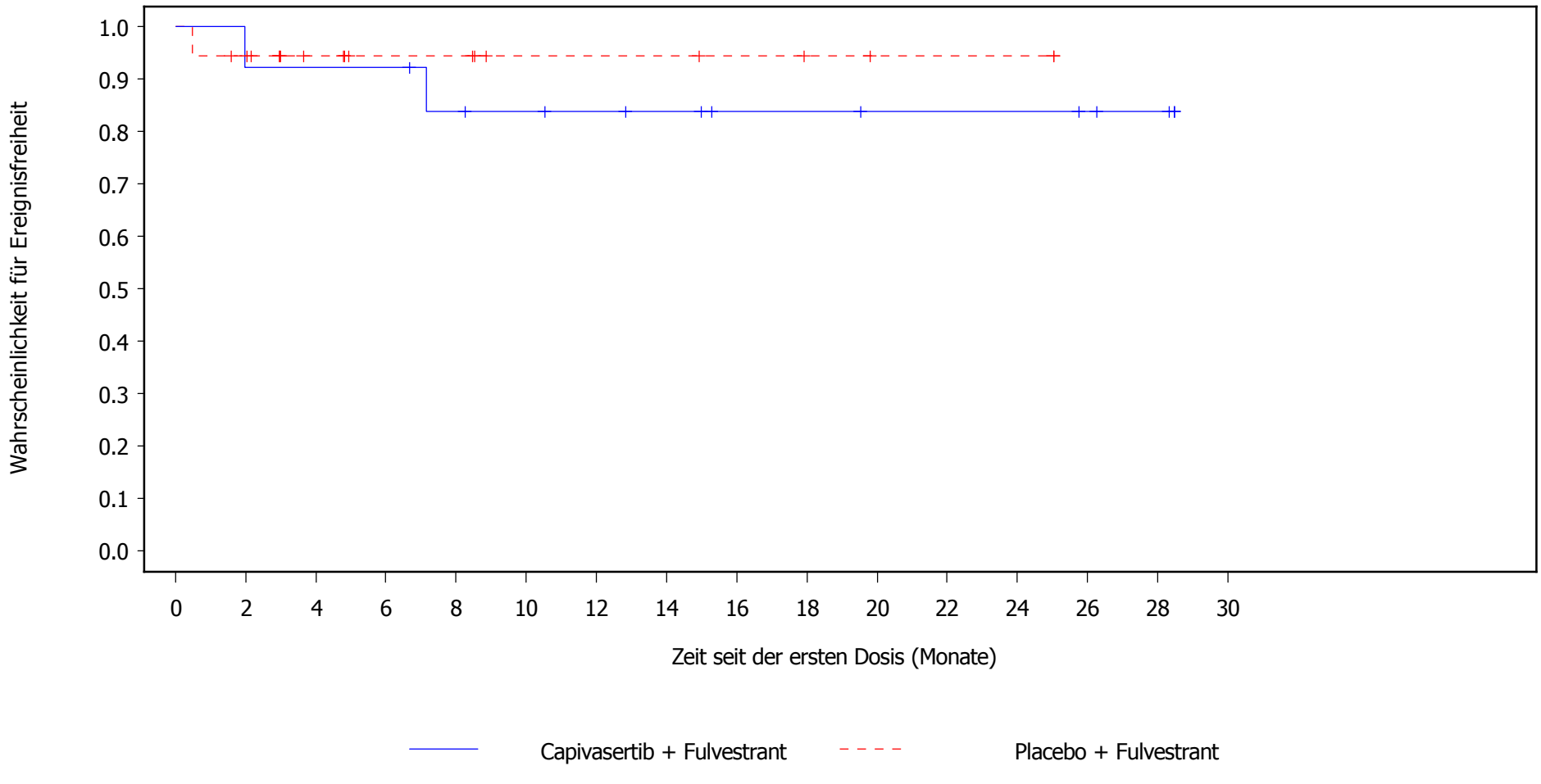
Figure 3.3.3.26 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Arthralgie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	4	4	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

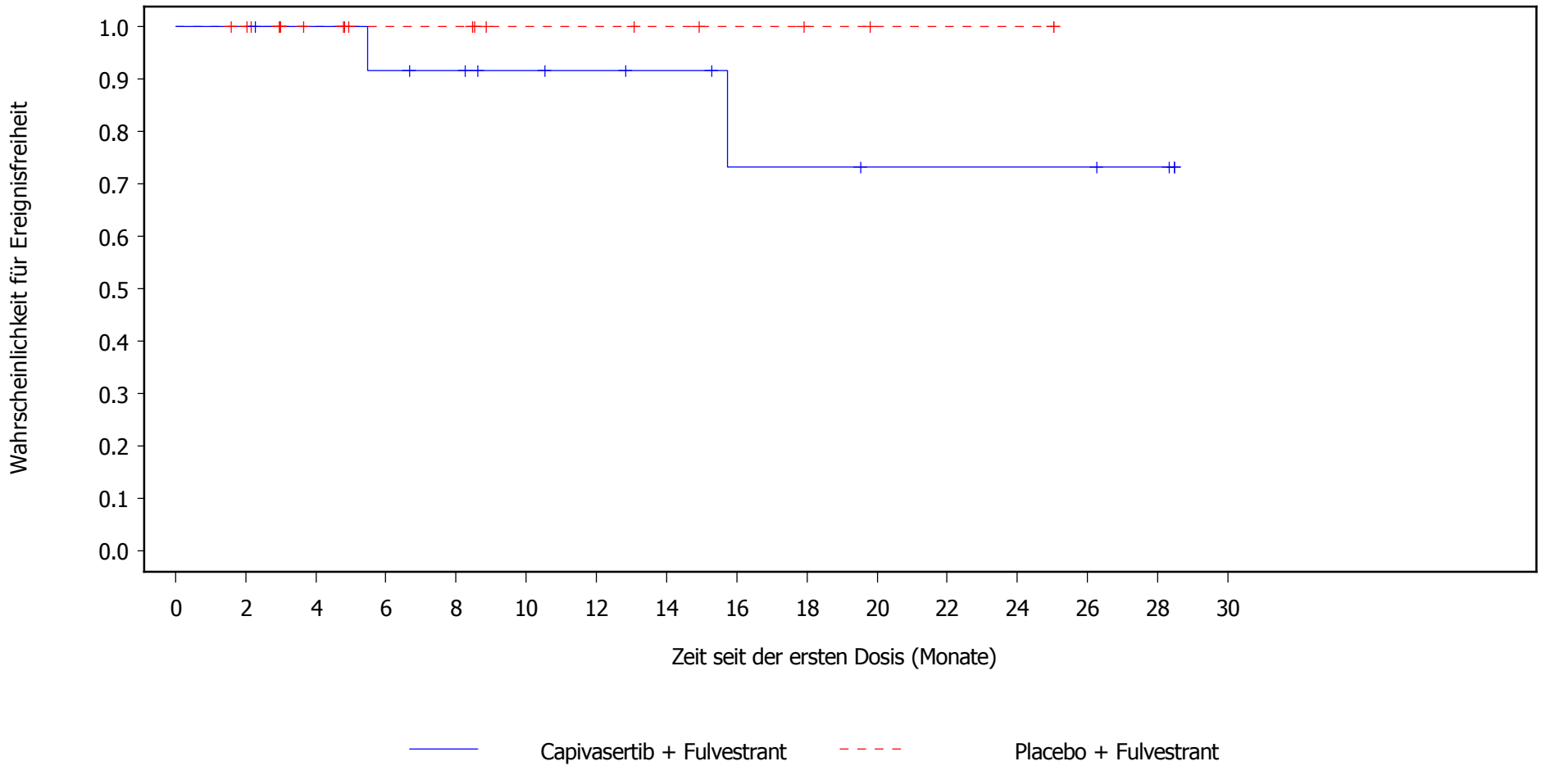
Figure 3.3.3.27 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Knochenschmerzen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	10	7	7	4	4	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

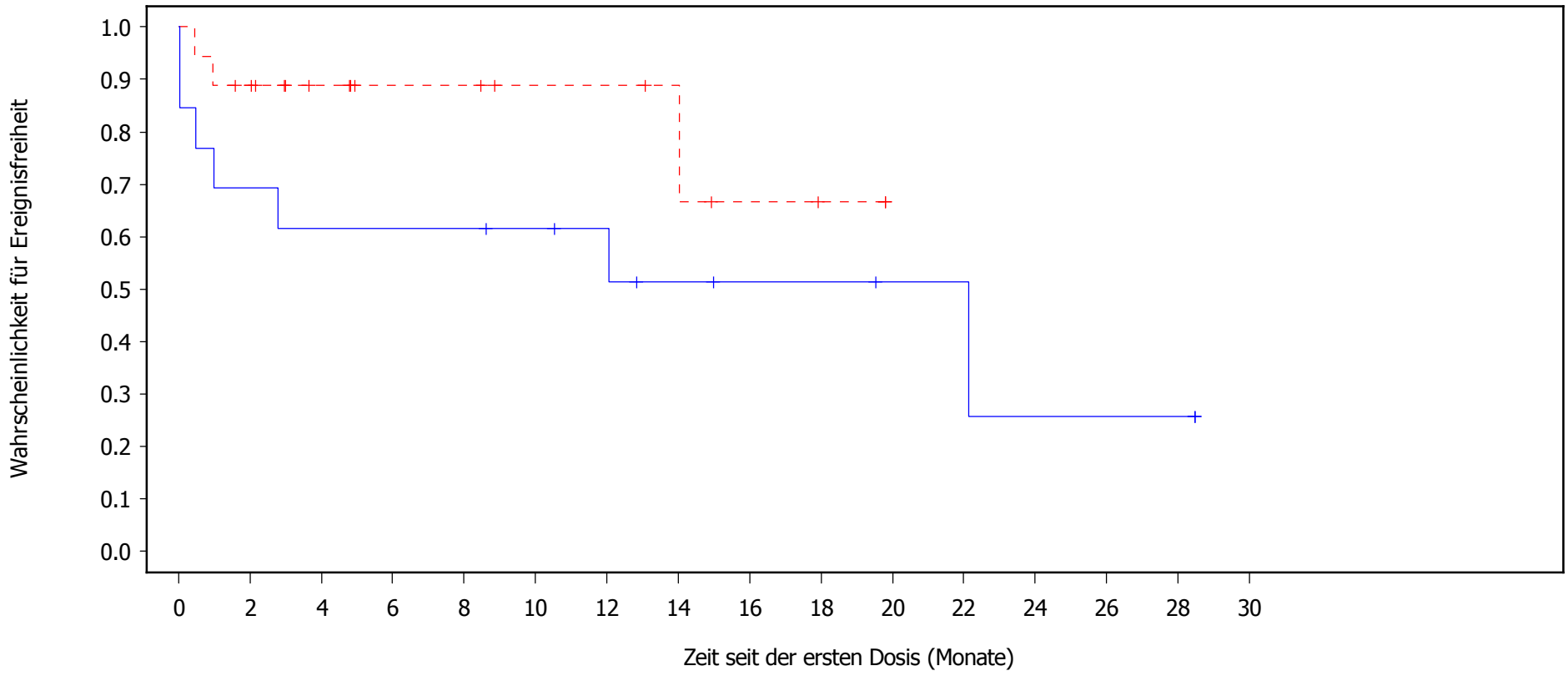
Figure 3.3.3.28 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Rueckenschmerzen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	11	10	8	7	6	4	4	3	3	3	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

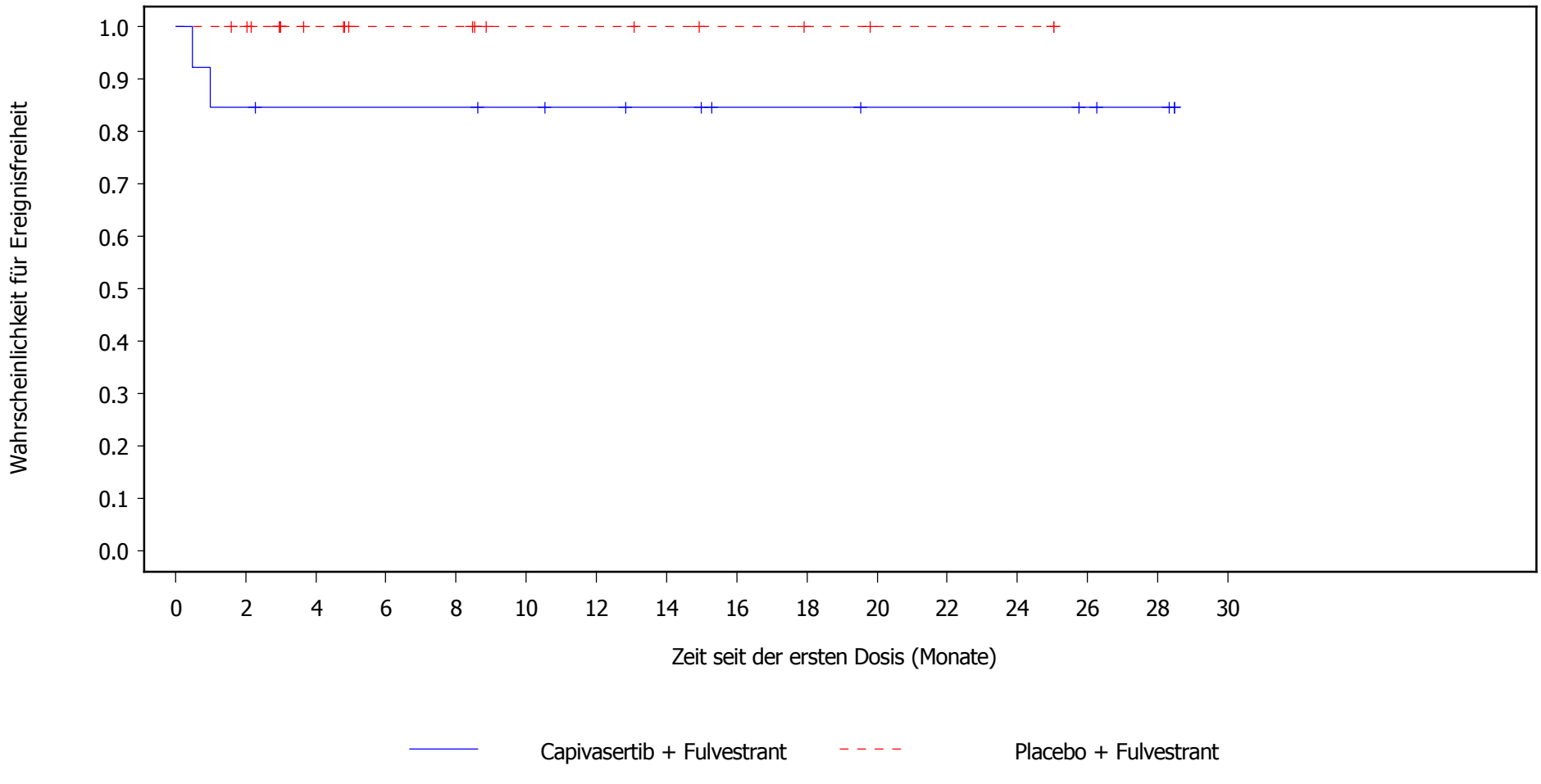
Figure 3.3.3.29 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	9	8	8	8	7	6	4	3	3	2	2	1	1	1	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

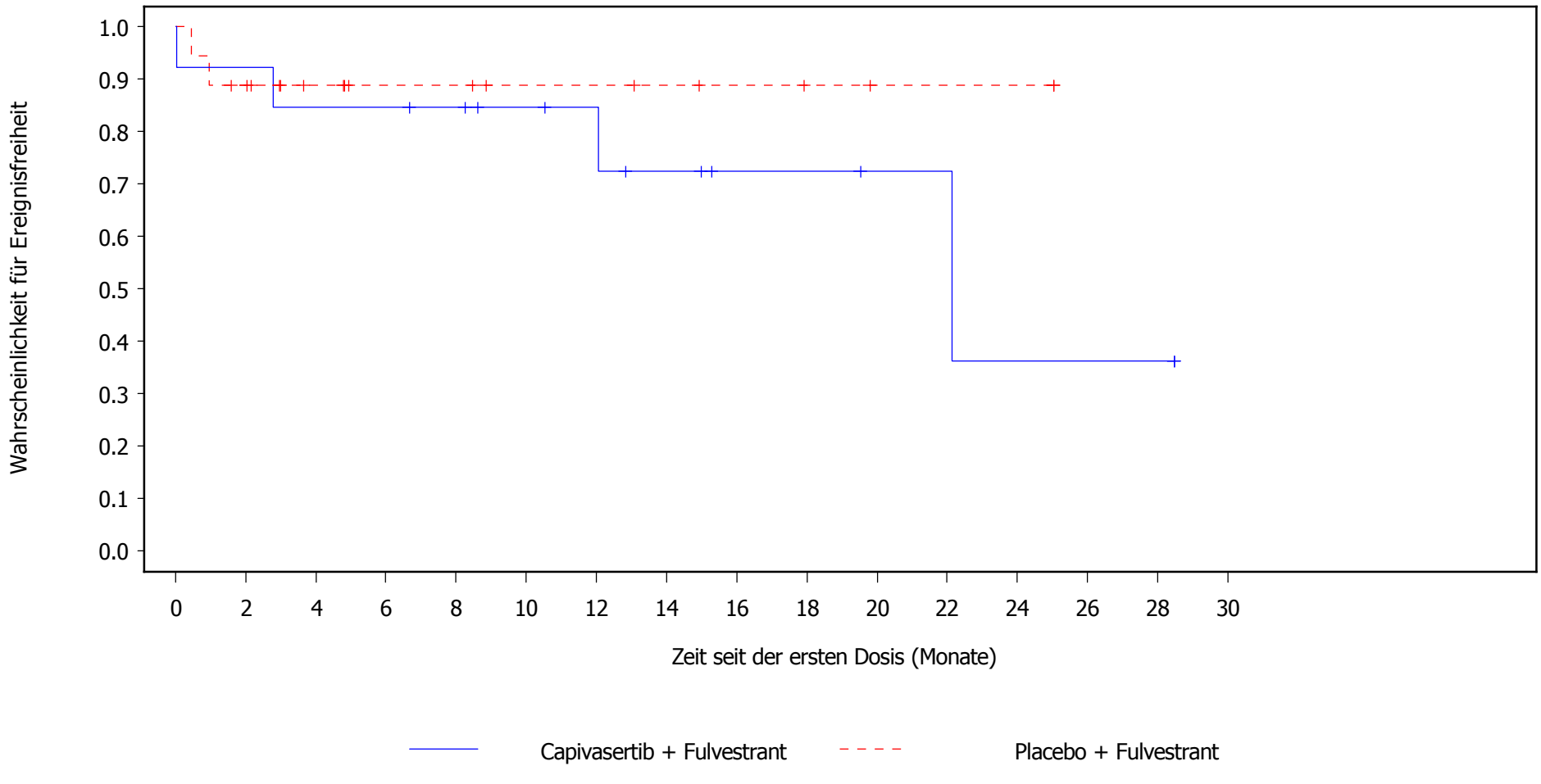
Figure 3.3.3.30 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Appetit vermindert
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	10	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

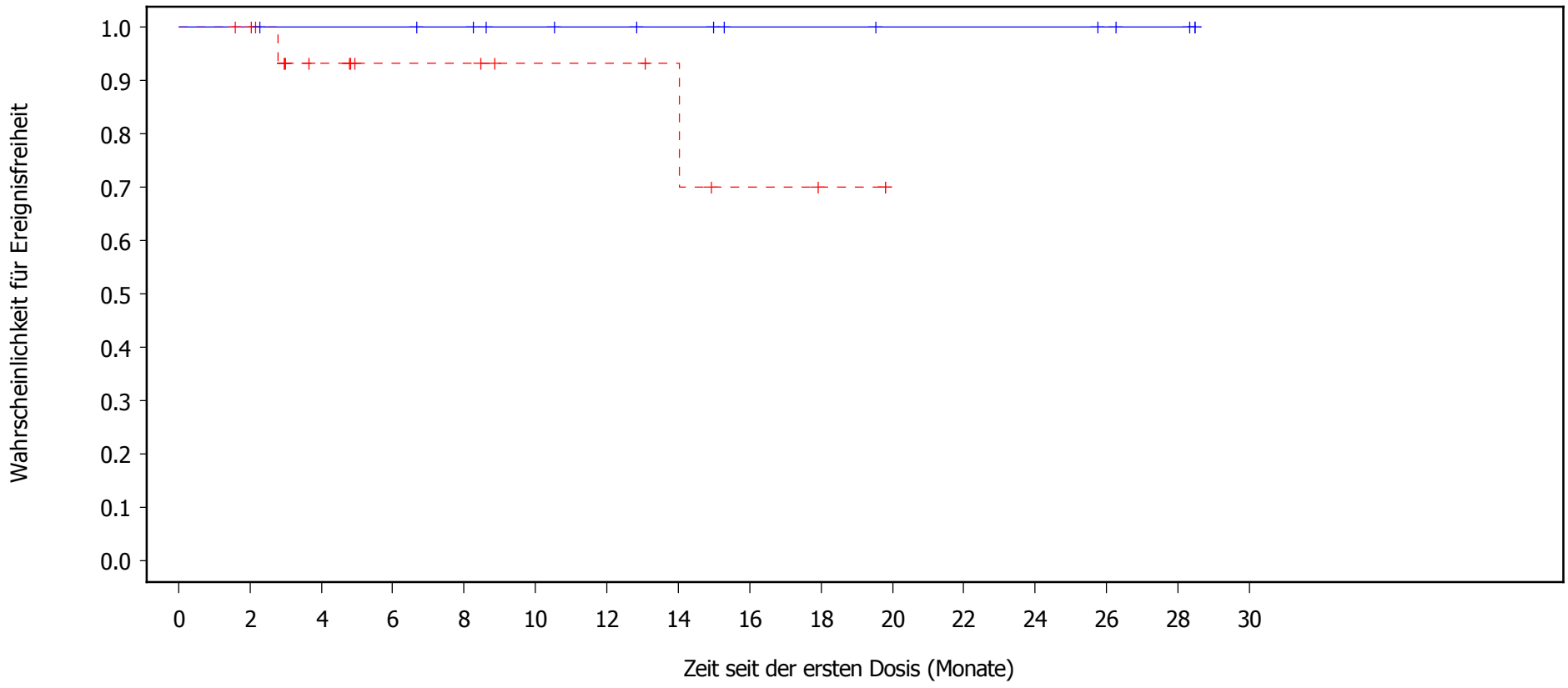
Figure 3.3.3.31 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Hyperglykaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	10	8	7	5	3	3	2	2	1	1	1	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

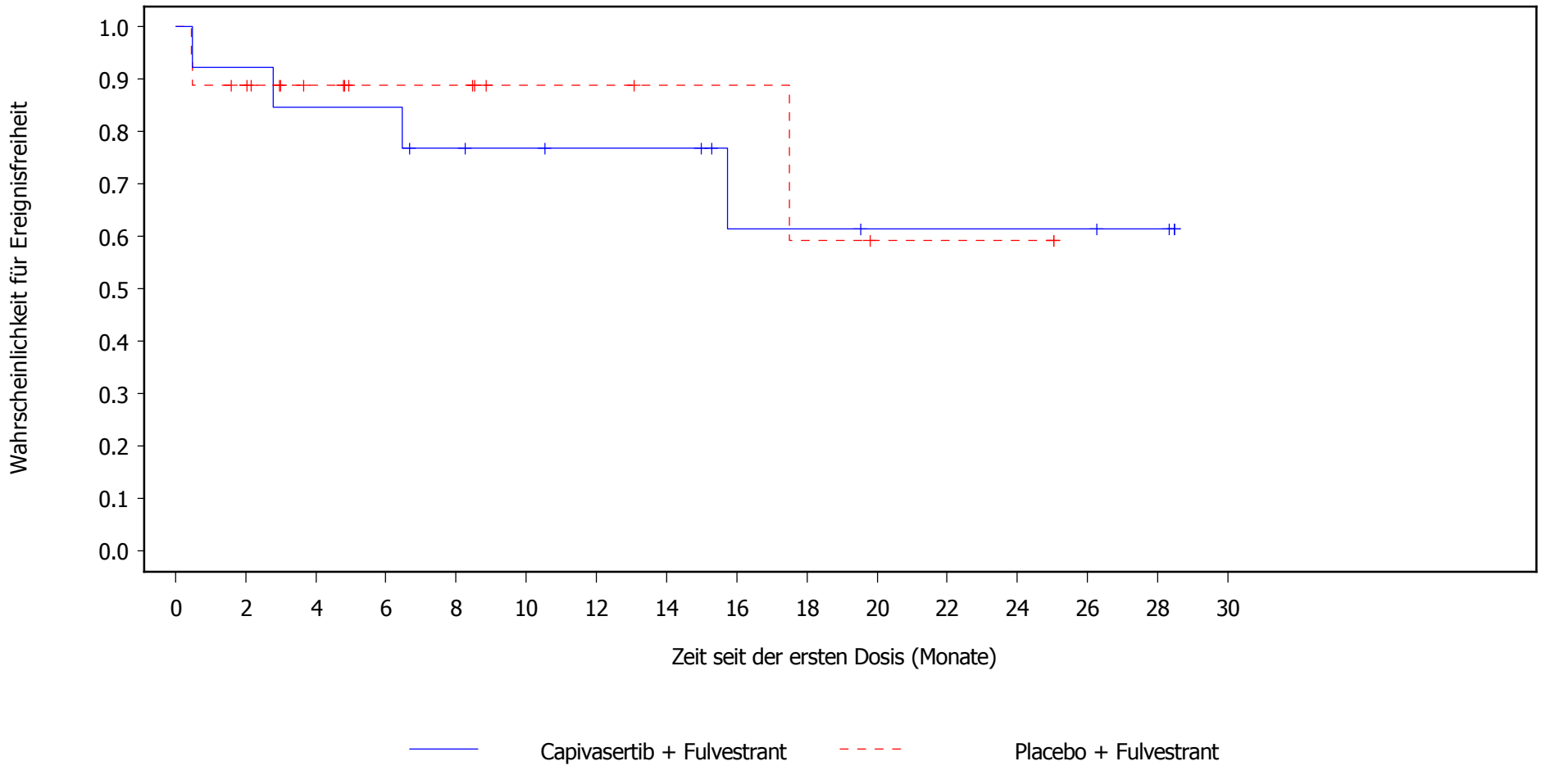
Figure 3.3.3.32 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Hypertriglyzeridaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	10	7	7	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

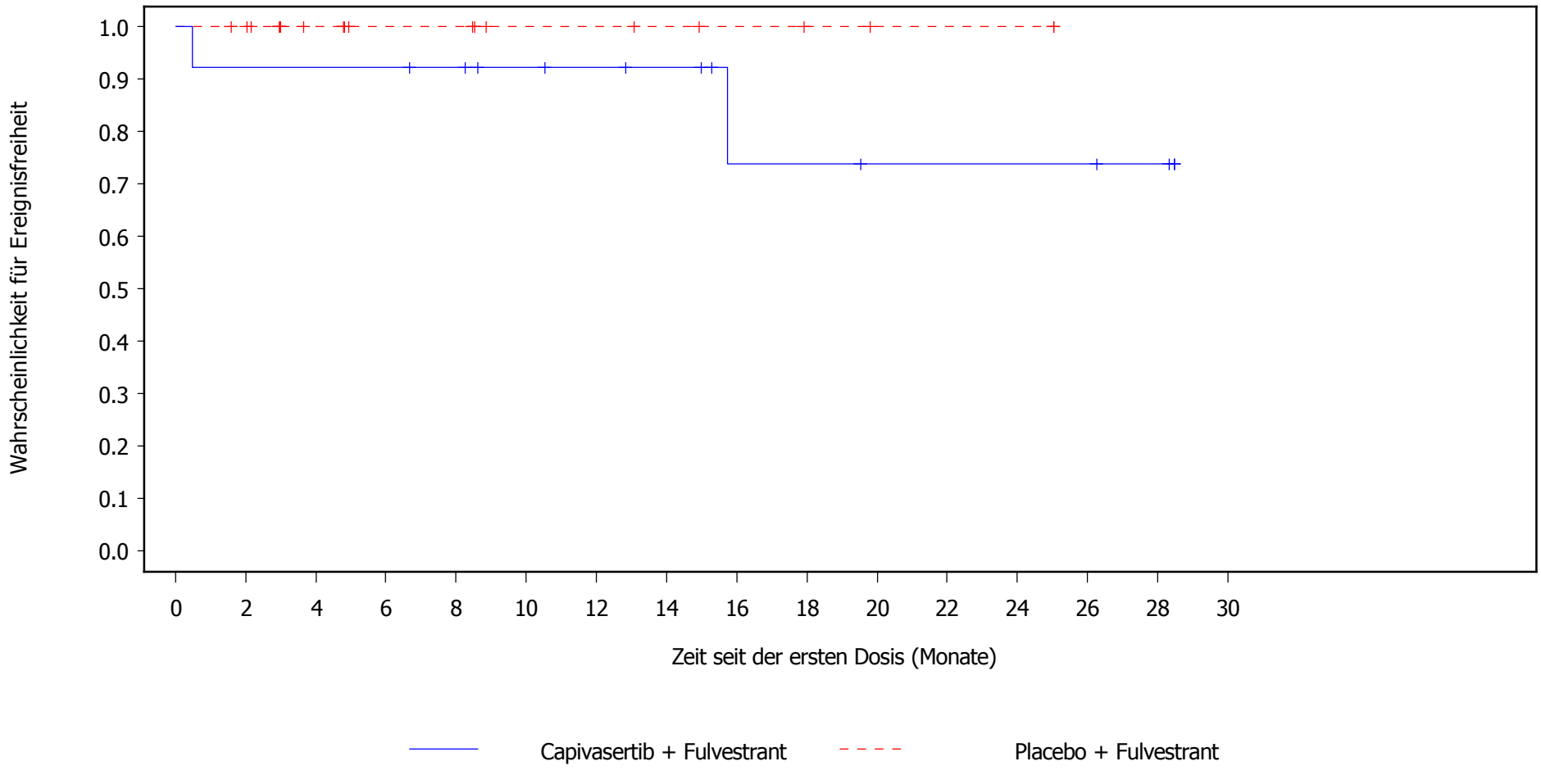
Figure 3.3.3.33 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Untersuchungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	9	8	7	7	4	4	3	3	3	3	2	0	Capivasertib + Fulvestrant
18	15	10	7	7	4	4	3	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

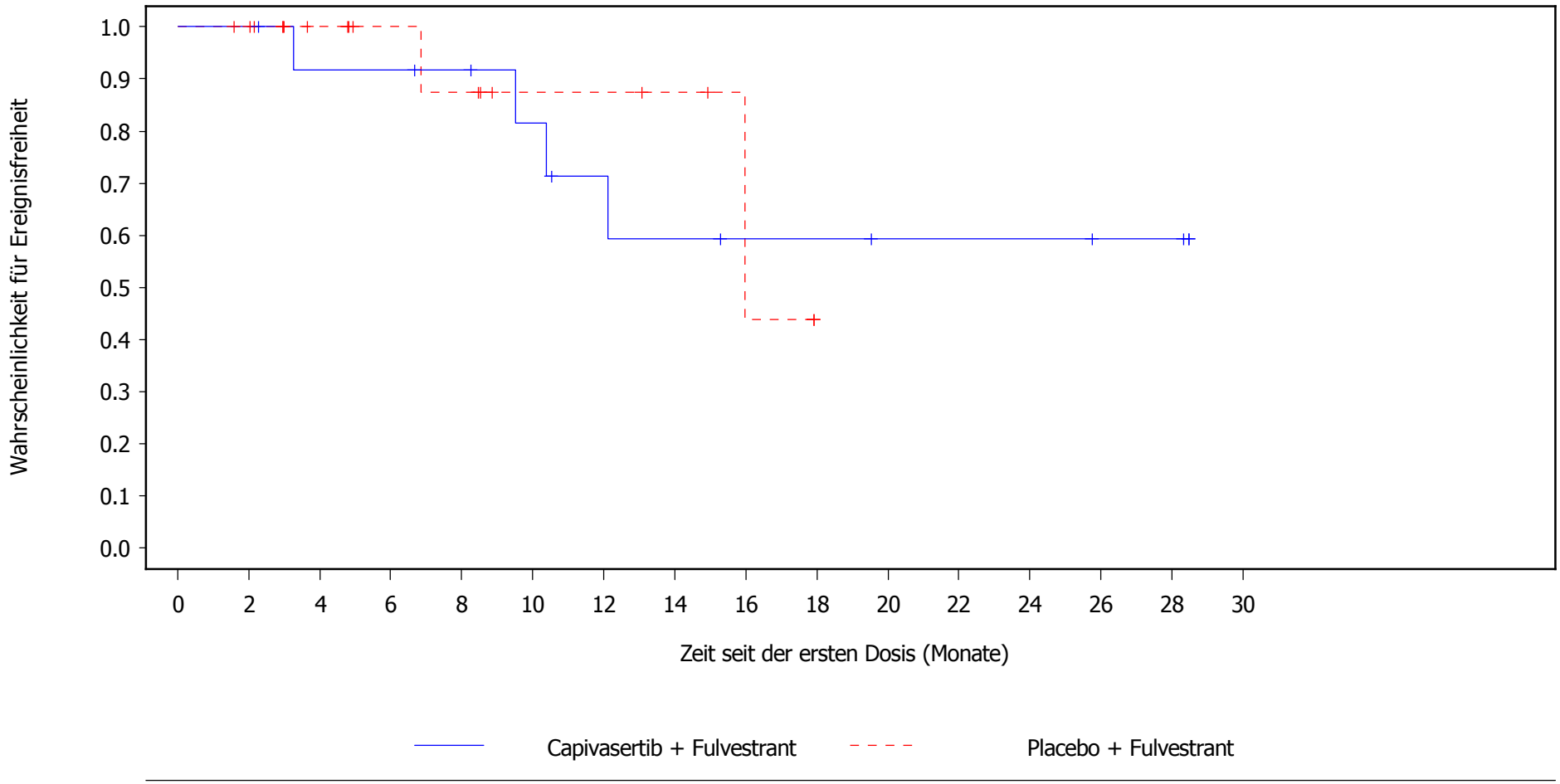
Figure 3.3.3.34 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of PT: Kreatinin im Blut erhoeht
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	11	9	8	7	4	4	3	3	3	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

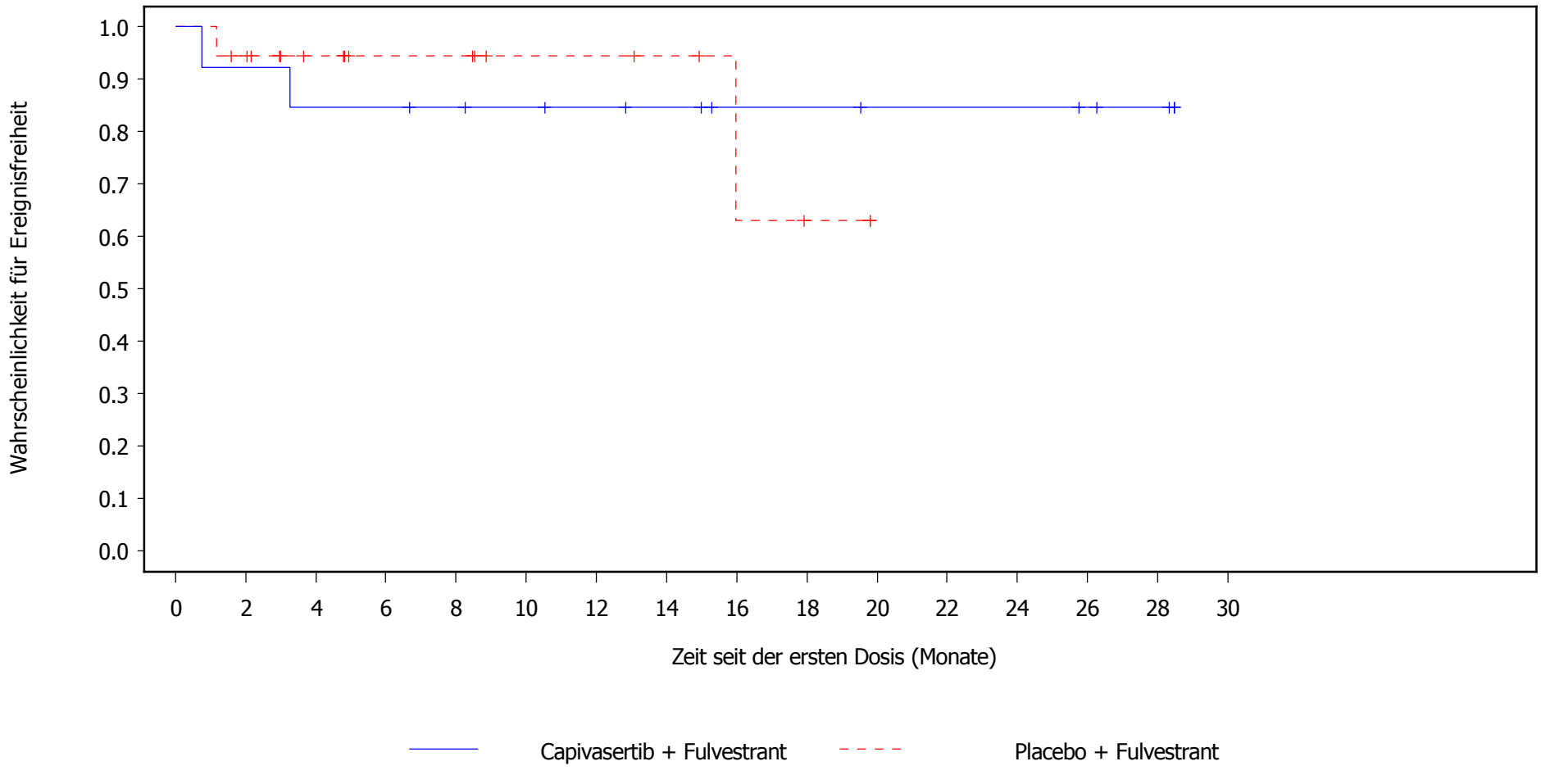
Figure 3.3.3.35 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	11	11	10	8	6	5	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	7	4	4	3	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

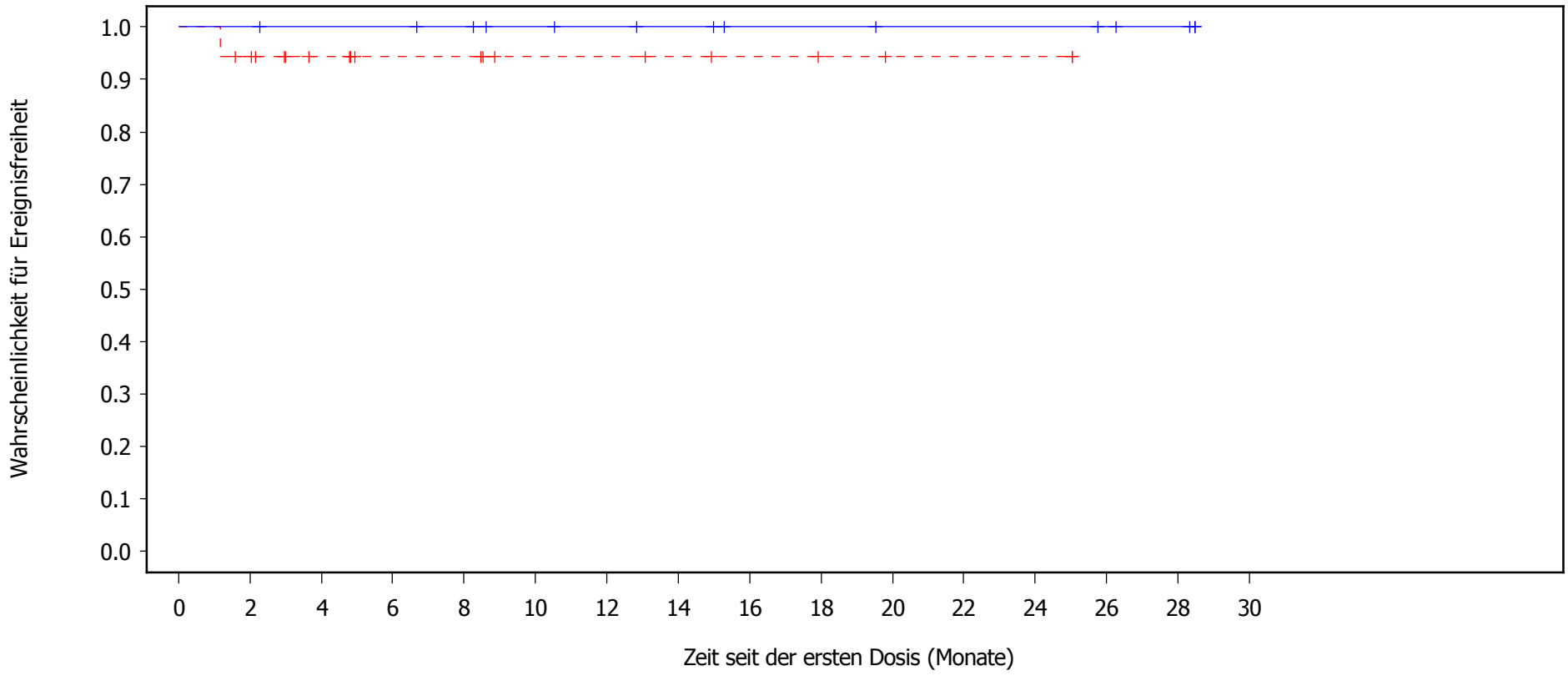
Figure 3.3.3.36 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

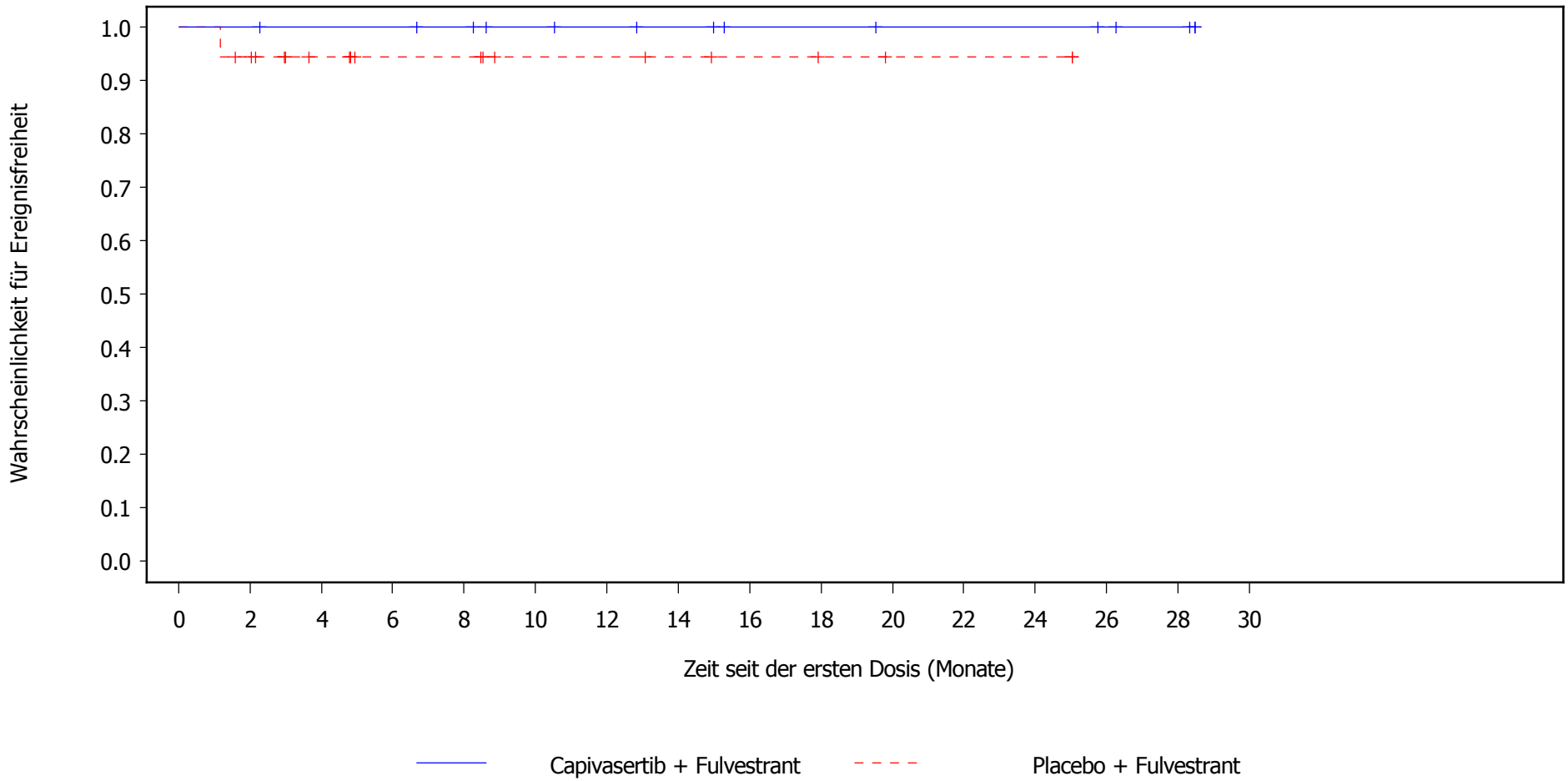
Figure 3.3.3.37 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

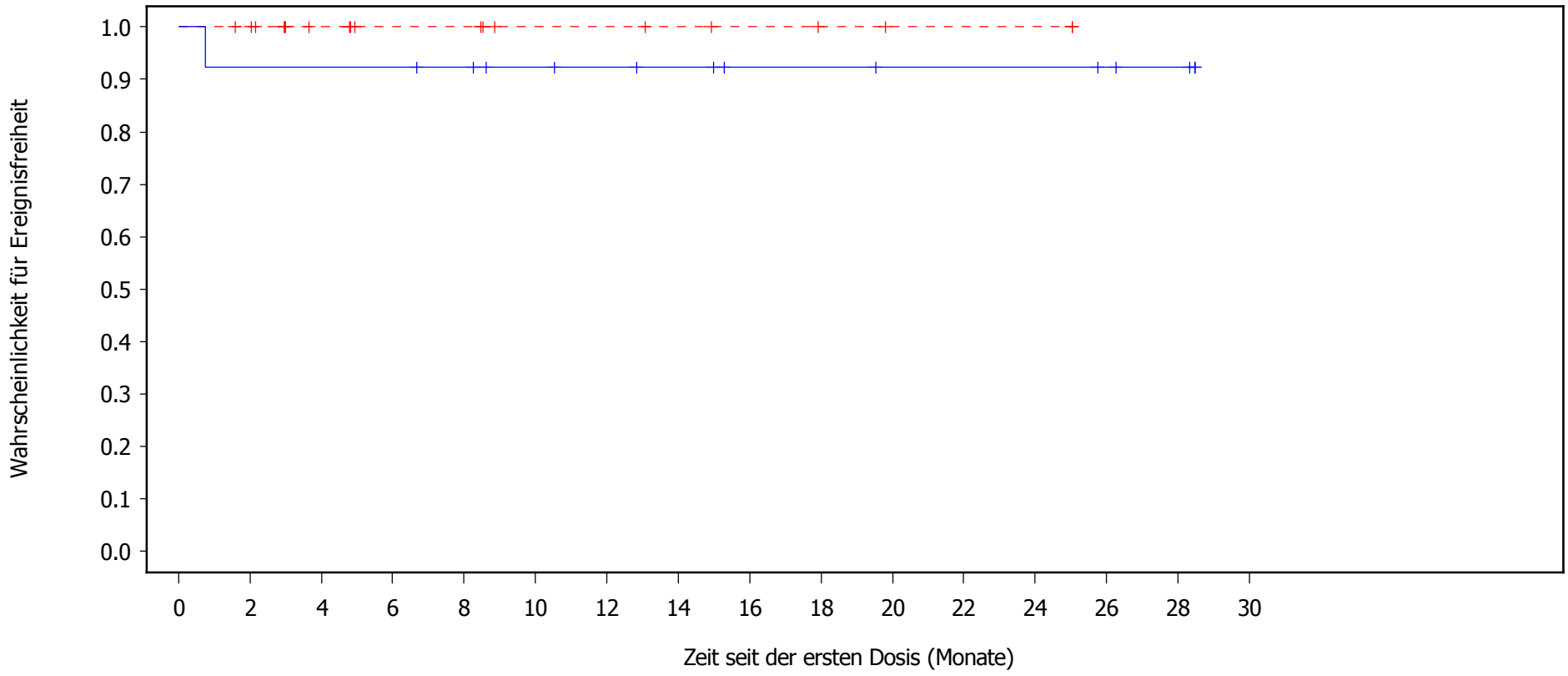
Figure 3.3.3.38 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE PT: Pleuraerguss
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

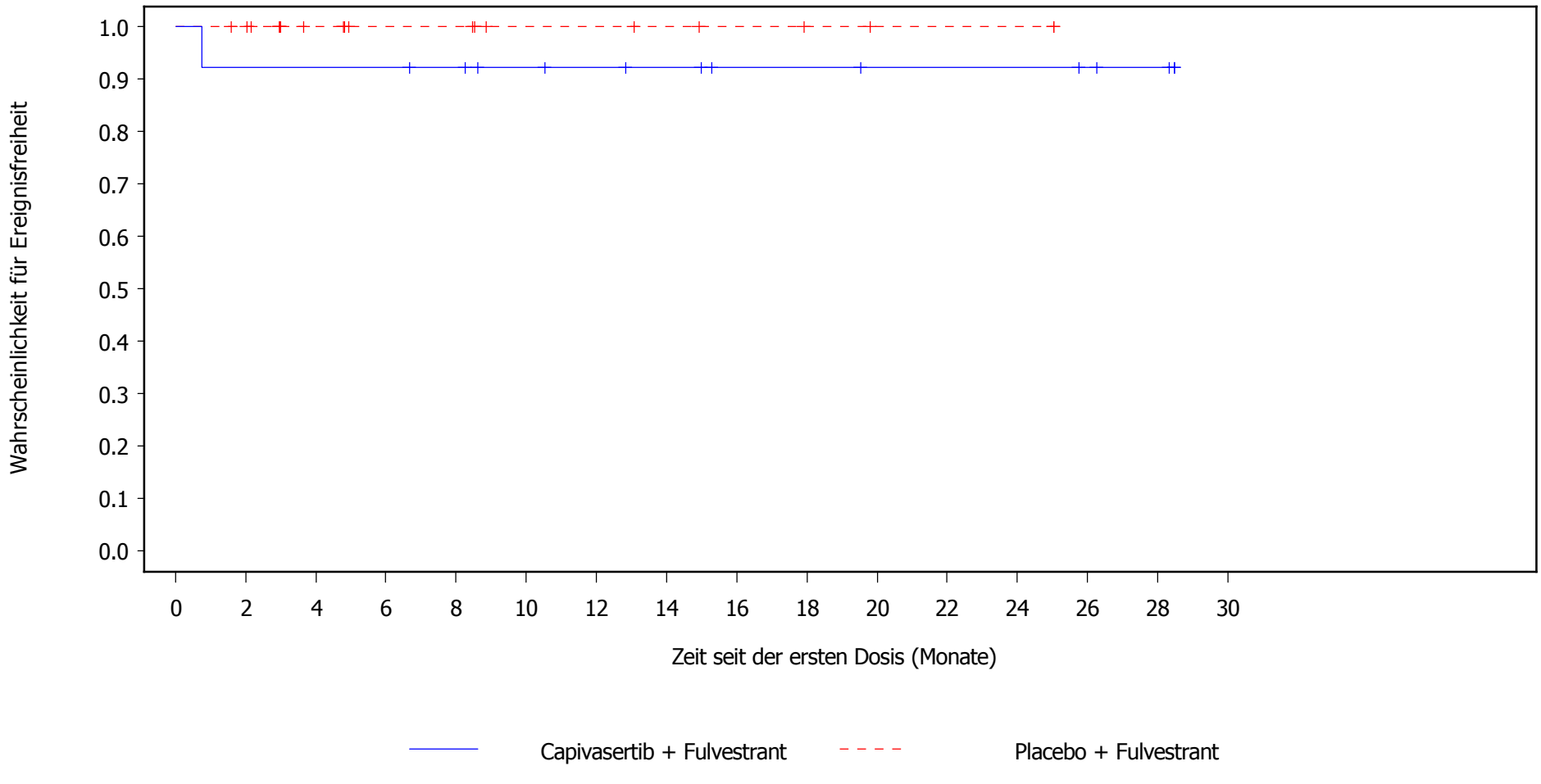
Figure 3.3.3.39 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

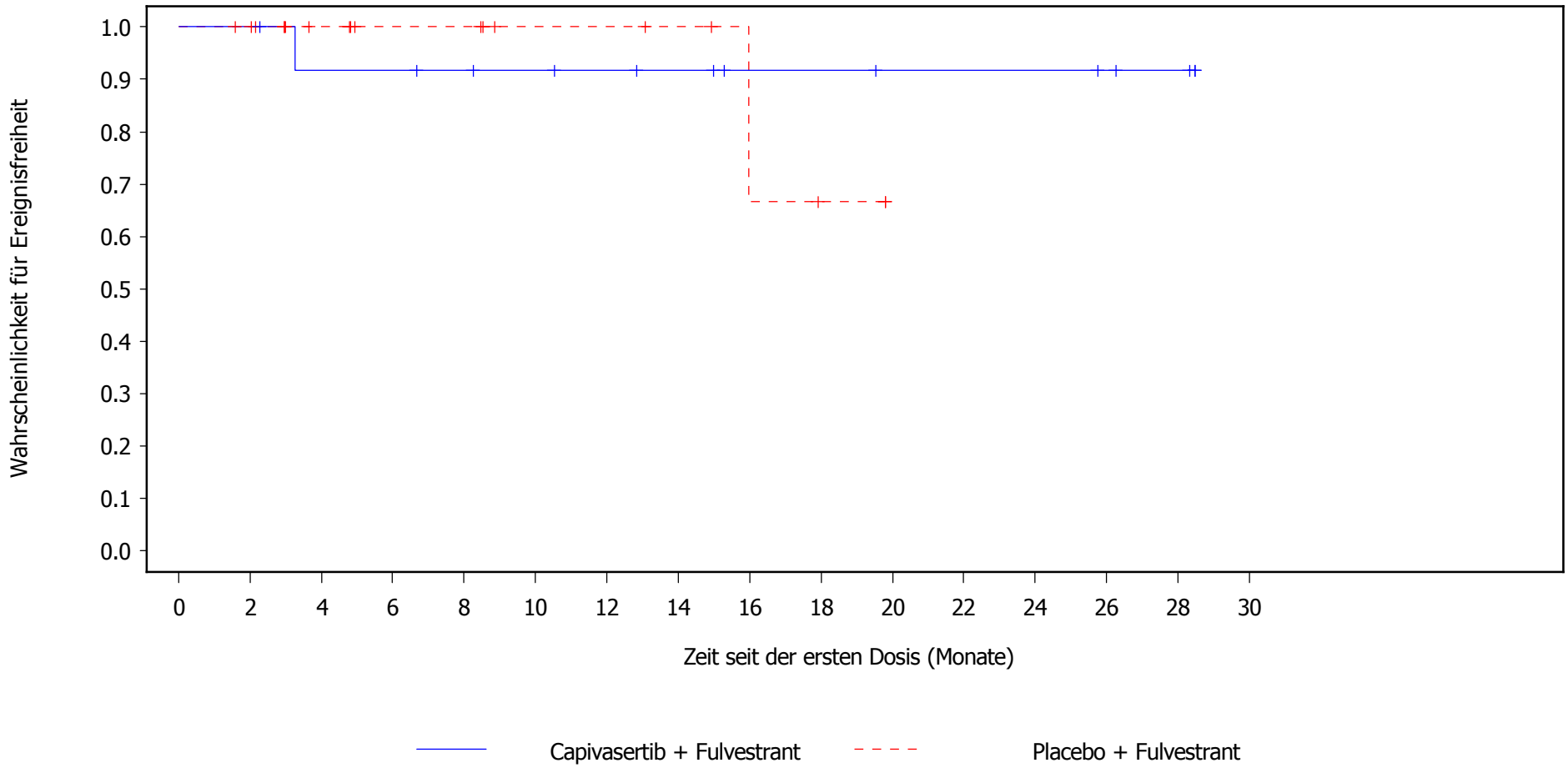
Figure 3.3.3.40 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE PT: Erbrechen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

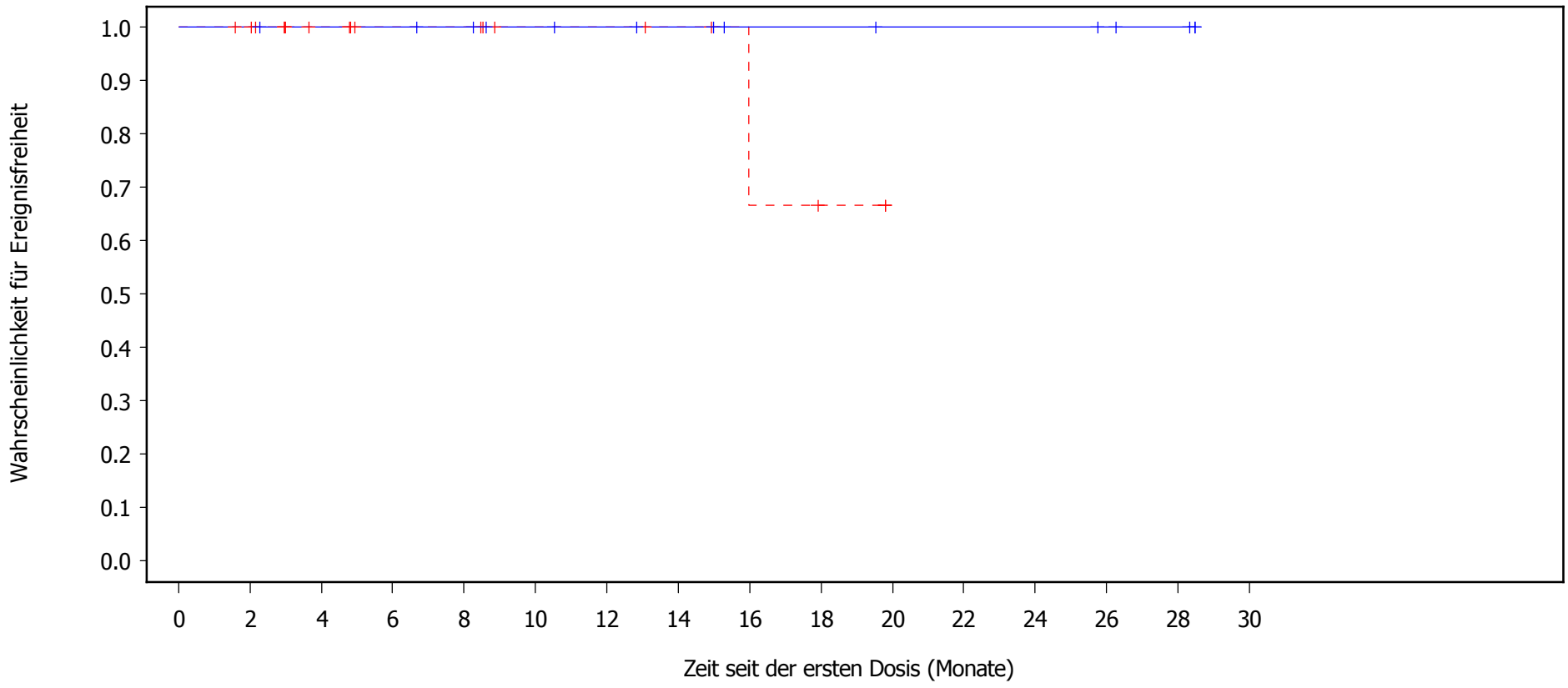
Figure 3.3.3.41 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	11	11	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

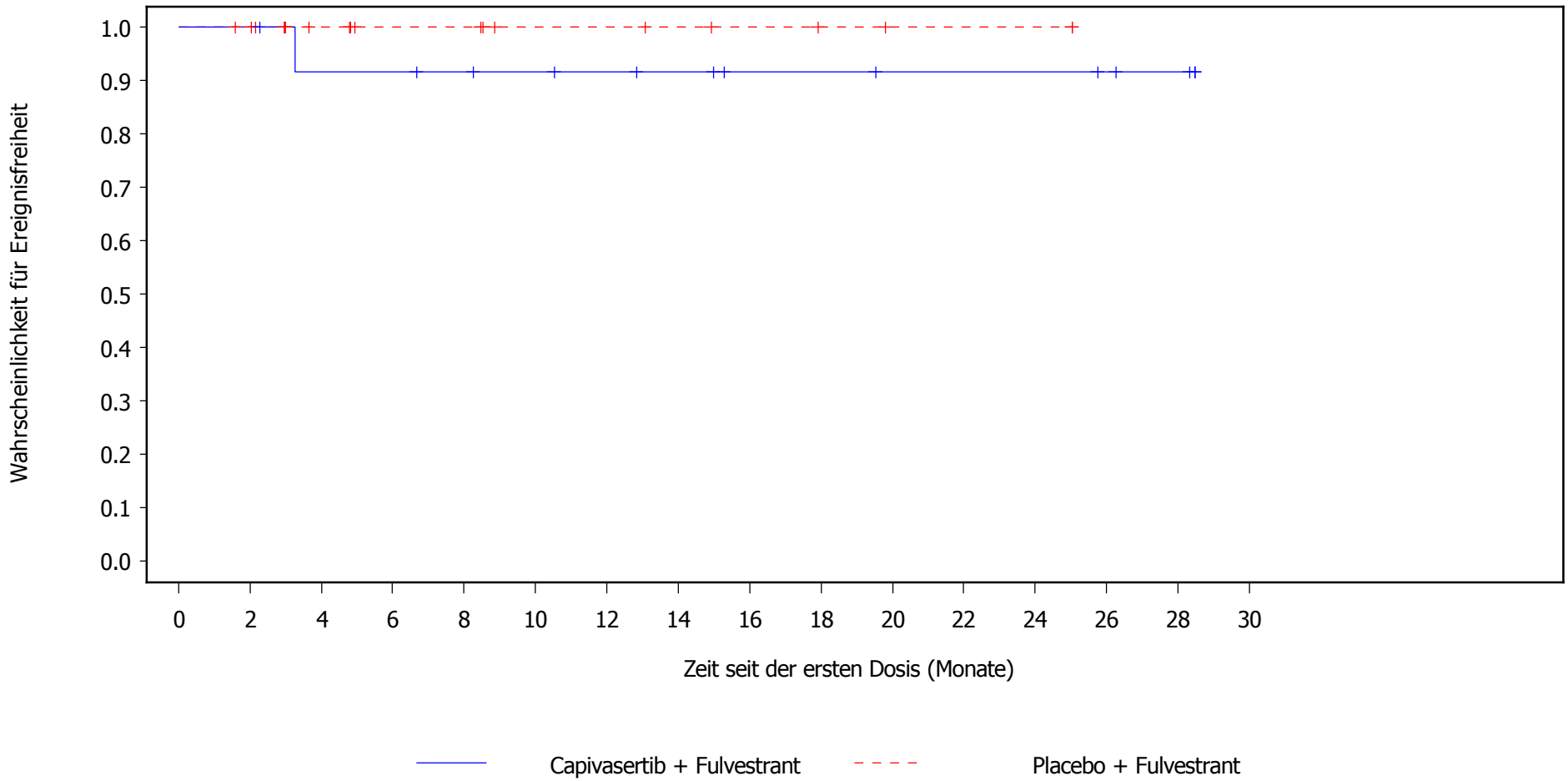
Figure 3.3.3.42 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE PT: Fraktur des Unterarms
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

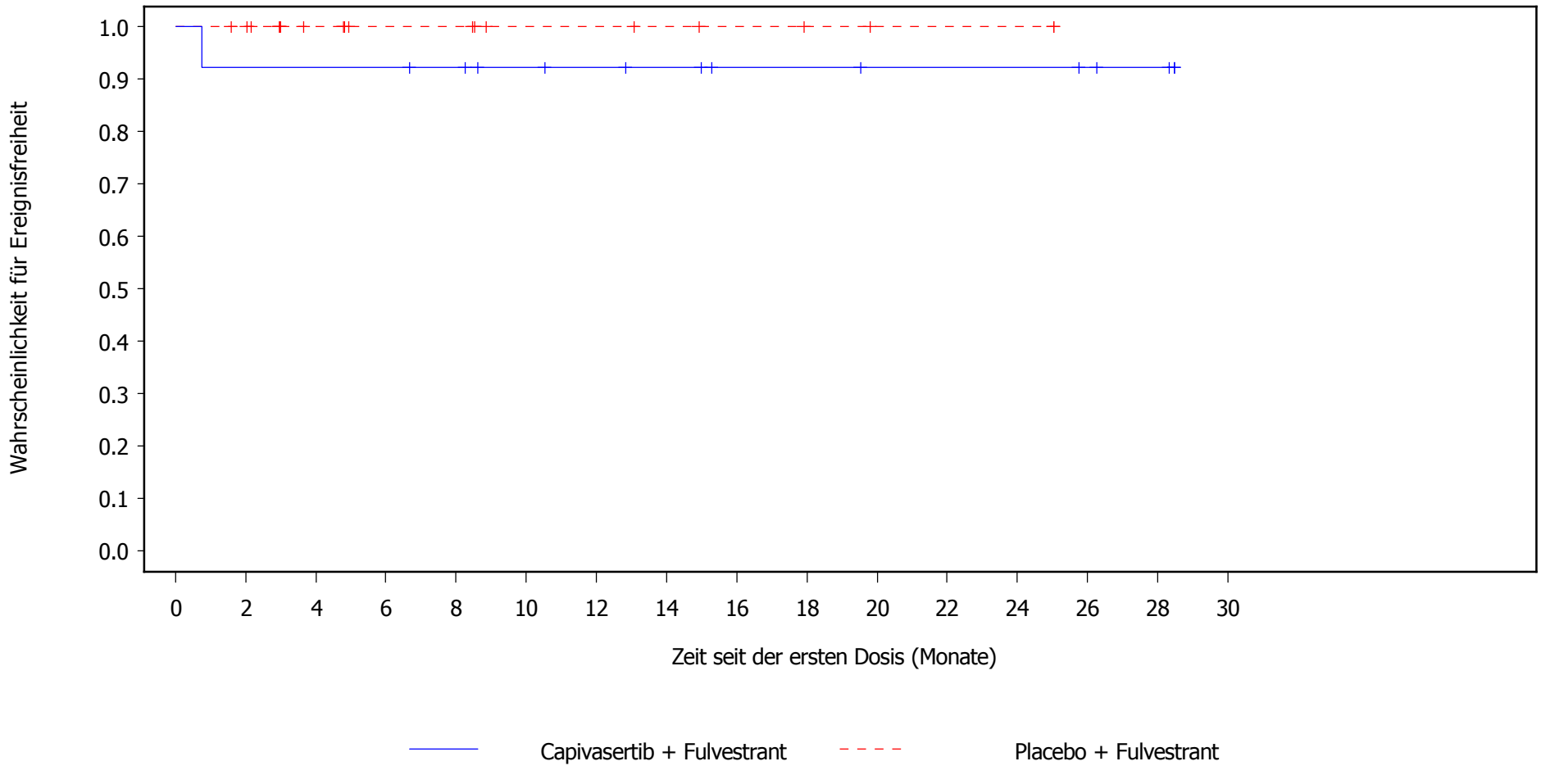
Figure 3.3.3.43 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUE PT: Oberschenkelfraktur
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	11	11	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

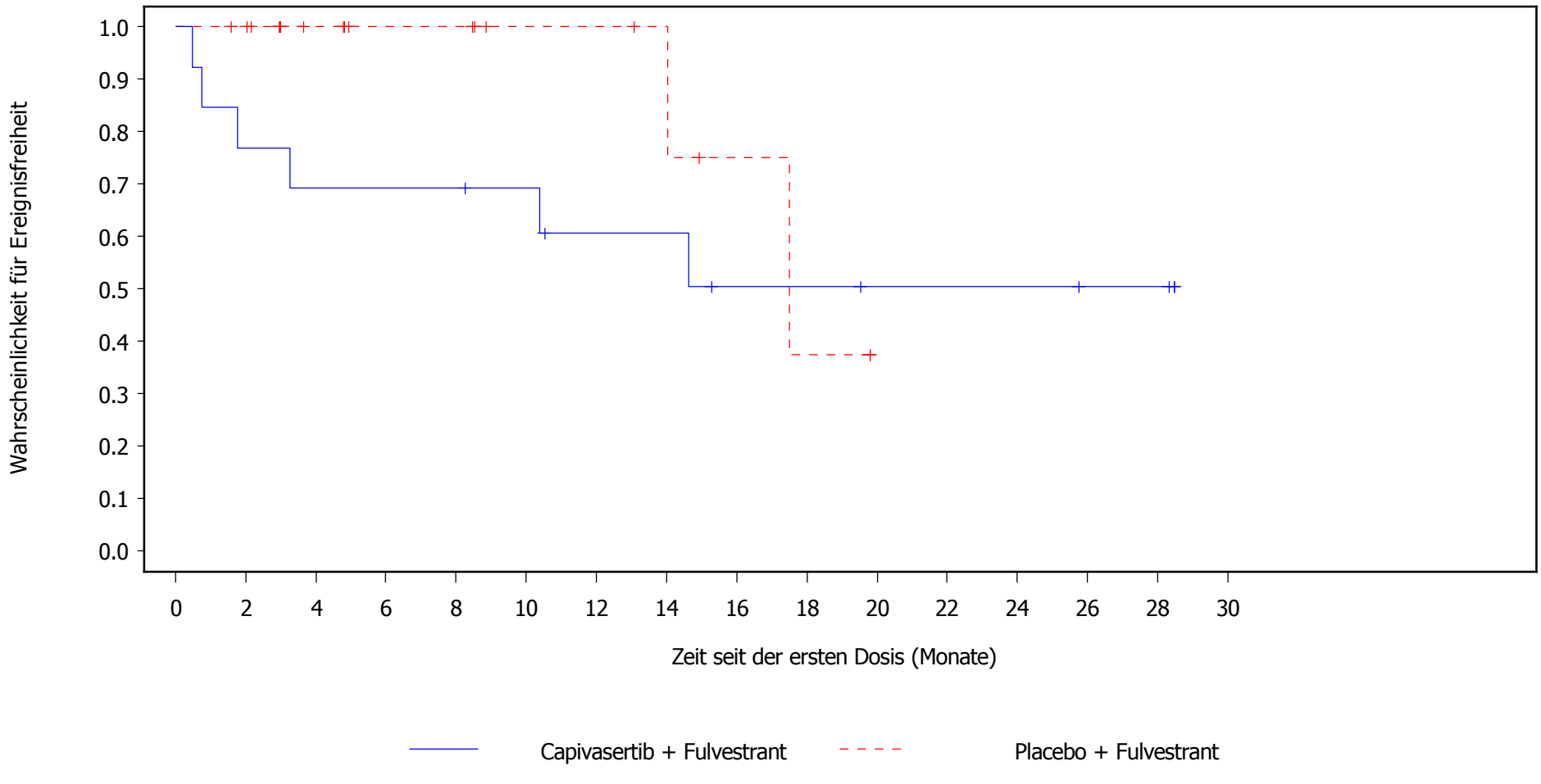
Figure 3.3.3.44 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of Therapieabbruch aufgrund von UE
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

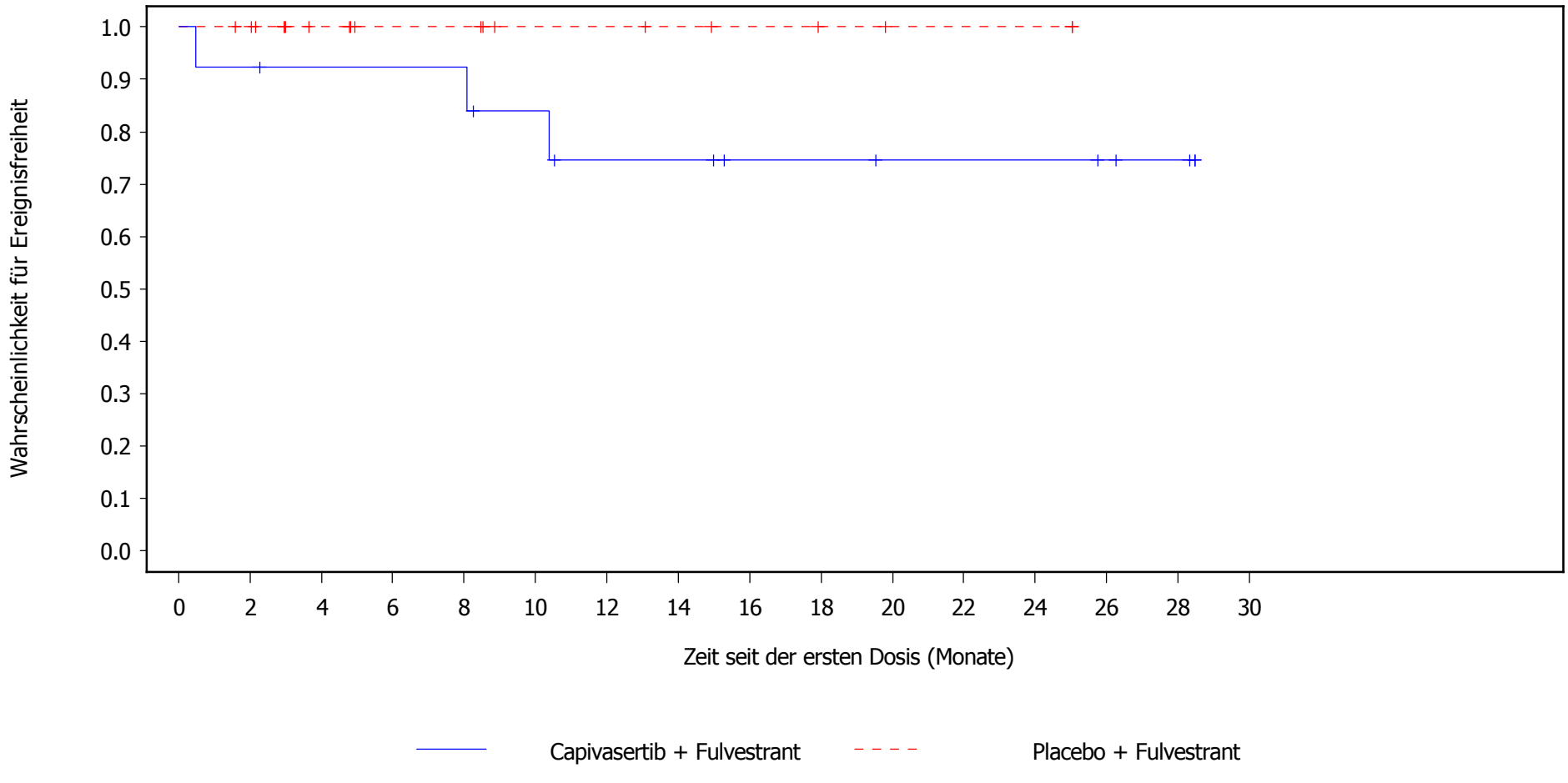
Figure 3.3.3.45 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UE mit CTCAE Grad >=3
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	10	9	9	9	8	6	6	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

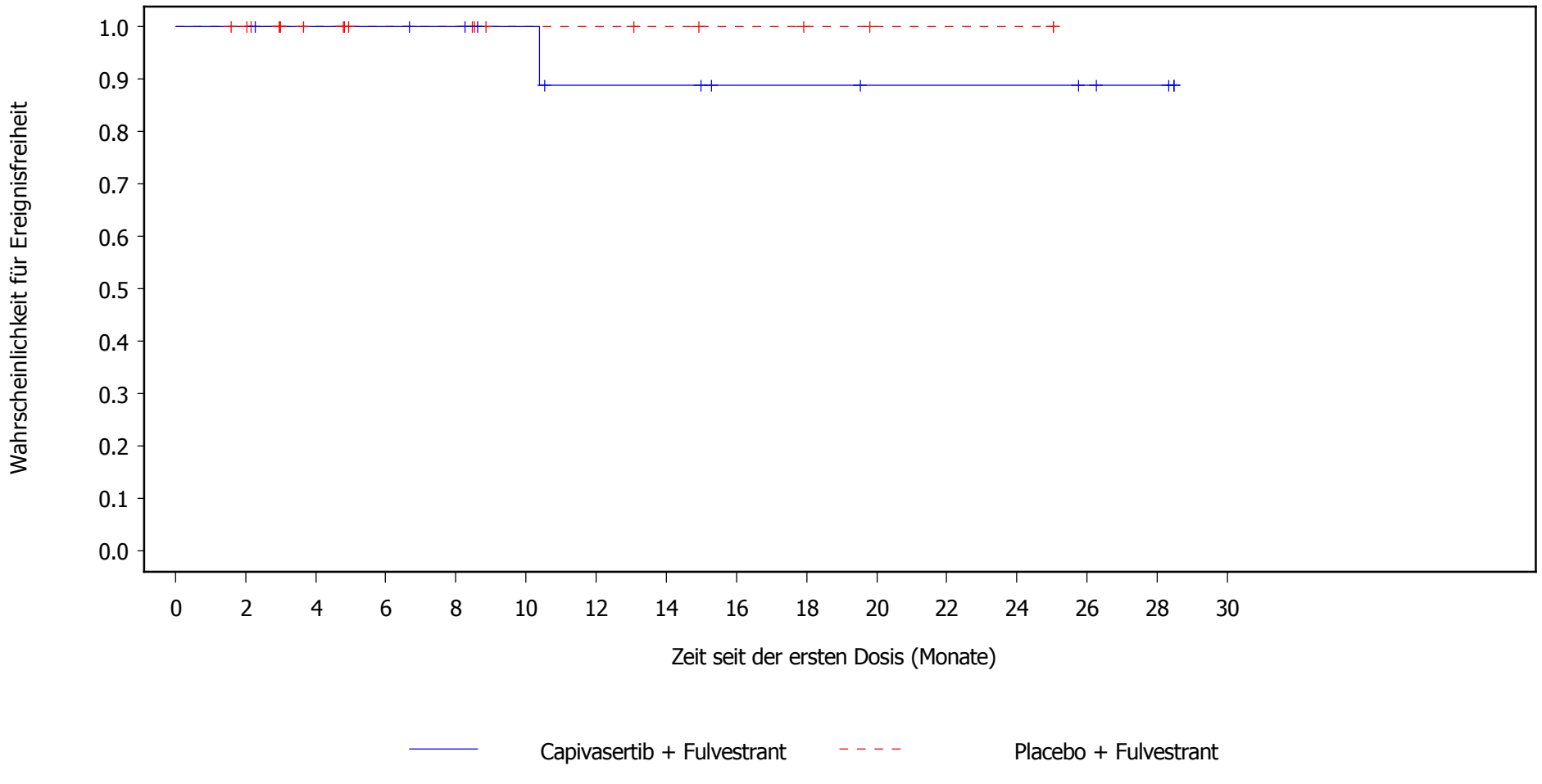
Figure 3.3.3.46 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen des Blutes und des Lymphsystems
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	11	9	7	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

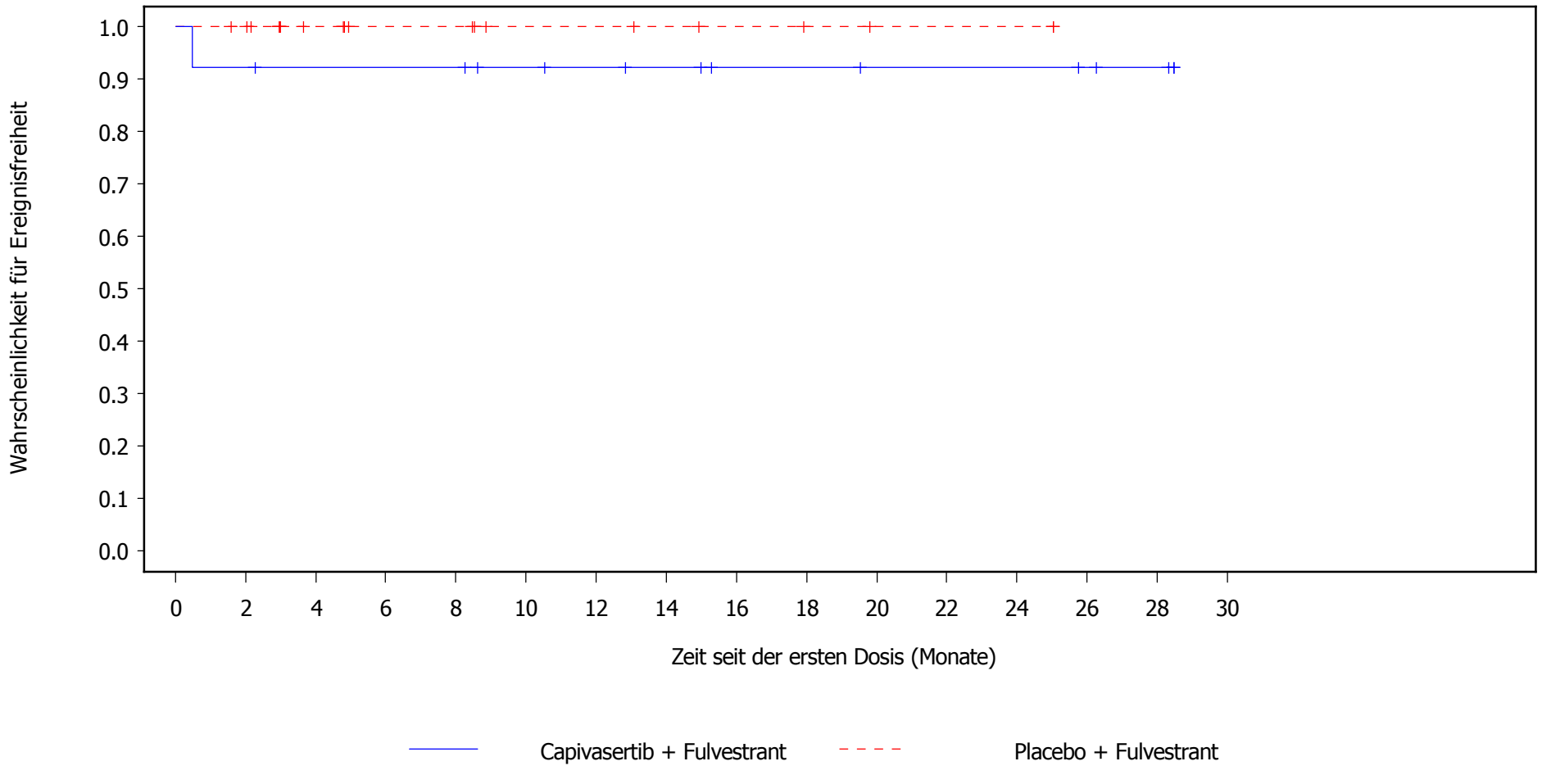
Figure 3.3.3.47 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Anaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	7	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

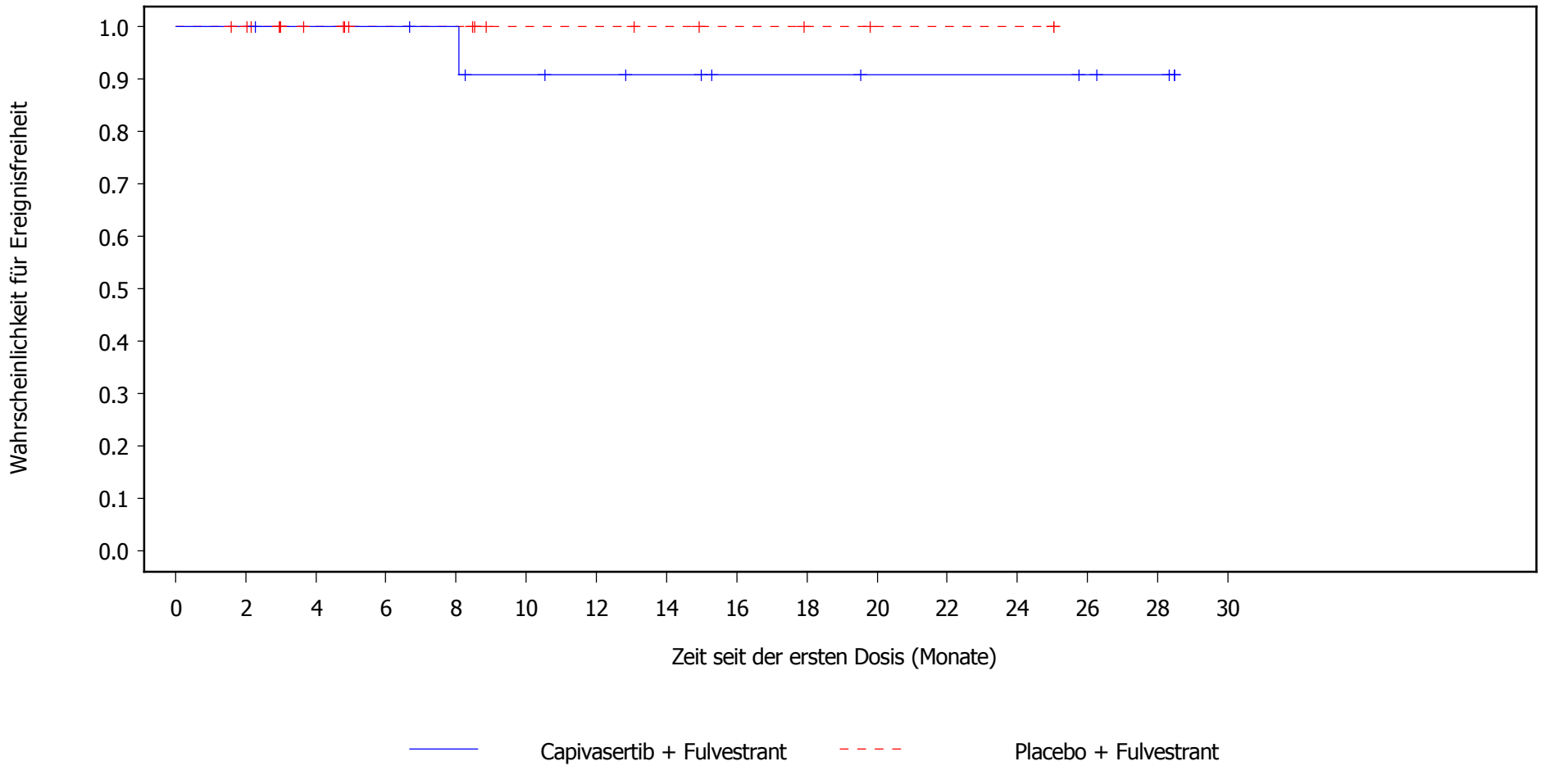
Figure 3.3.3.48 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Lymphopenie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

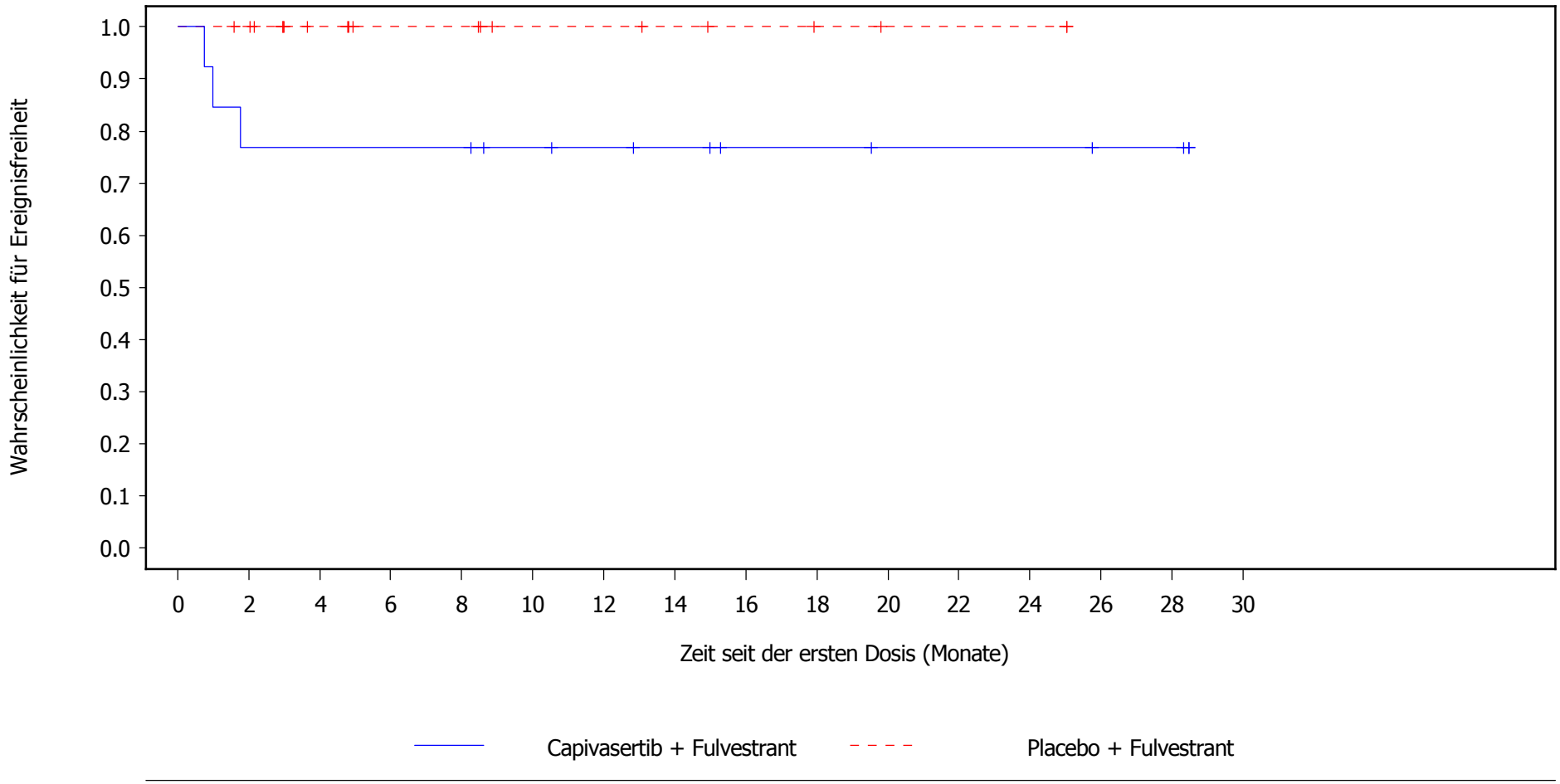
Figure 3.3.3.49 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Thrombozytopenie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

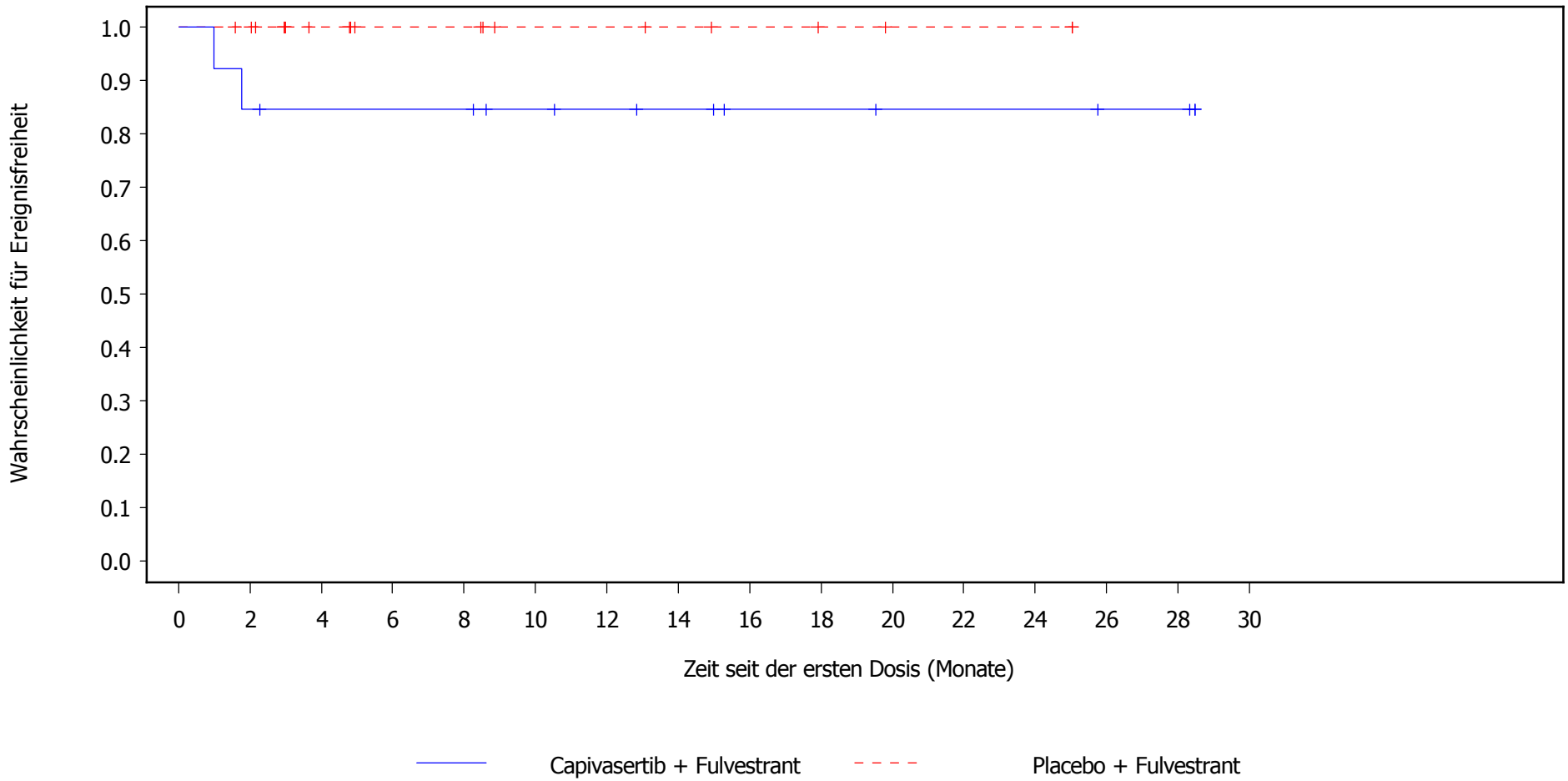
Figure 3.3.3.50 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	10	10	10	10	8	7	6	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

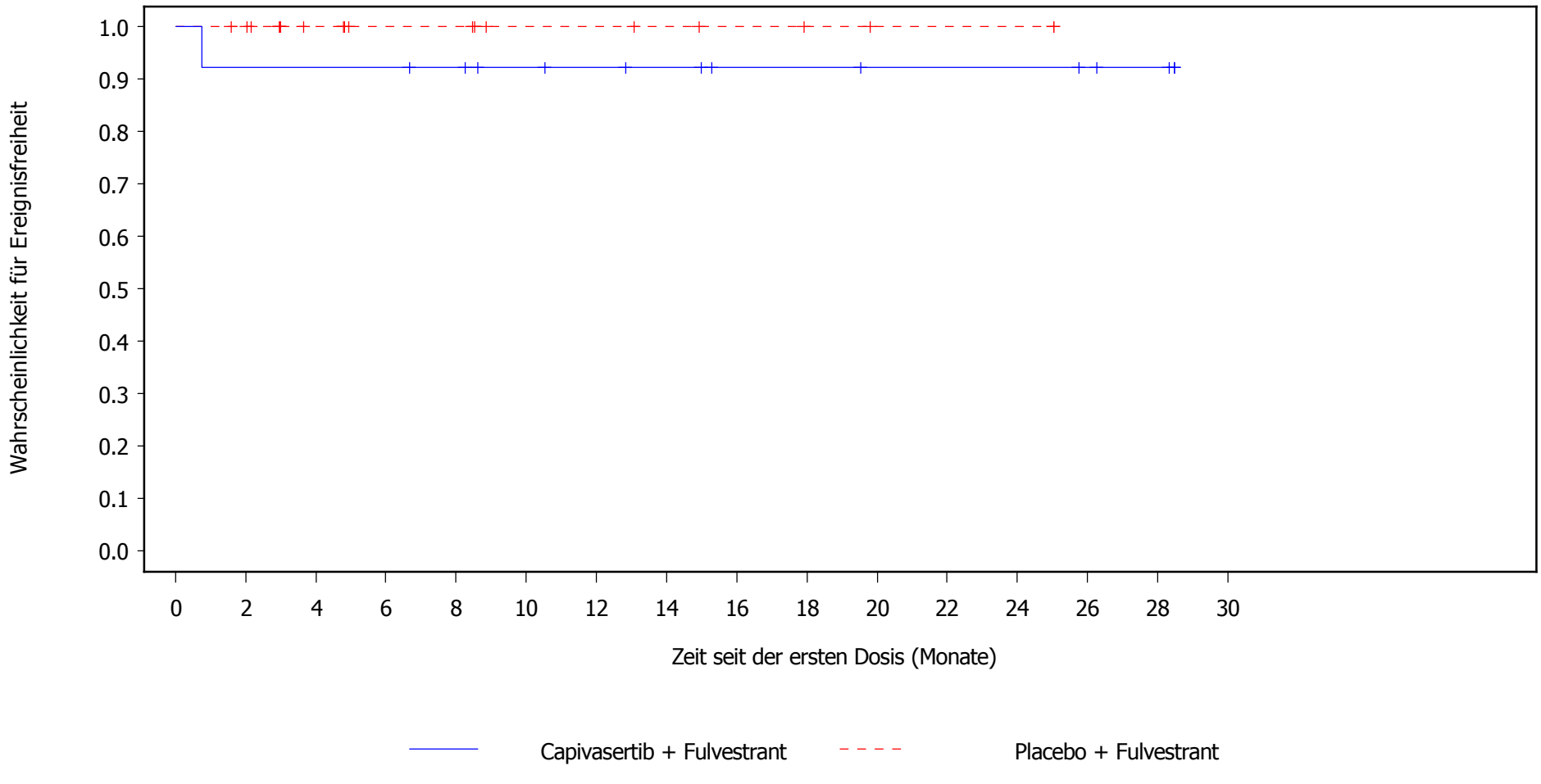
Figure 3.3.3.51 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Diarrhoe
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	10	10	8	7	6	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

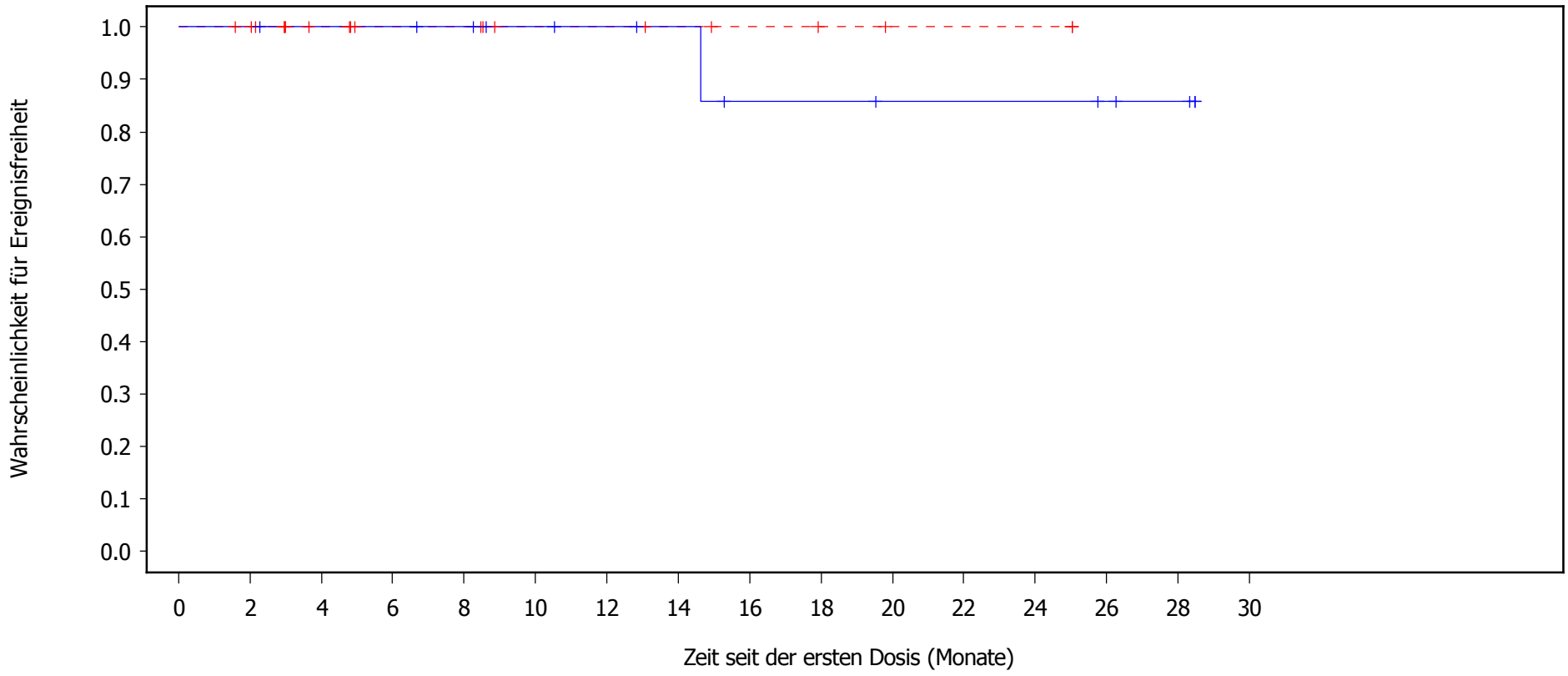
Figure 3.3.3.52 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Erbrechen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

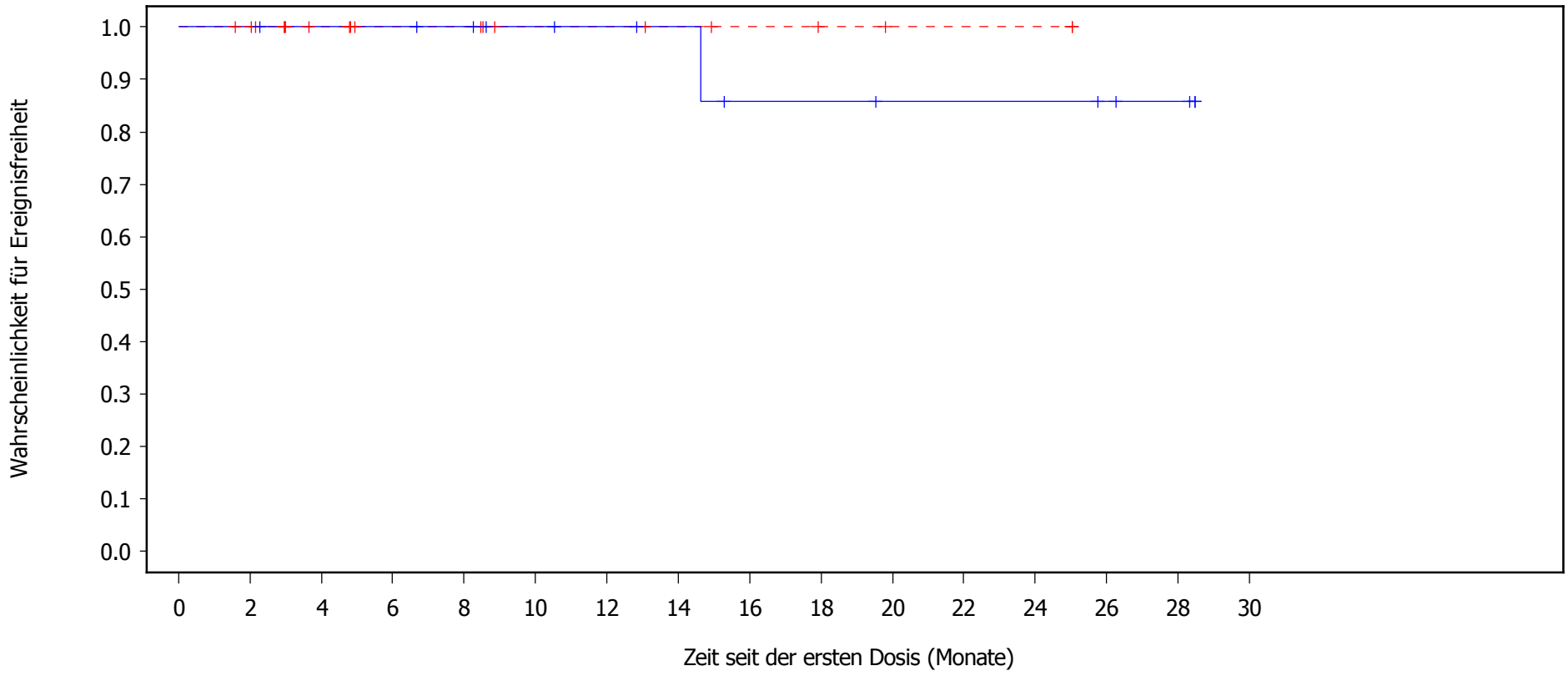
Figure 3.3.3.53 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

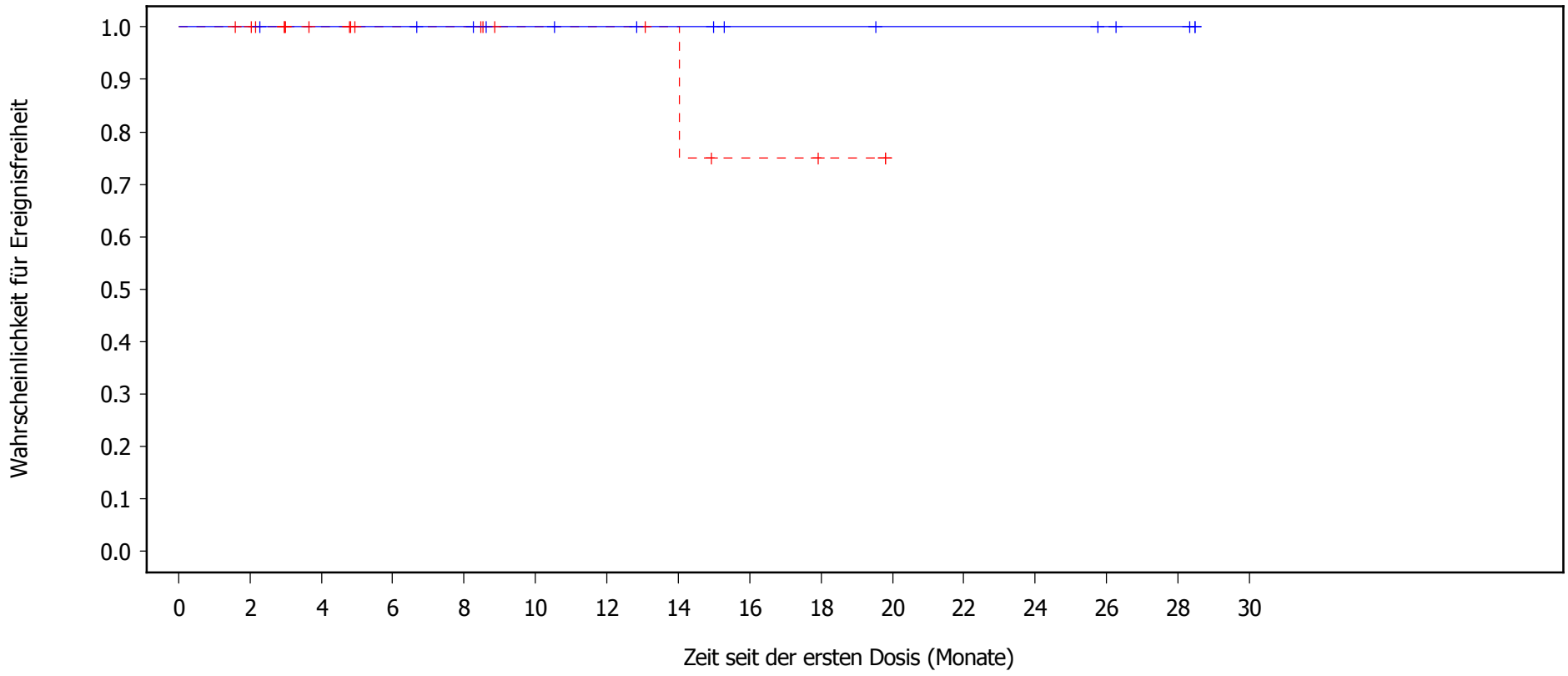
Figure 3.3.3.54 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Infektion im Zusammenhang mit einem Medizinprodukt
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

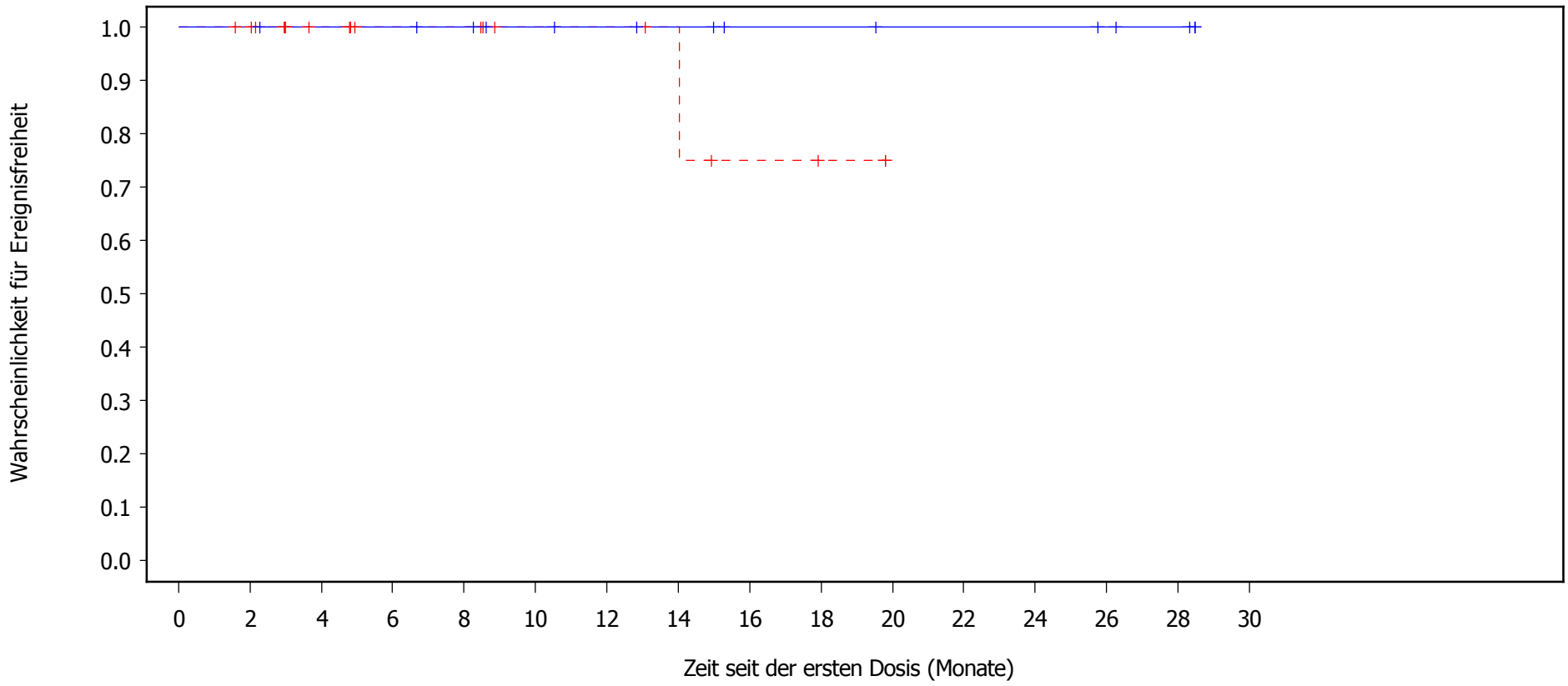
Figure 3.3.3.55 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

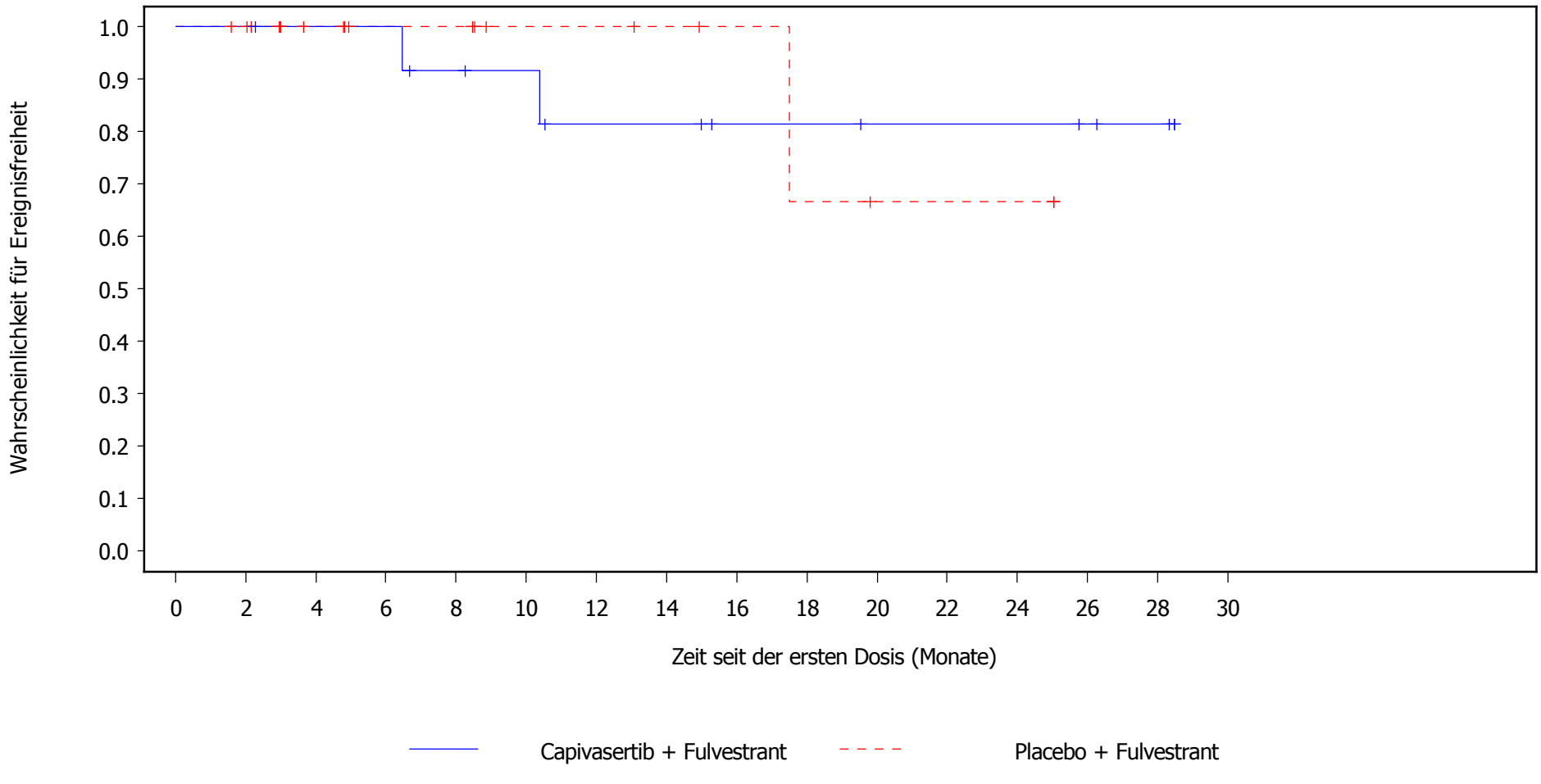
Figure 3.3.3.56 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Hypertriglyzeridaemie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

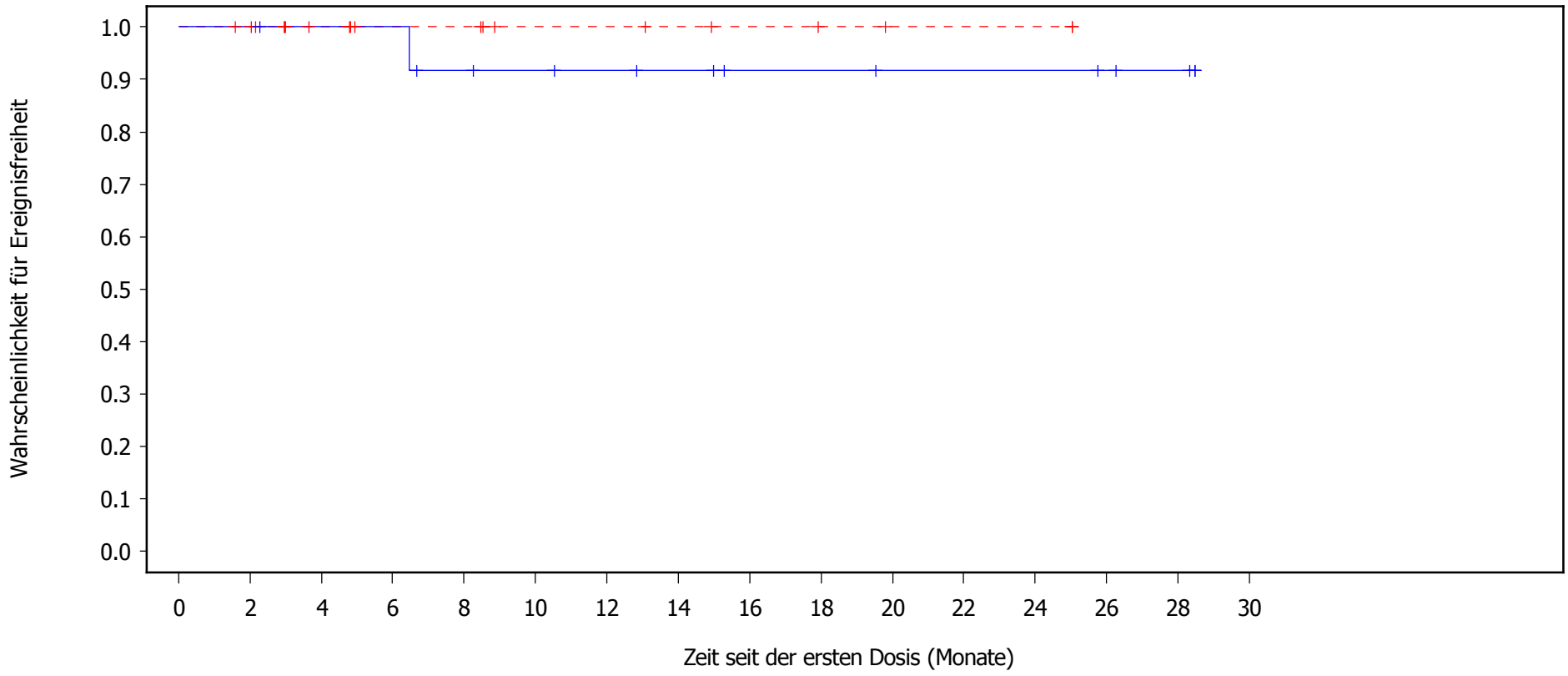
Figure 3.3.3.57 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Untersuchungen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	10	9	7	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

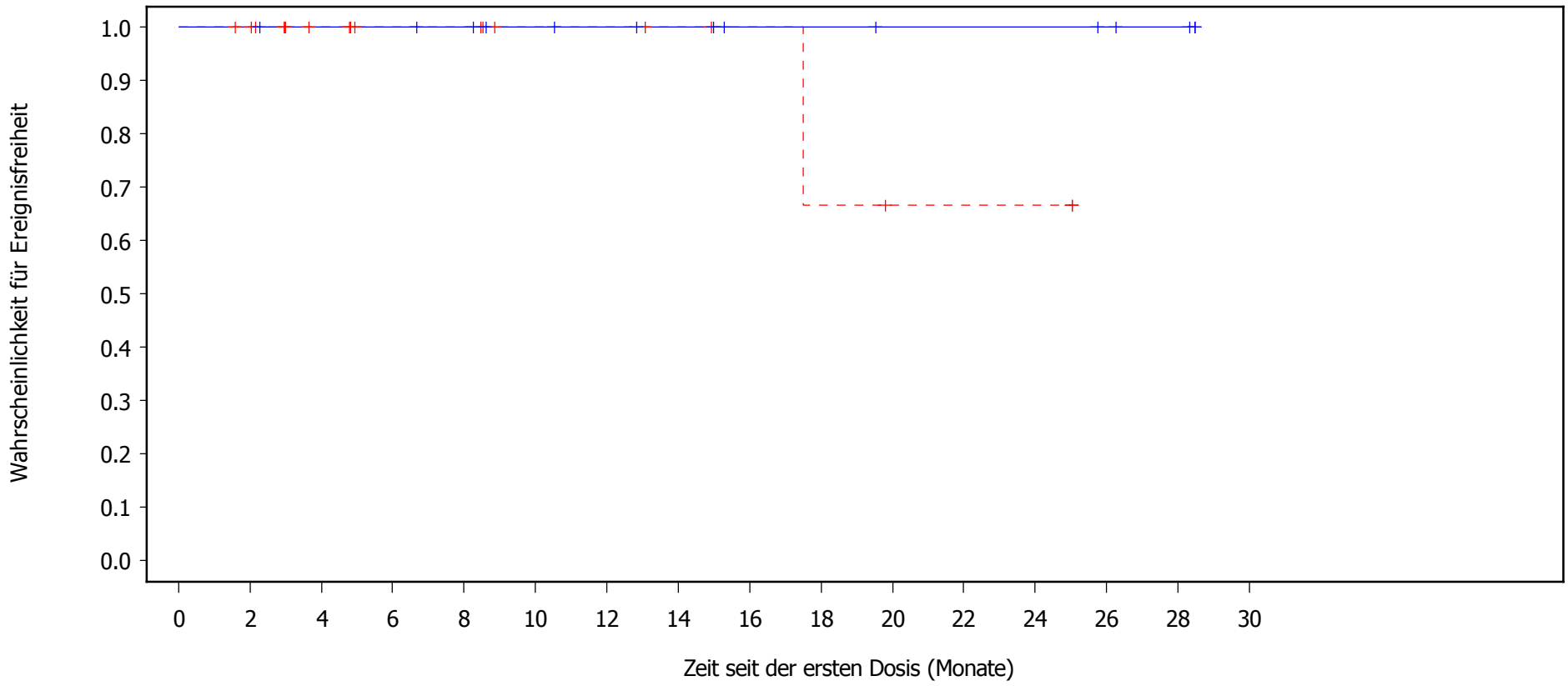
Figure 3.3.3.58 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Aspartataminotransferase erhoeht
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

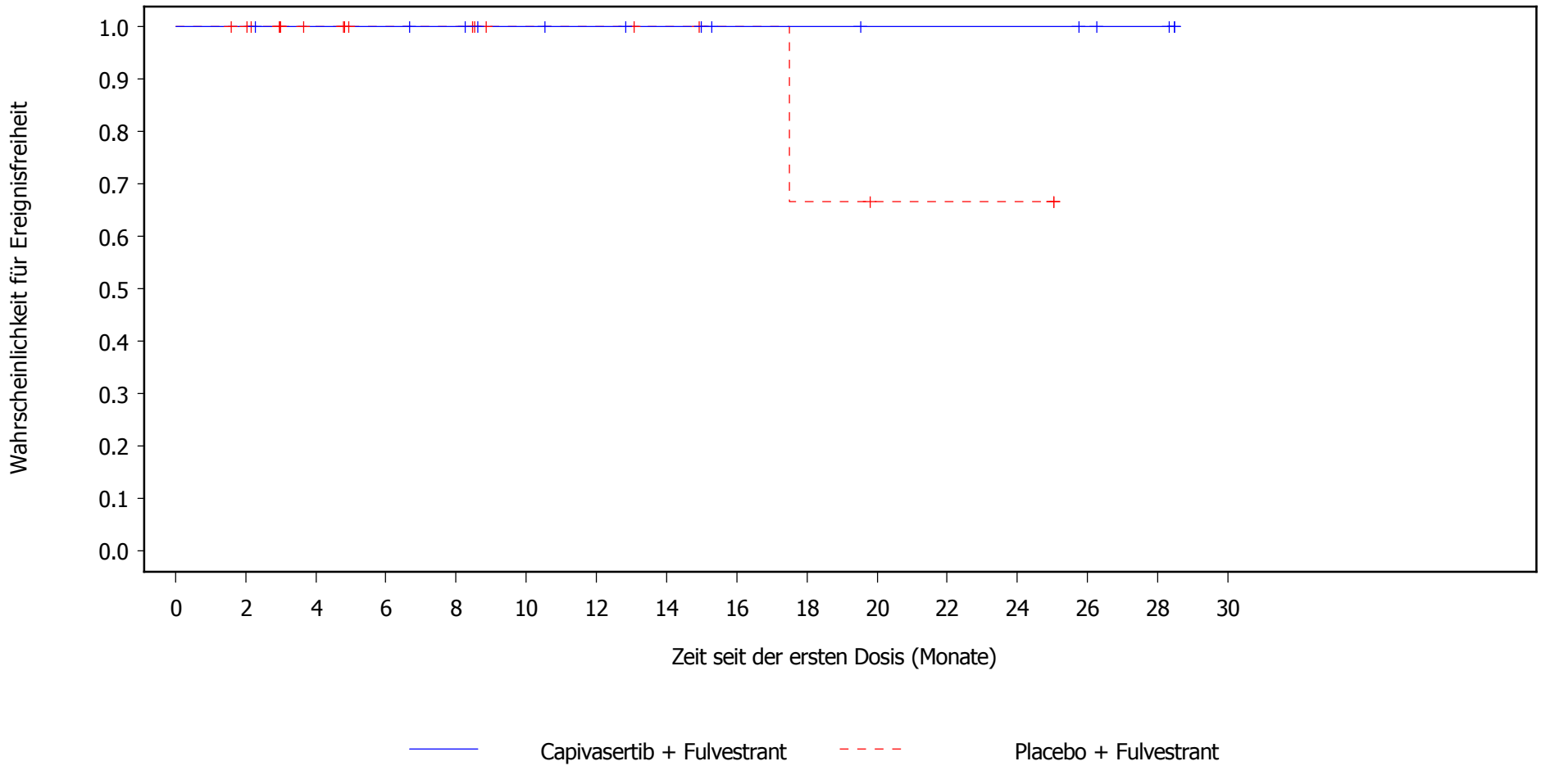
Figure 3.3.3.59 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Leukozytenzahl erniedrigt
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

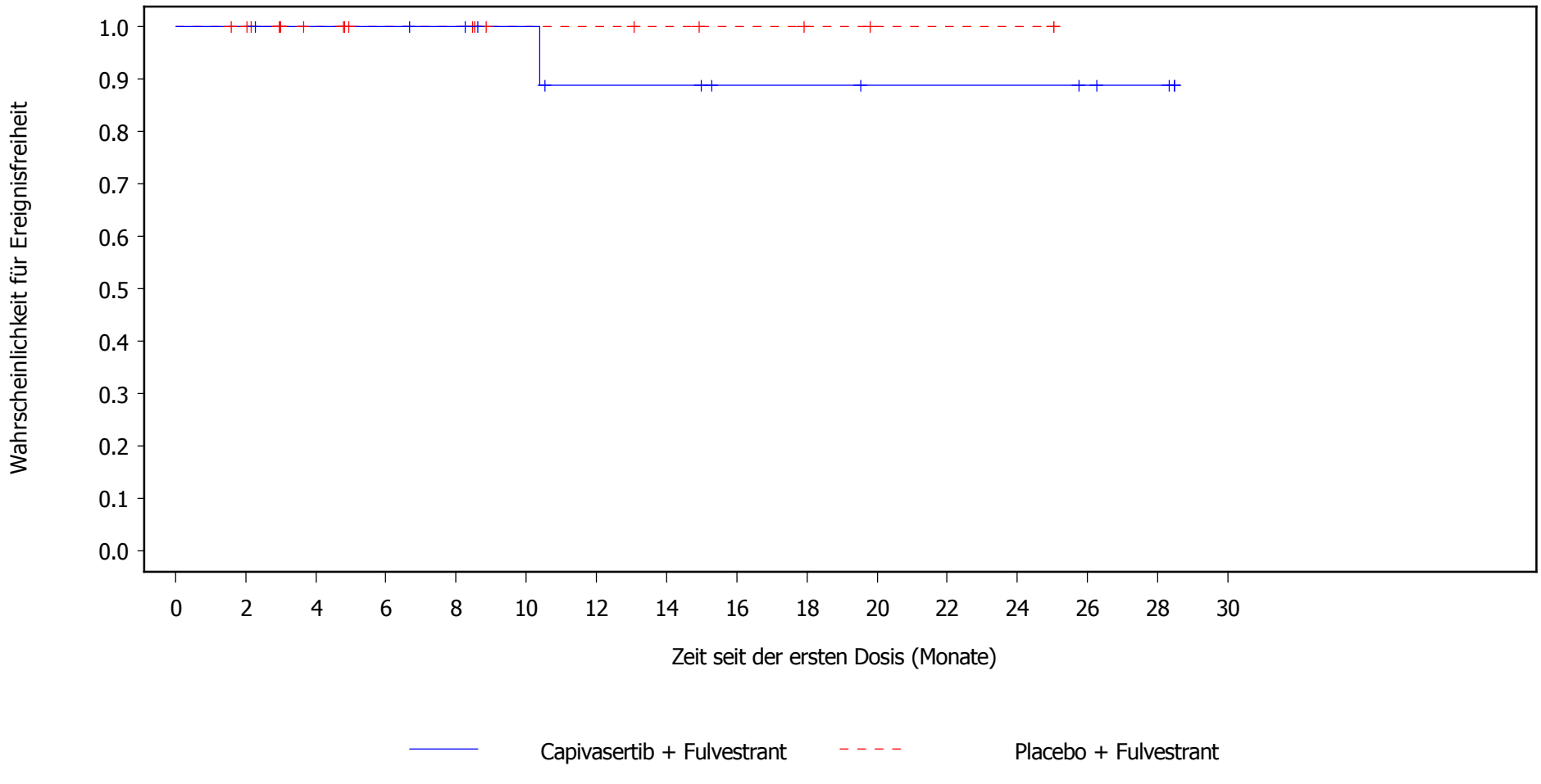
Figure 3.3.3.60 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Neutrophilenzahl erniedrigt
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

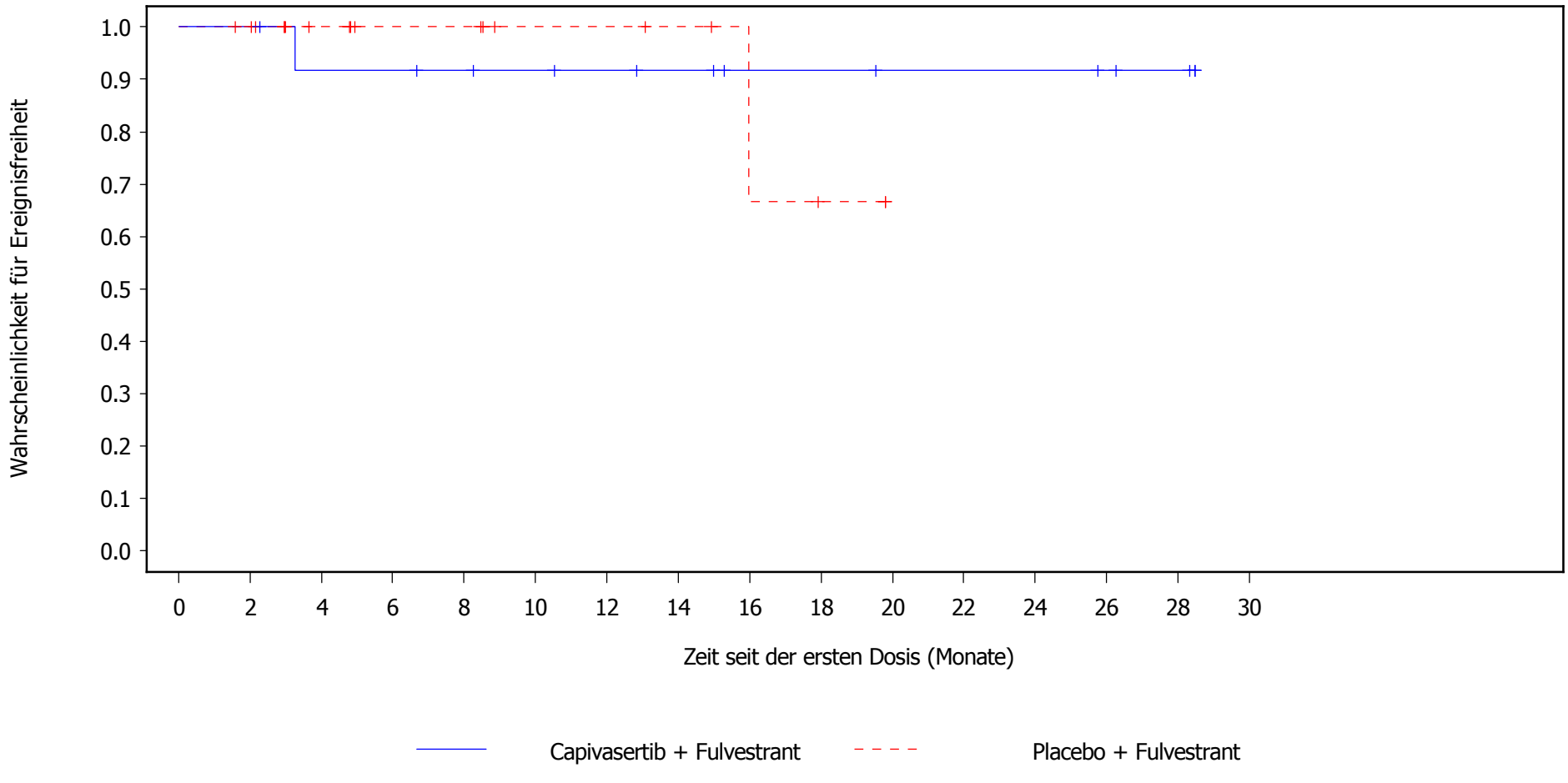
Figure 3.3.3.61 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Thrombozytenzahl vermindert
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	7	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

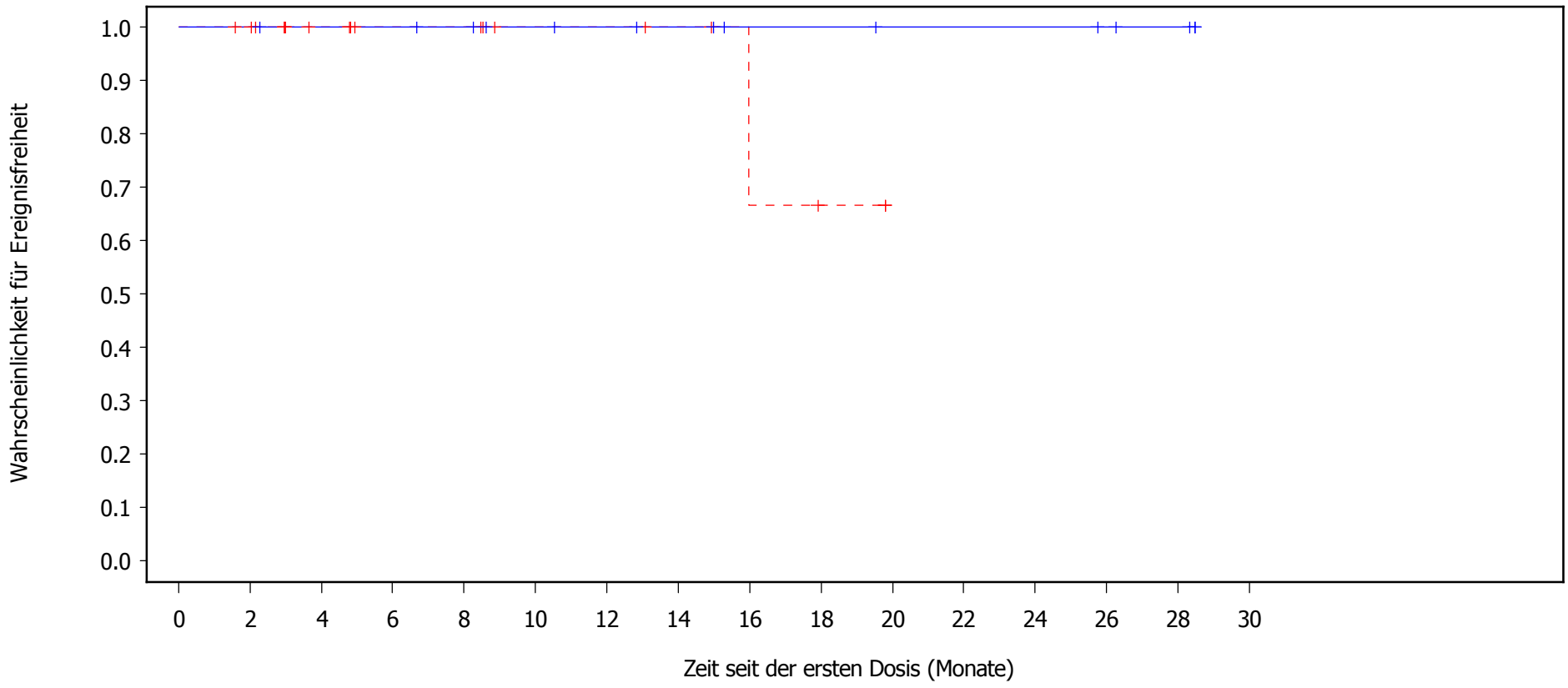
Figure 3.3.3.62 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Verletzung, Vergiftung und durch Eingriffe bedingte Komplikationen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	11	11	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

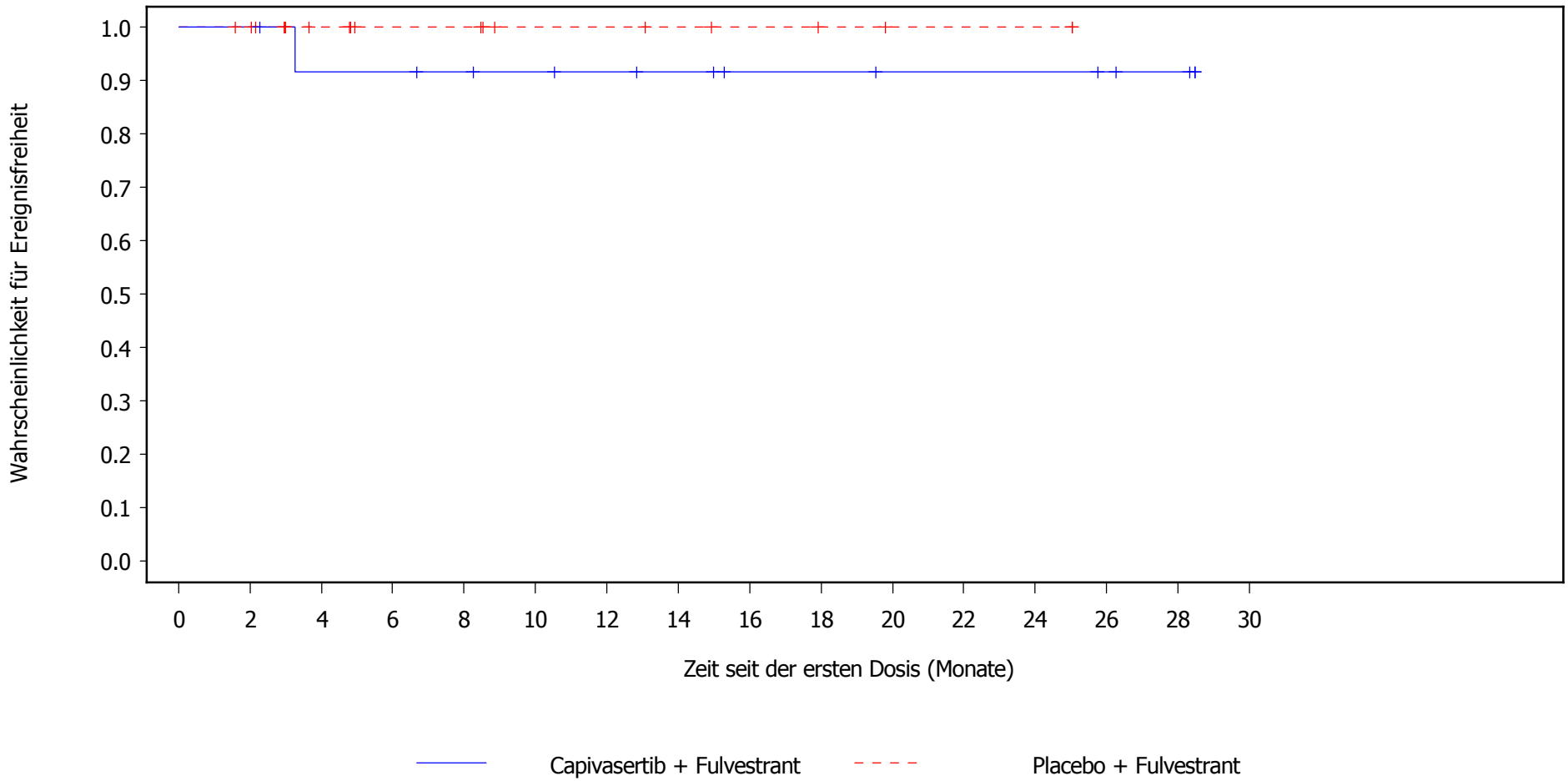
Figure 3.3.3.63 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Fraktur des Unterarms
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

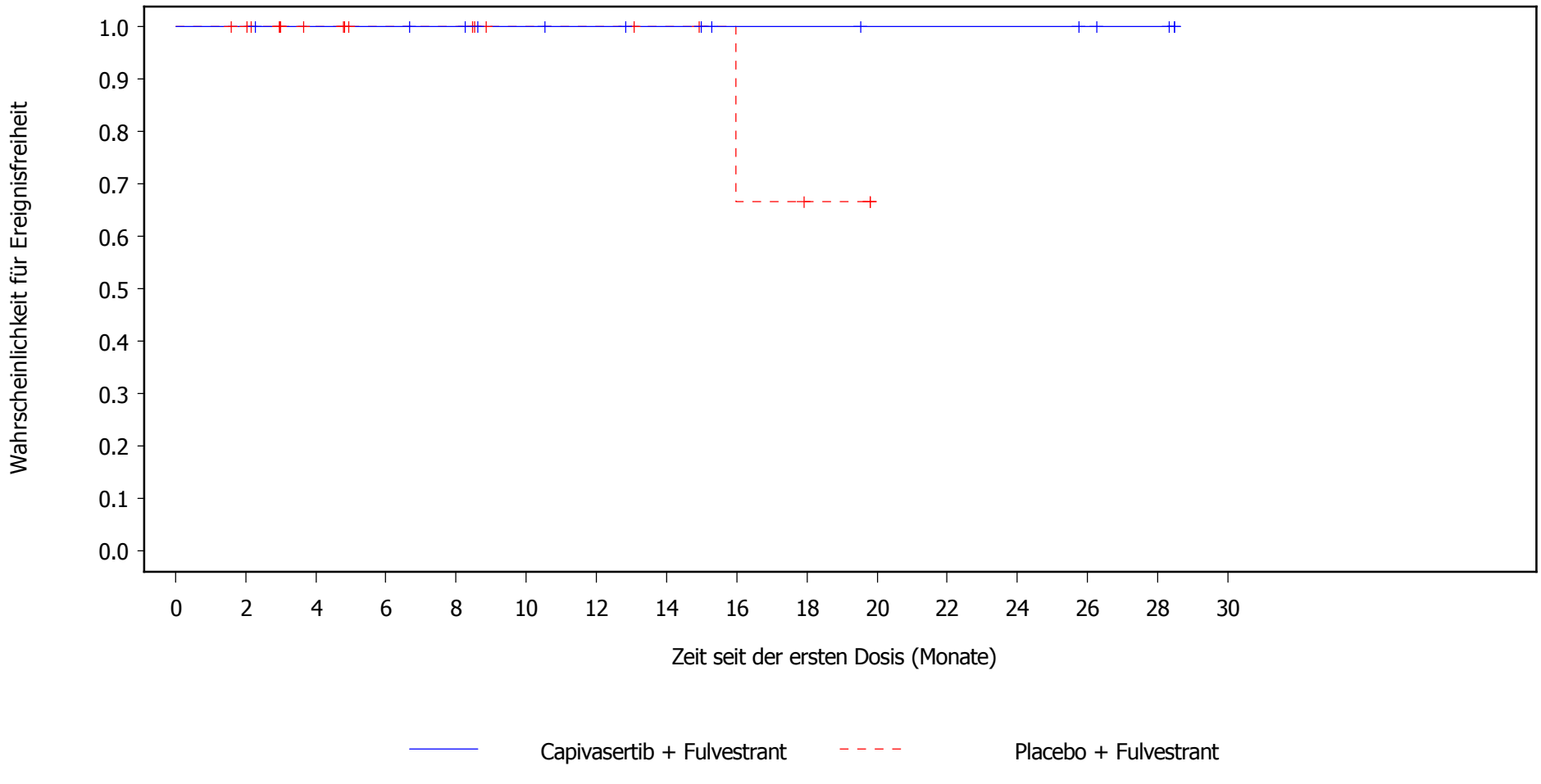
Figure 3.3.3.64 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Oberschenkelfraktur
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	11	11	10	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

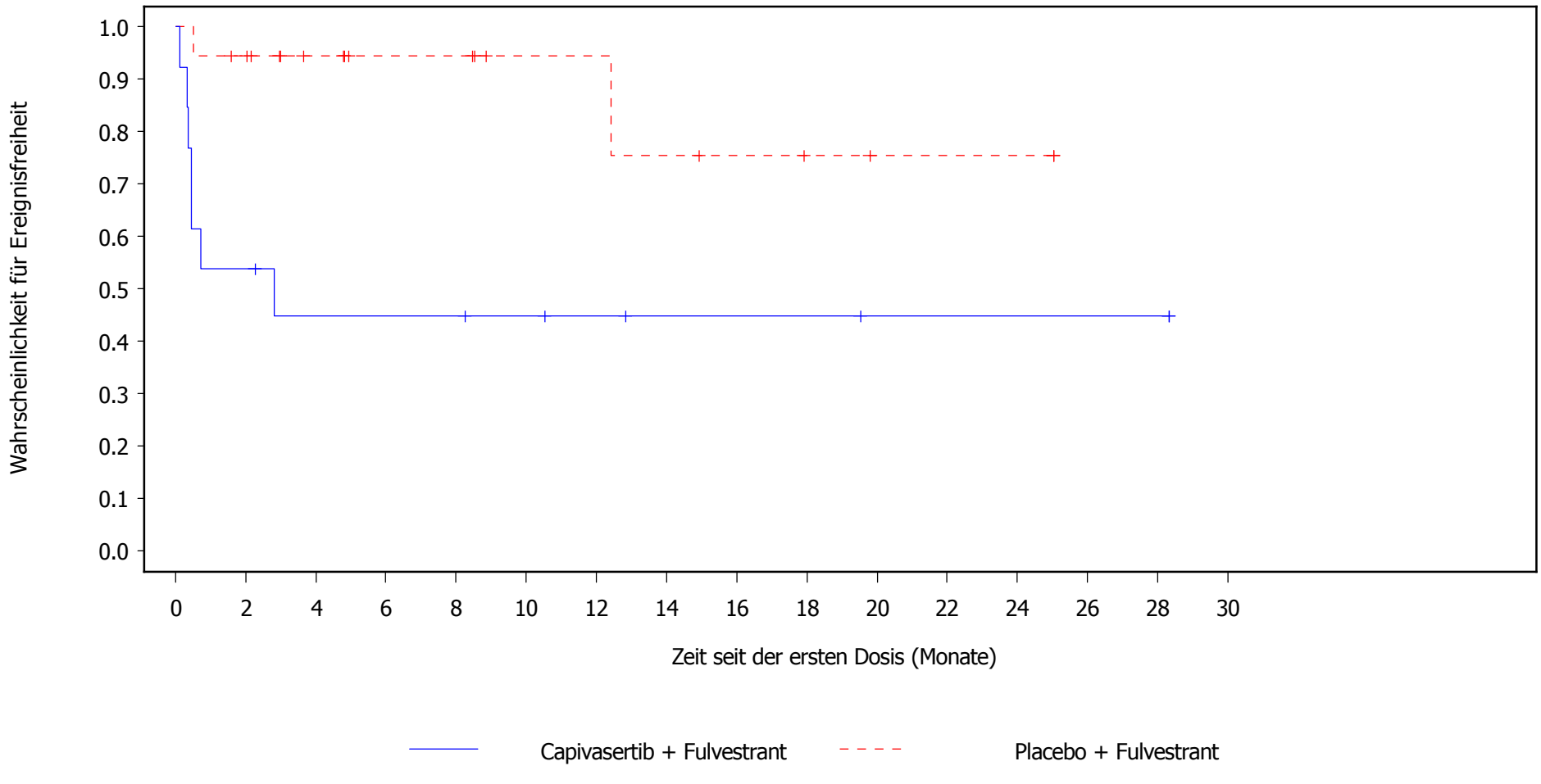
Figure 3.3.3.65 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Sturz
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	2	1	0	0	0	0	0	0	Placebo + Fulvestrant

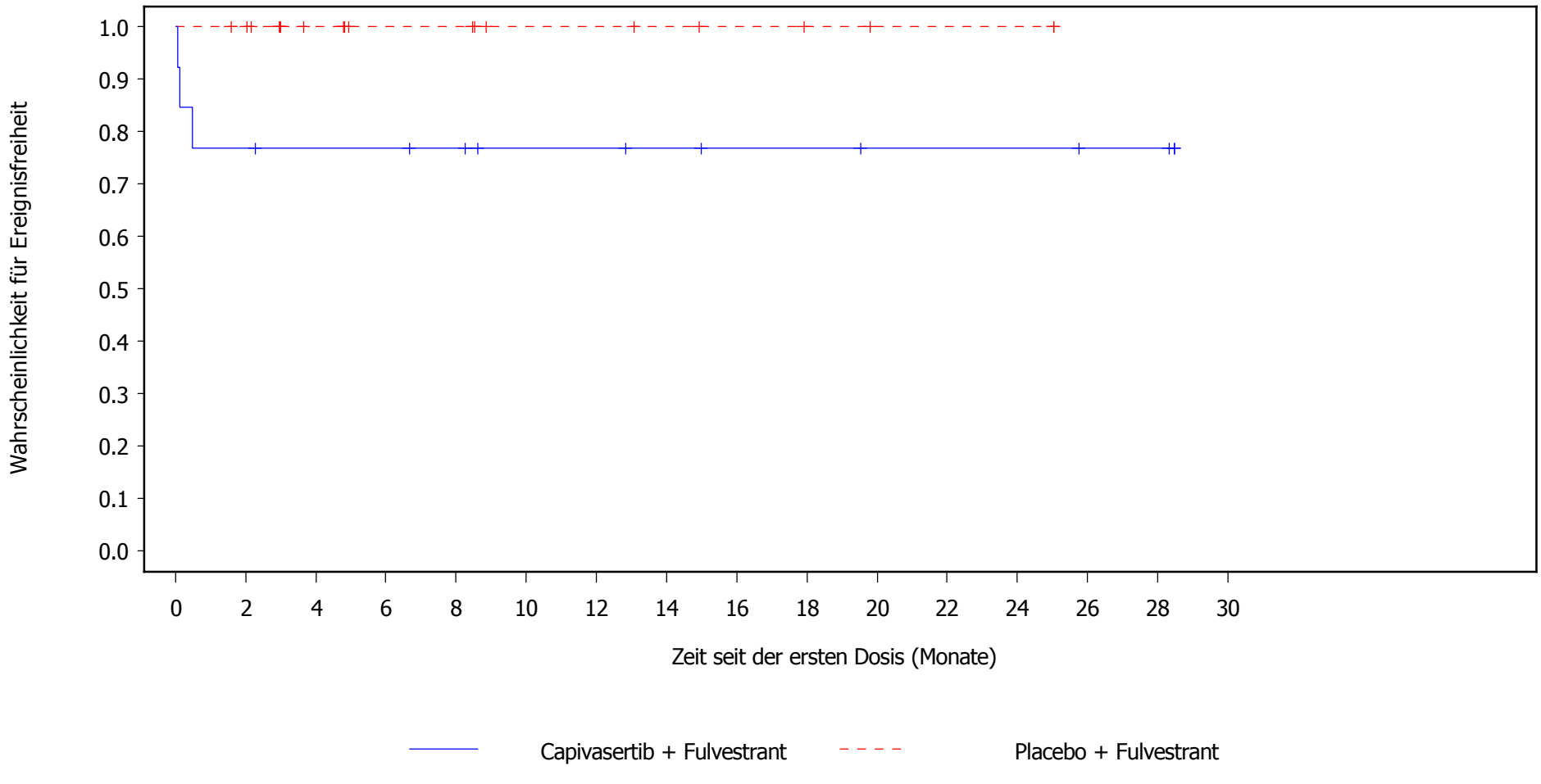
Figure 3.3.3.66 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	7	5	5	5	4	3	2	2	2	1	1	1	1	1	0	Capivasertib + Fulvestrant
18	16	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

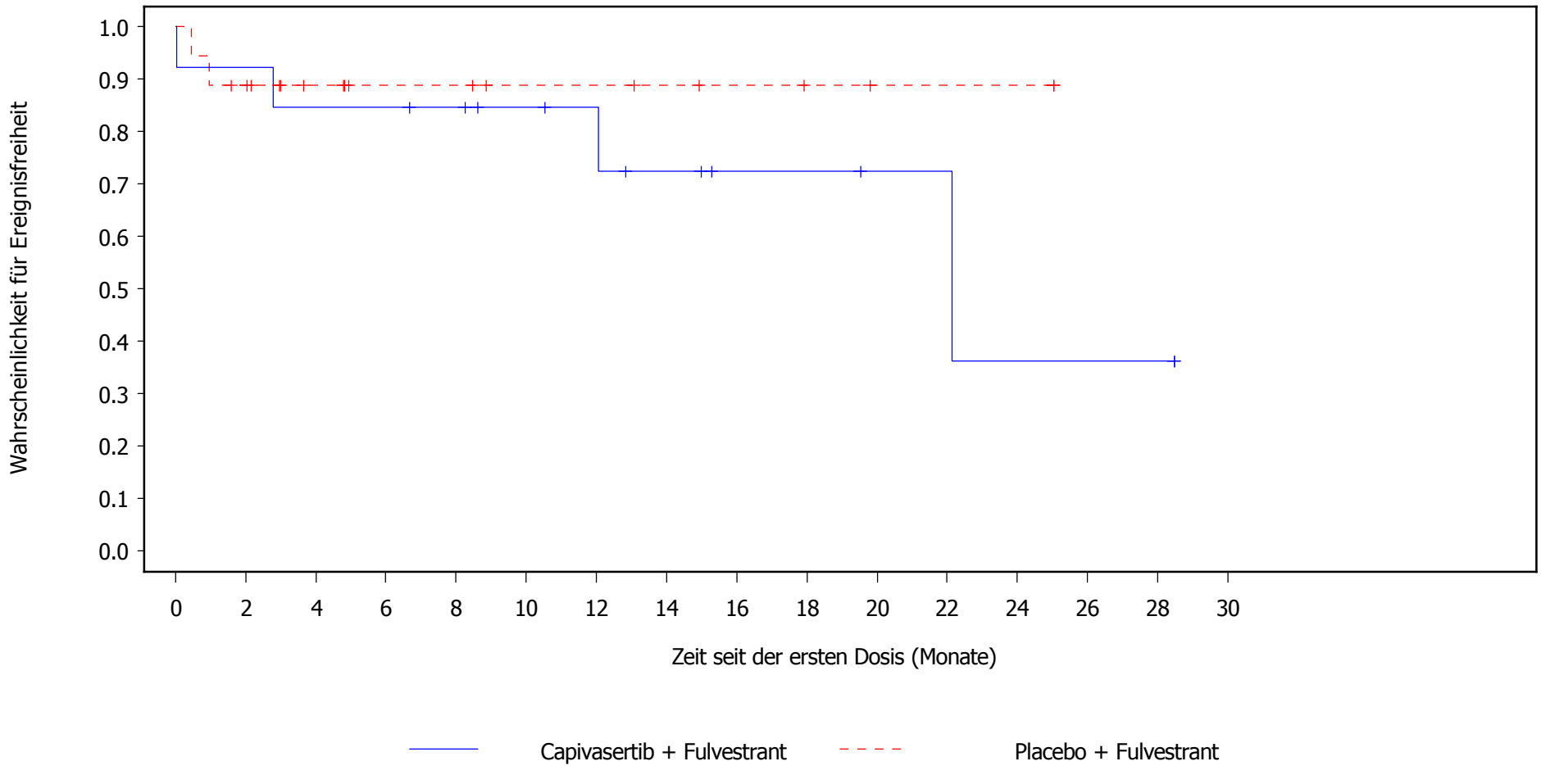
Figure 3.3.3.67 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	10	9	9	8	6	6	5	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

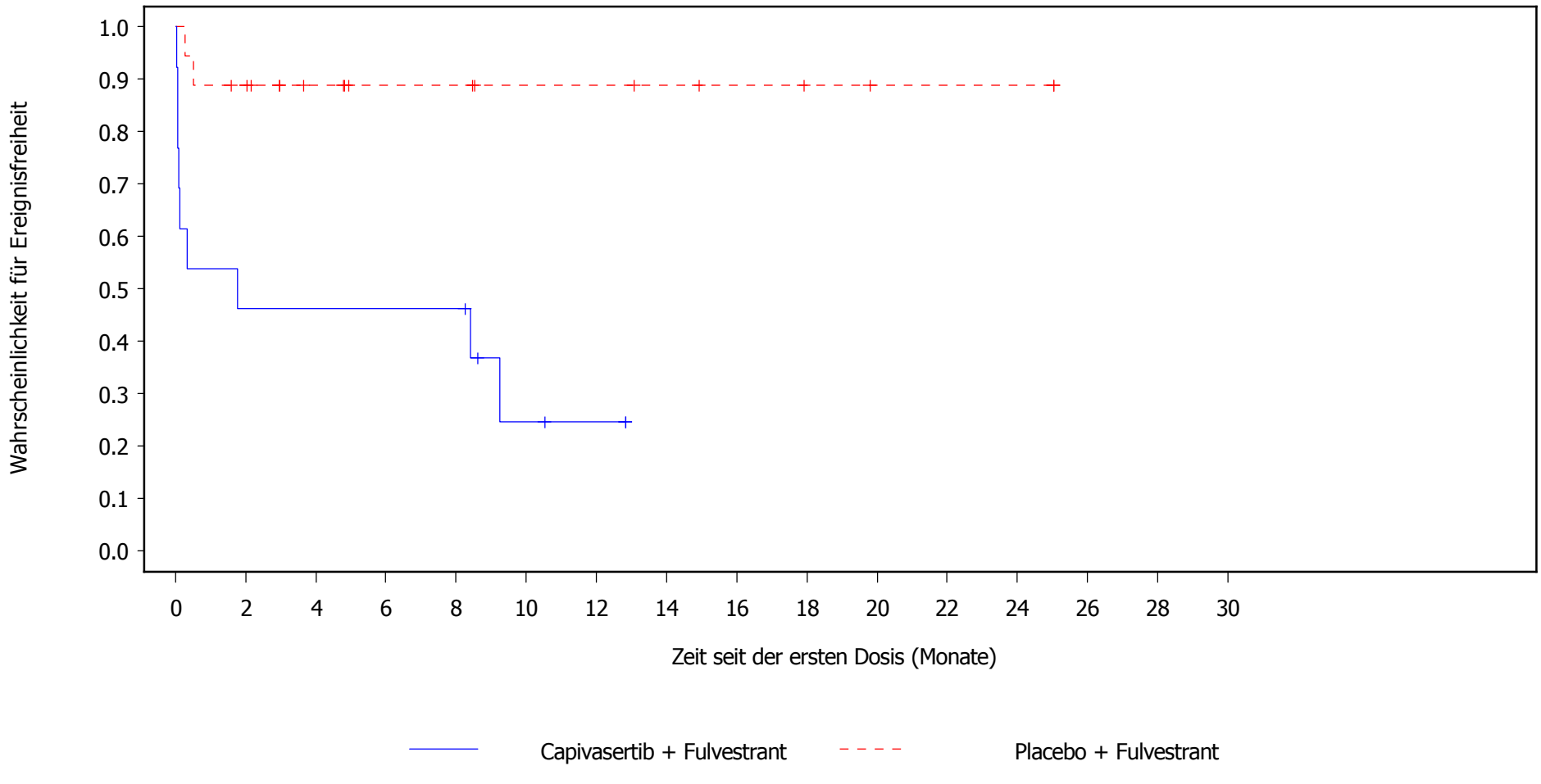
Figure 3.3.3.68 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	12	11	11	10	8	7	5	3	3	2	2	1	1	1	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

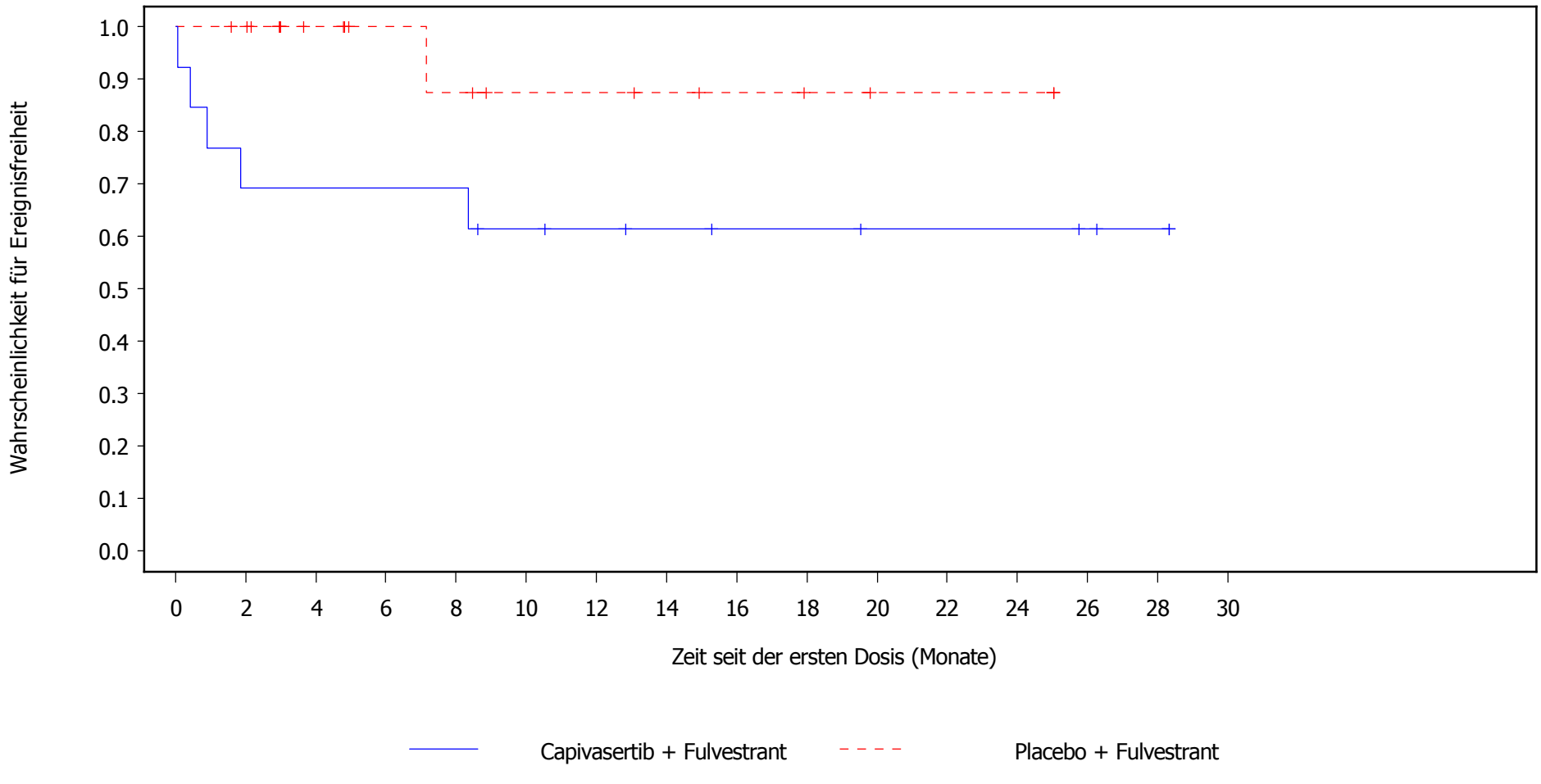
Figure 3.3.3.69 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	6	6	6	6	2	1	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	15	10	7	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

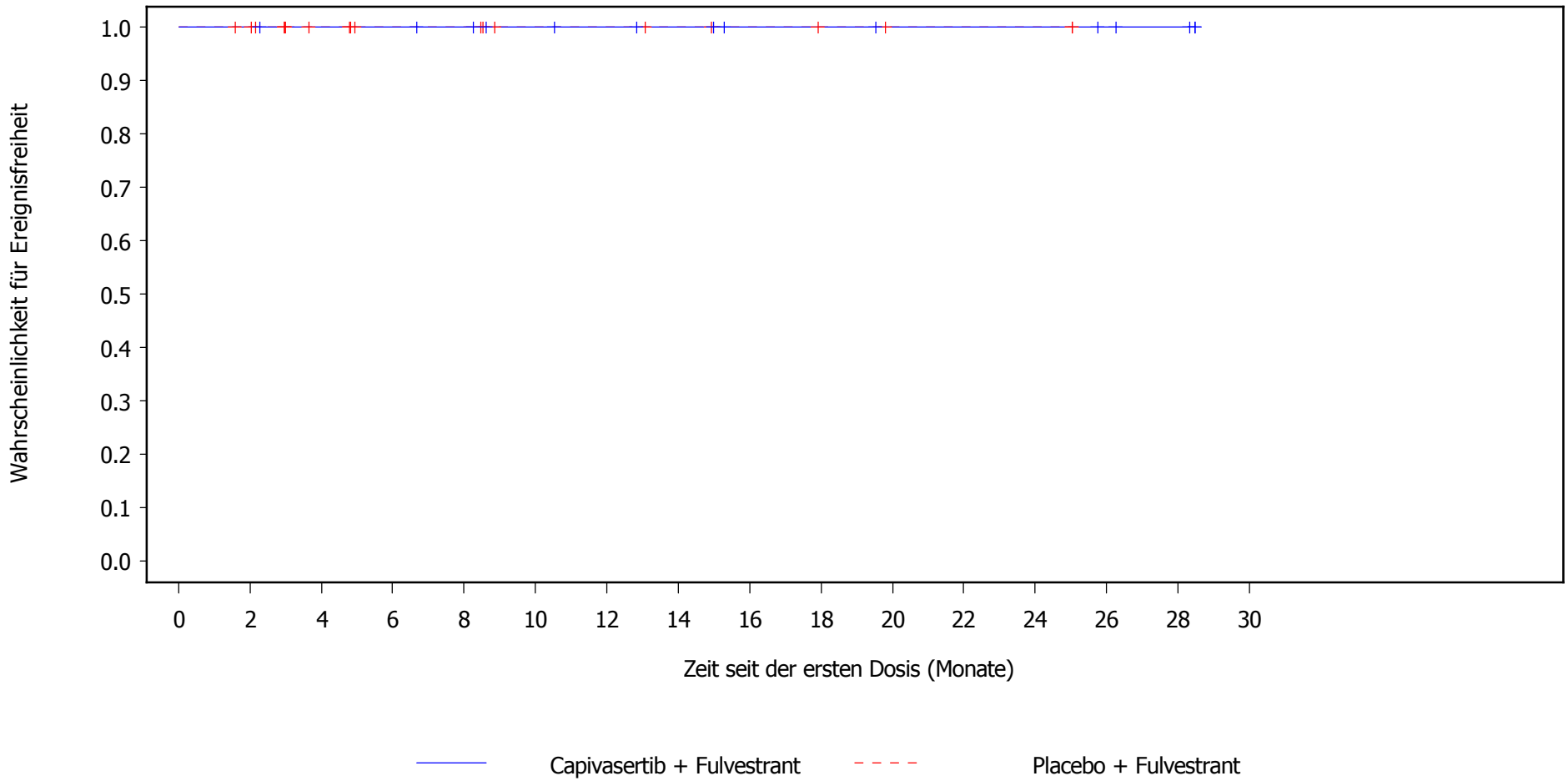
Figure 3.3.3.70 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	9	9	9	9	7	6	5	4	4	3	3	3	2	1	0	Capivasertib + Fulvestrant
18	17	11	8	7	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

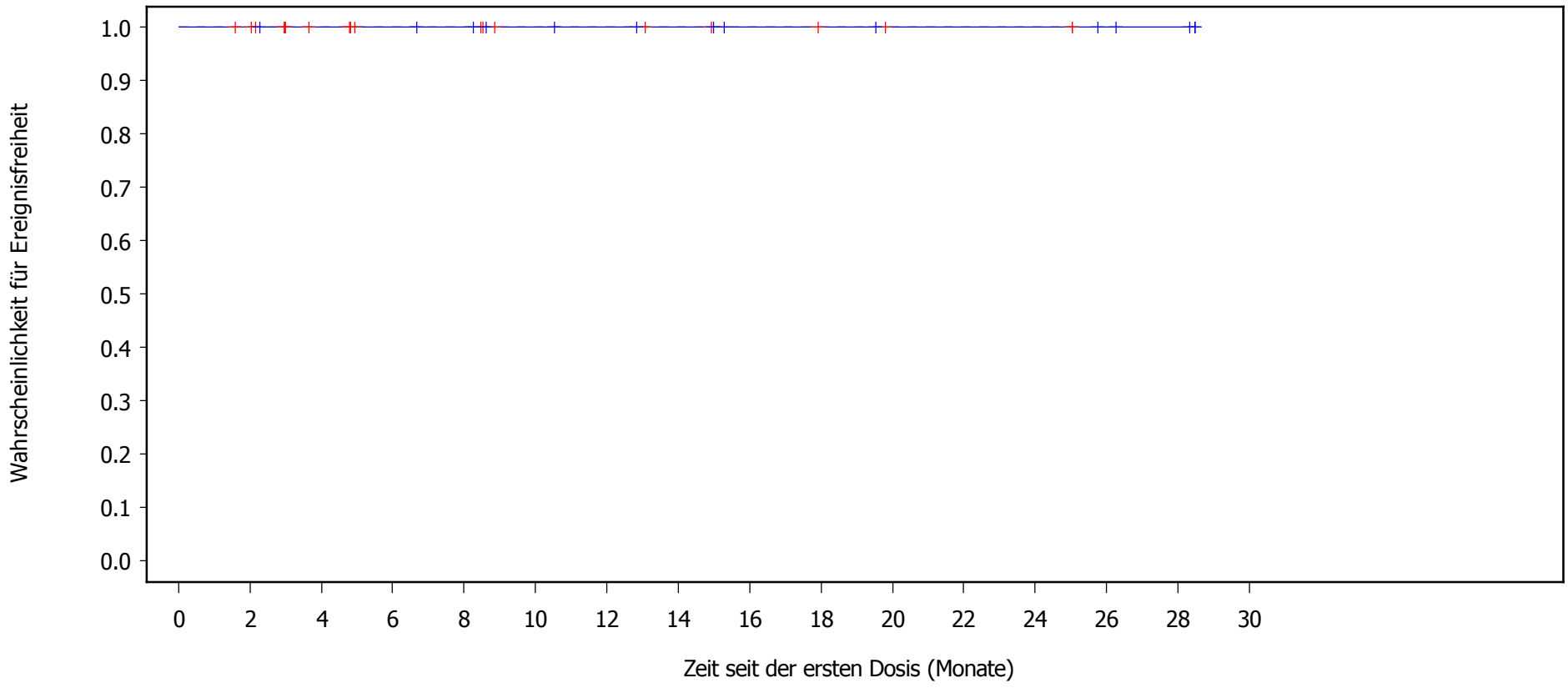
Figure 3.3.3.71 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

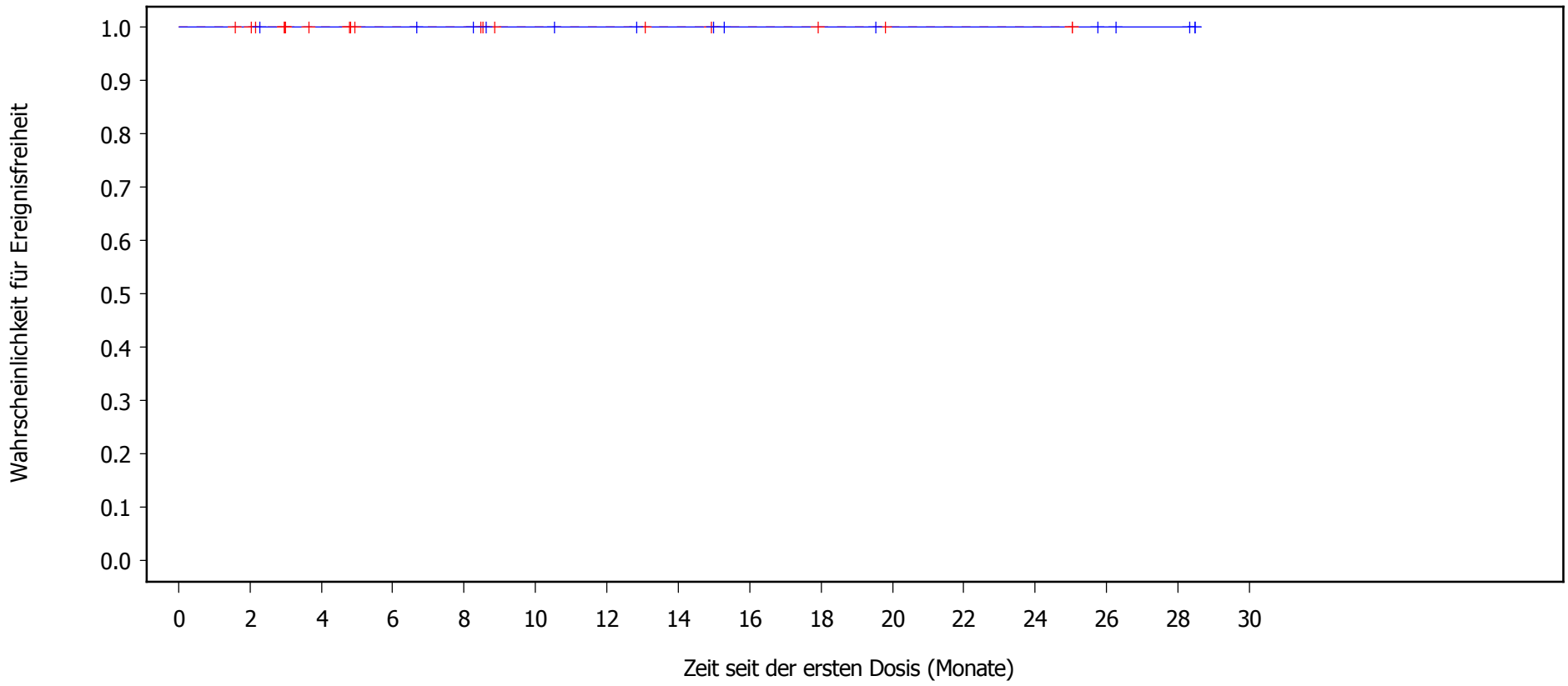
Figure 3.3.3.72 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

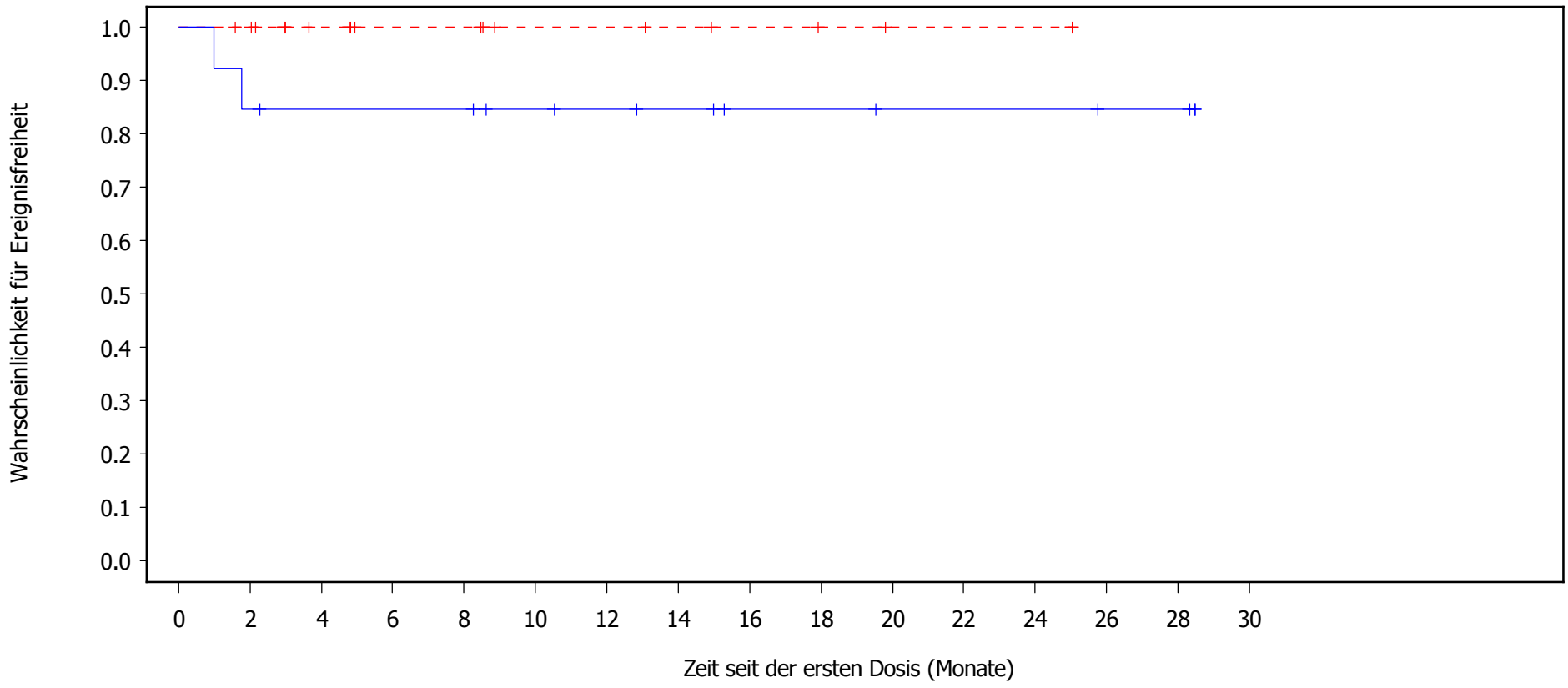
Figure 3.3.3.73 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

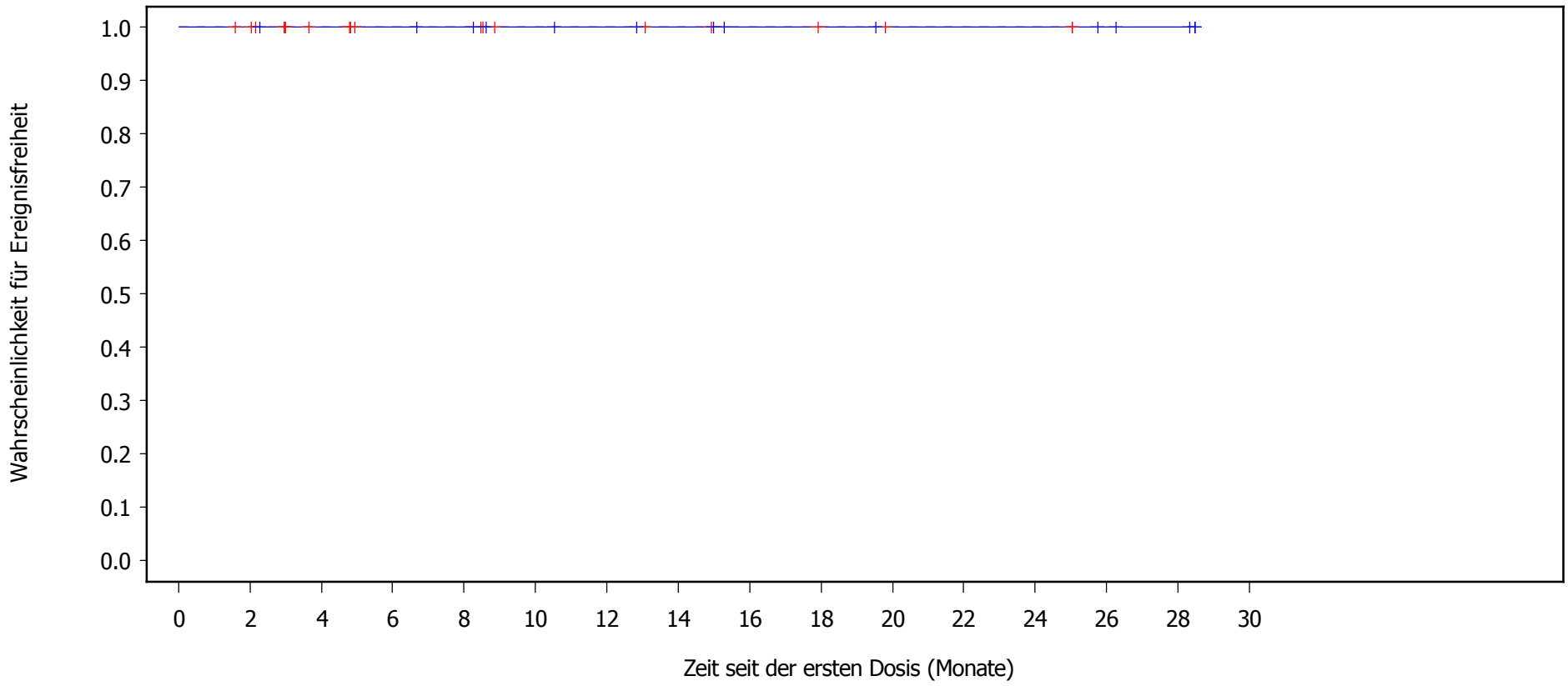
Figure 3.3.3.74 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	11	10	10	10	8	7	6	4	4	3	3	3	2	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

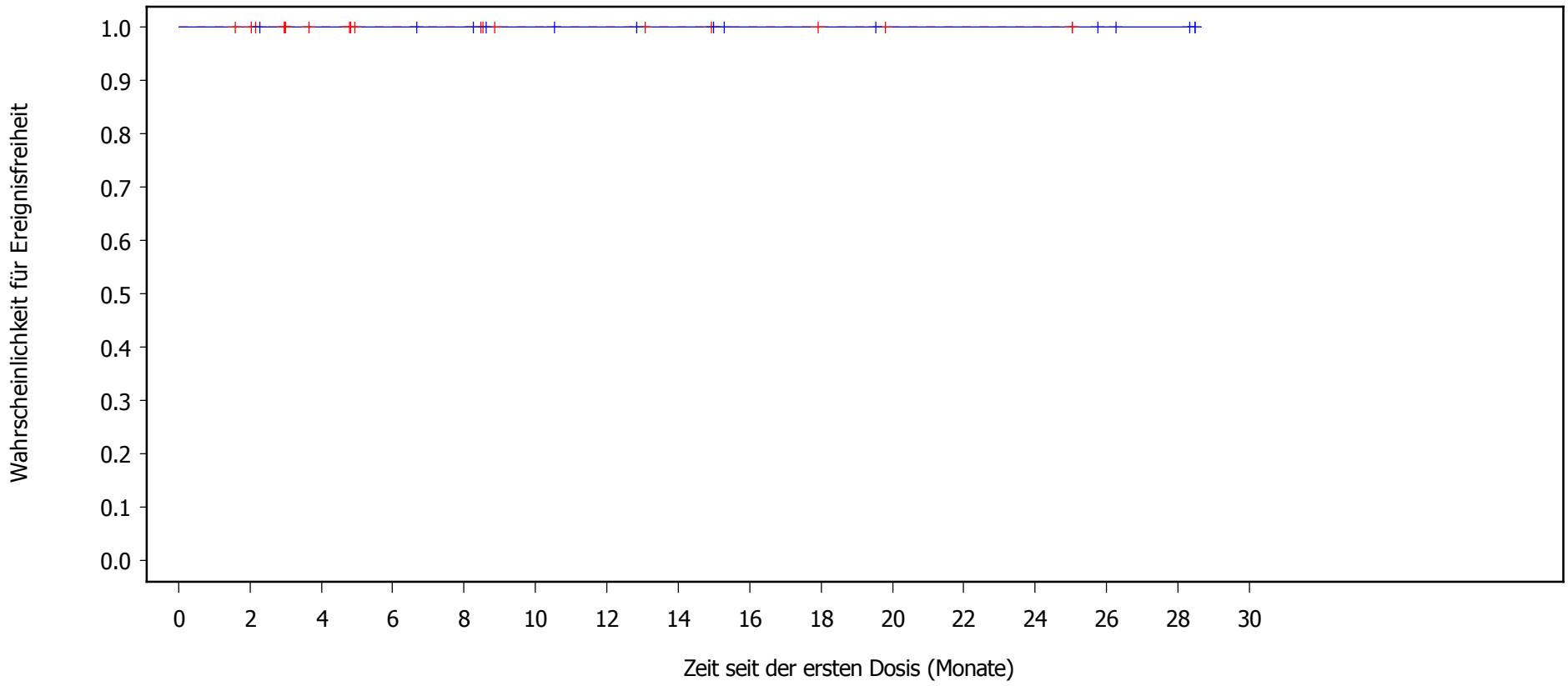
Figure 3.3.3.75 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

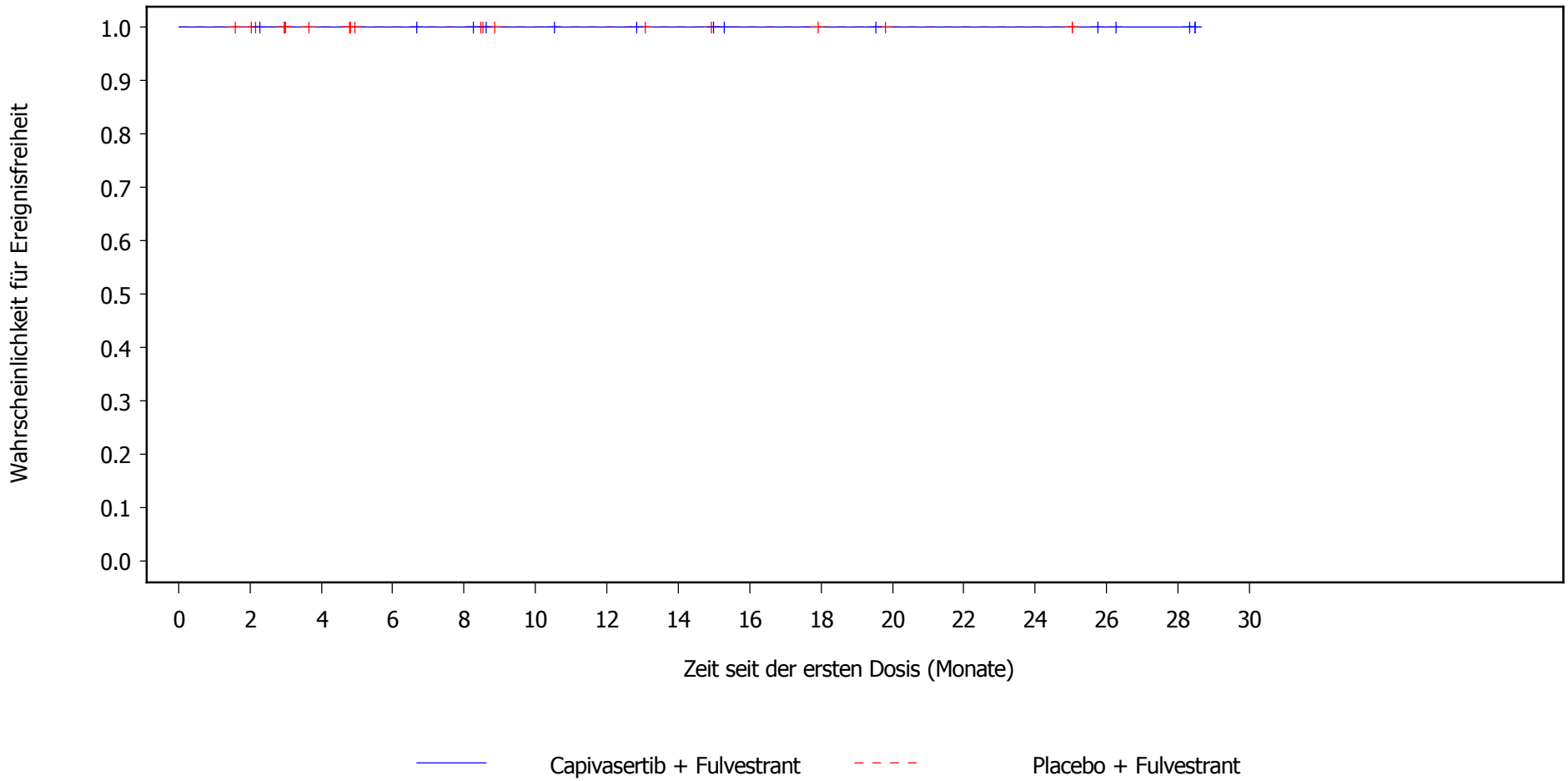
Figure 3.3.3.76 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Ausschlag
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

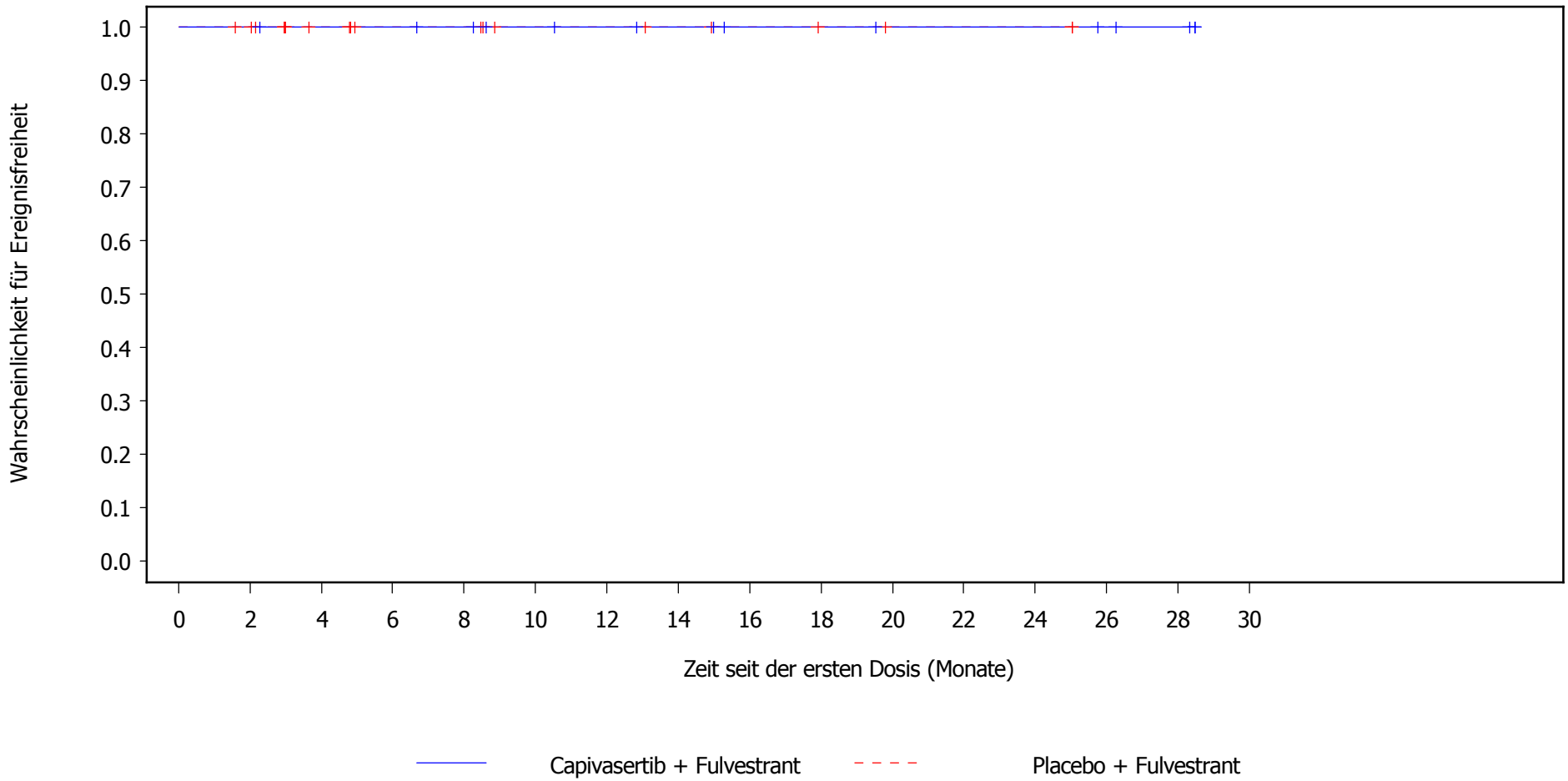
Figure 3.3.3.77 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

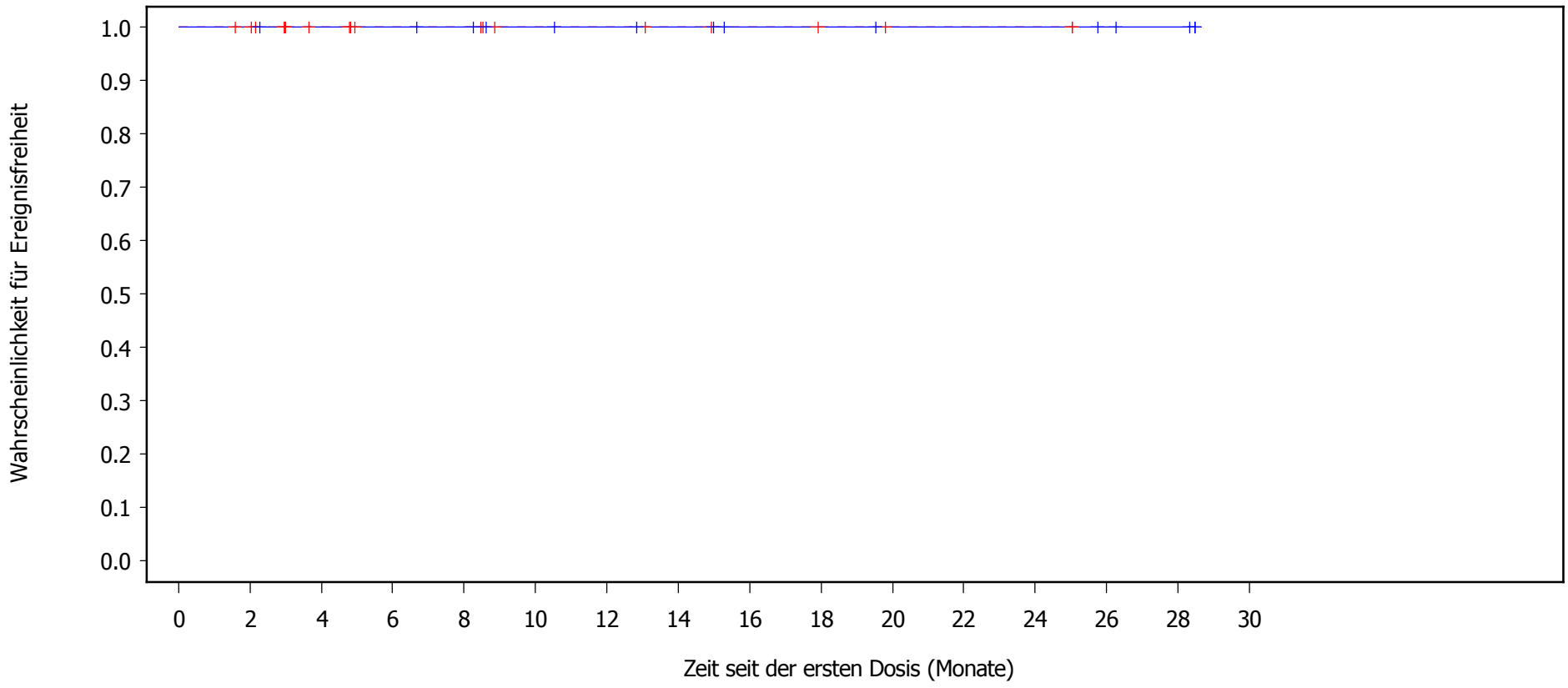
Figure 3.3.3.78 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Hyperglykämie
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

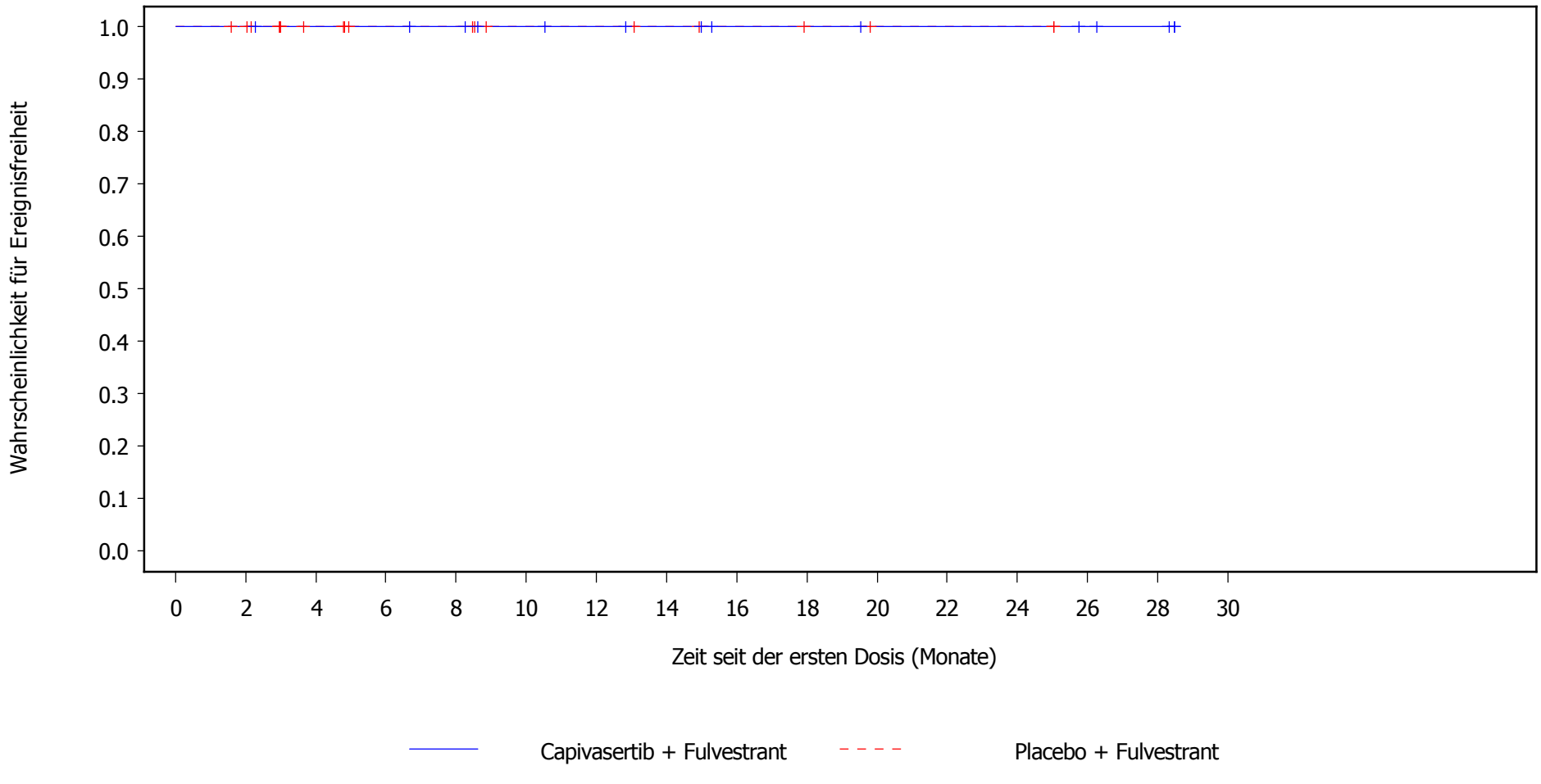
Figure 3.3.3.79 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

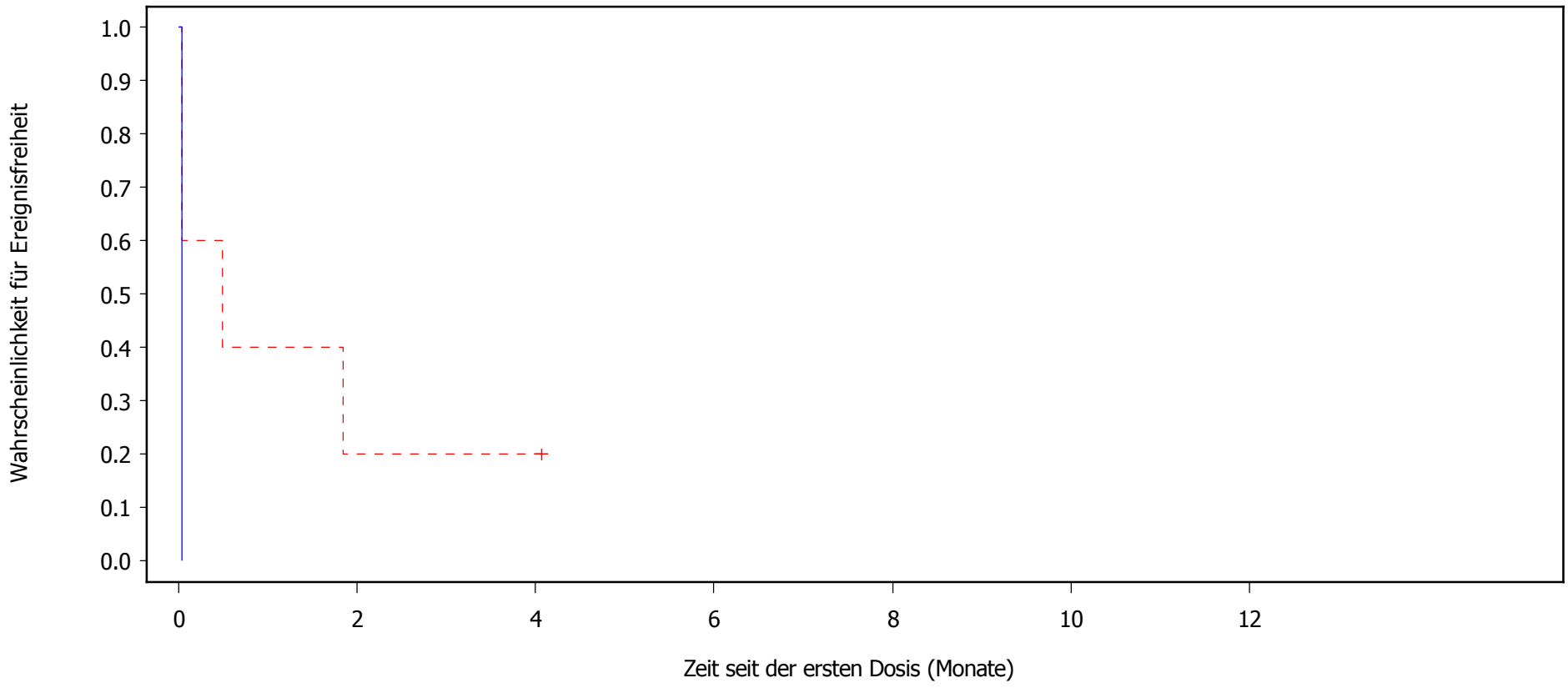
Figure 3.3.3.80 CAPItello-291 (Global A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Stomatitis
Altered safety analysis set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

13	13	12	12	11	9	8	7	5	5	4	4	4	3	2	0	Capivasertib + Fulvestrant
18	17	11	8	8	5	5	4	3	2	1	1	1	0	0	0	Placebo + Fulvestrant

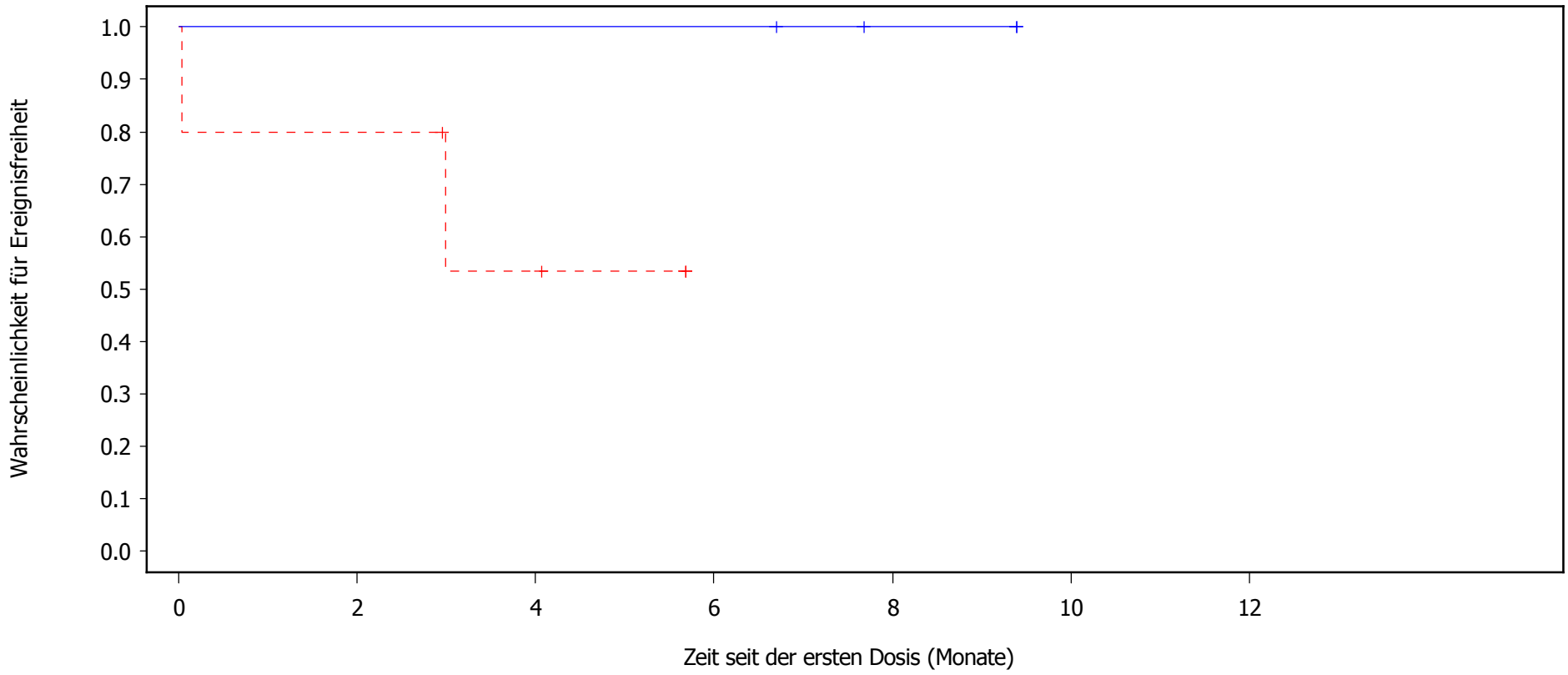
Figure 3.3.4.1 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	0	0	0	0	Placebo + Fulvestrant

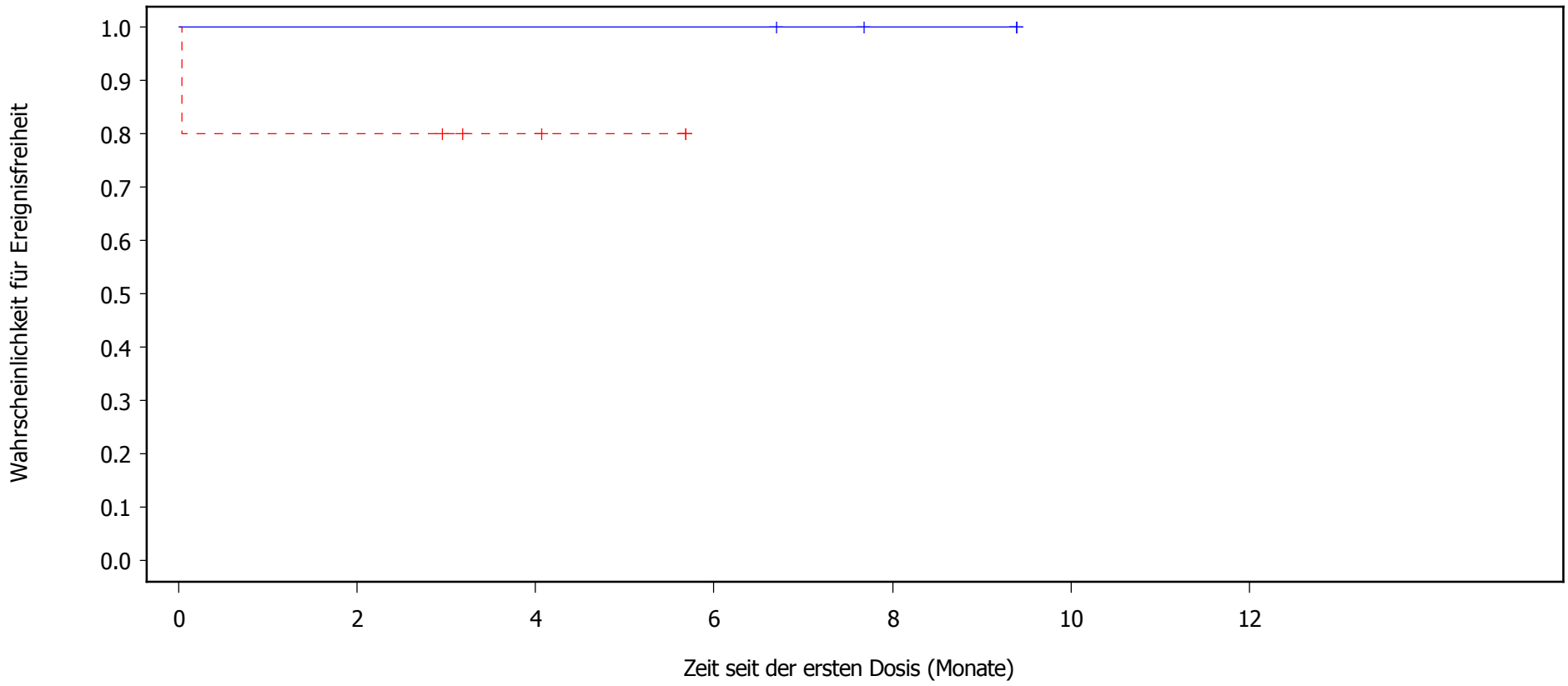
Figure 3.3.4.2 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Allgemeine Erkrankungen und Beschwerden am Verabreichungsort
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	34	32	30	10	0	0	Capivasertib + Fulvestrant
							Placebo + Fulvestrant

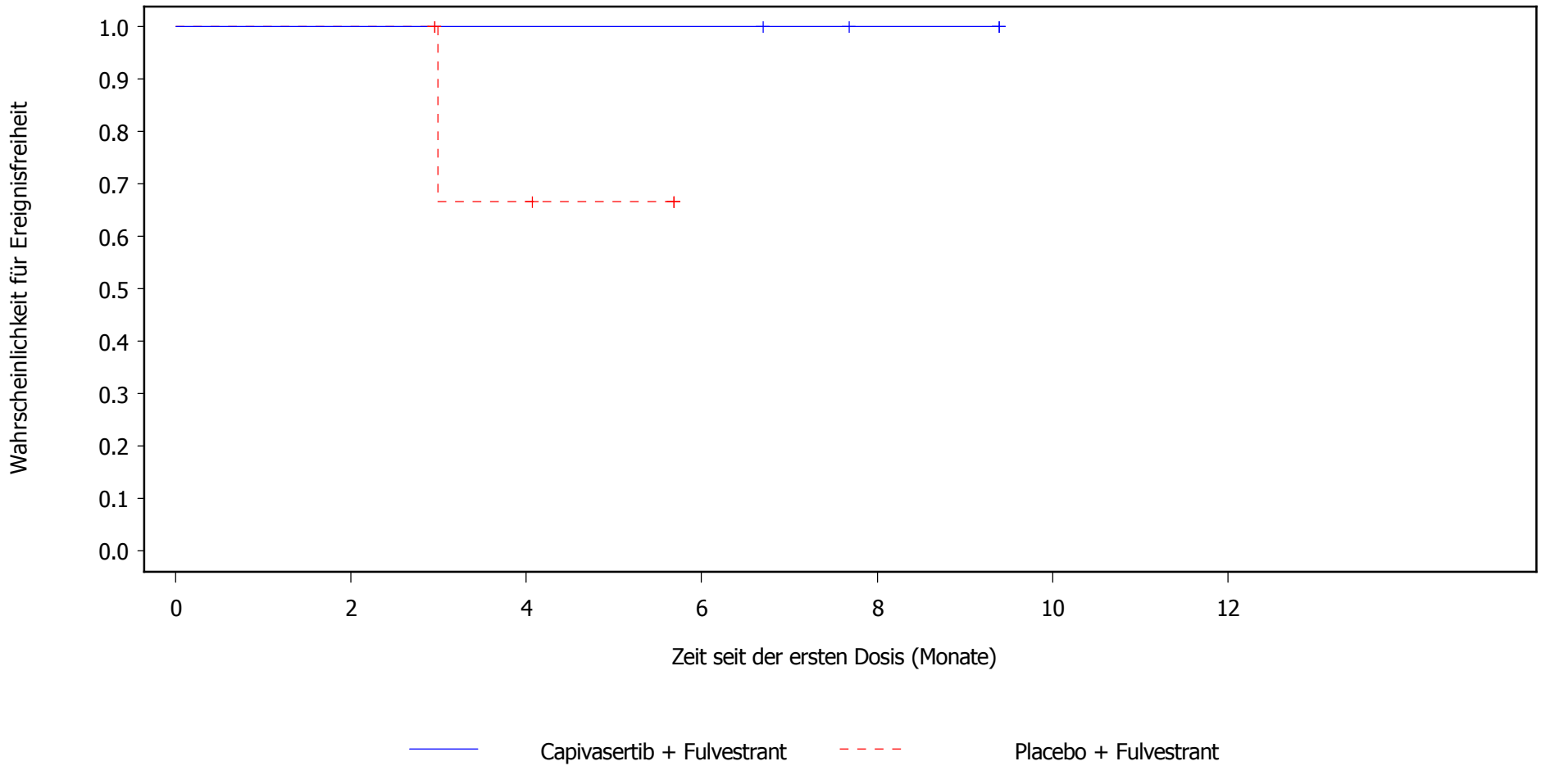
Figure 3.3.4.3 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Asthenie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	34	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

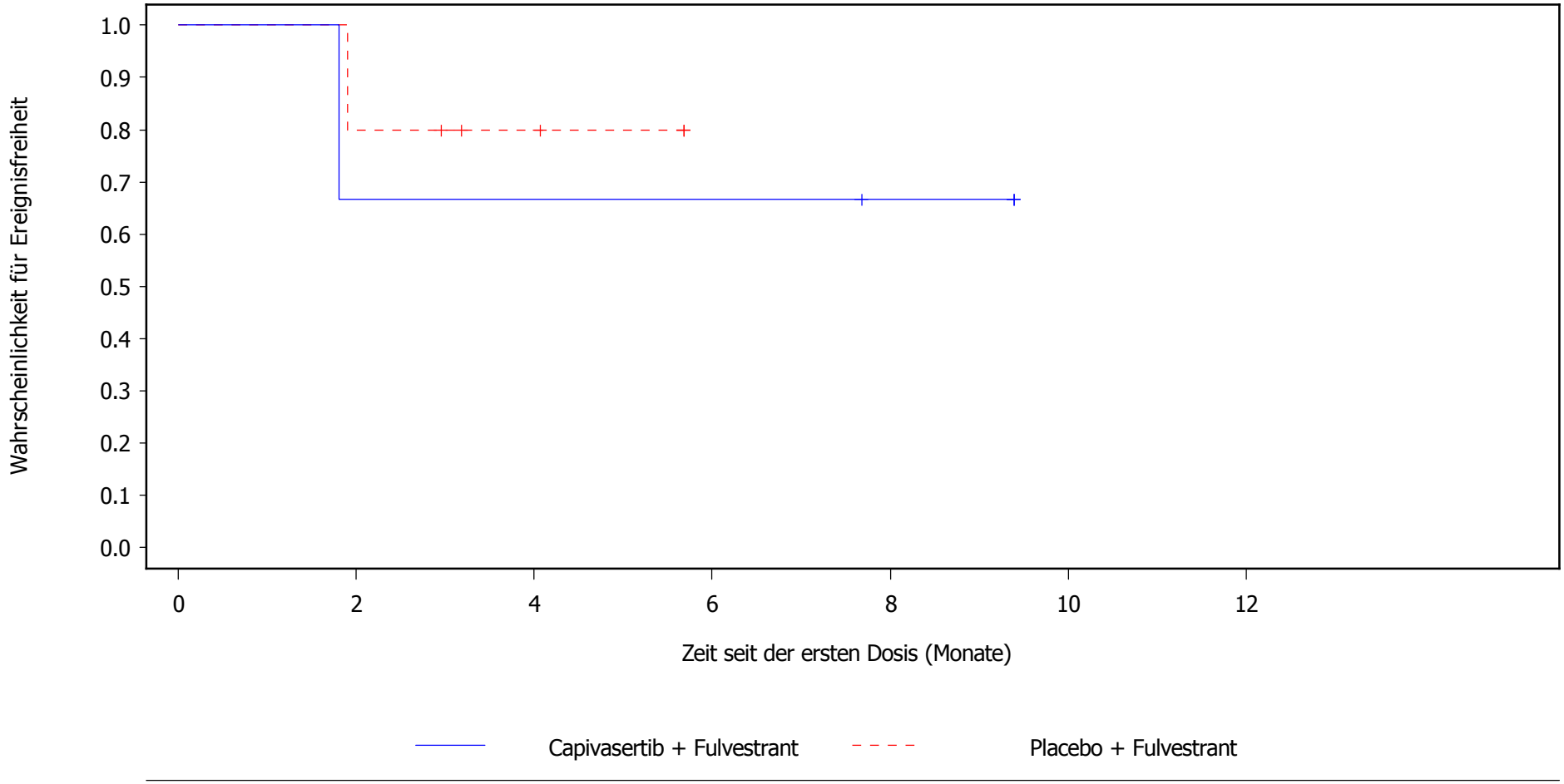
Figure 3.3.4.4 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Unwohlsein
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 5	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

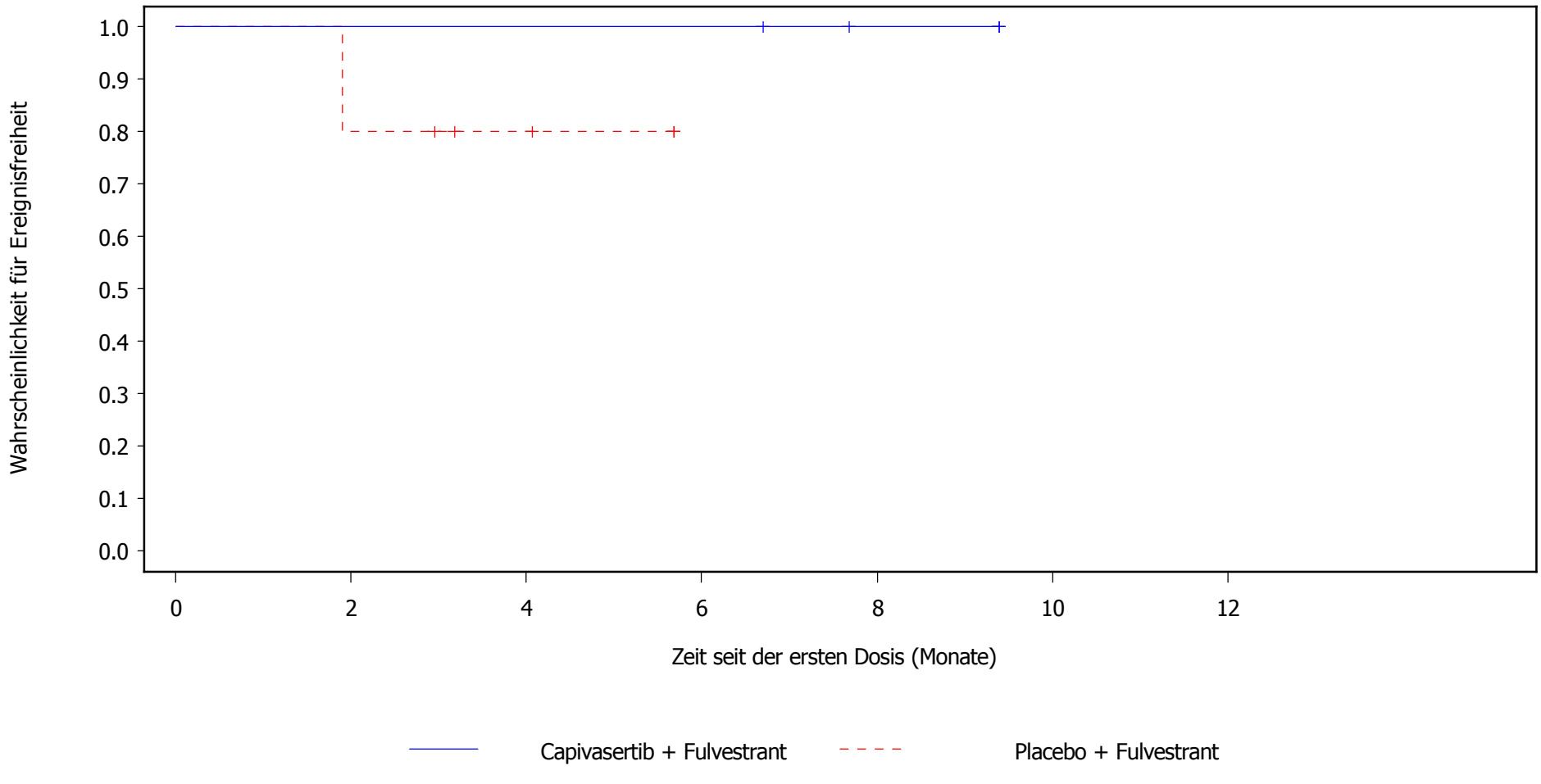
Figure 3.3.4.5 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Atemwege, des Brustraums und Mediastinums
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0	Capivasertib + Fulvestrant
5	4	2	0	0	0	0	Placebo + Fulvestrant

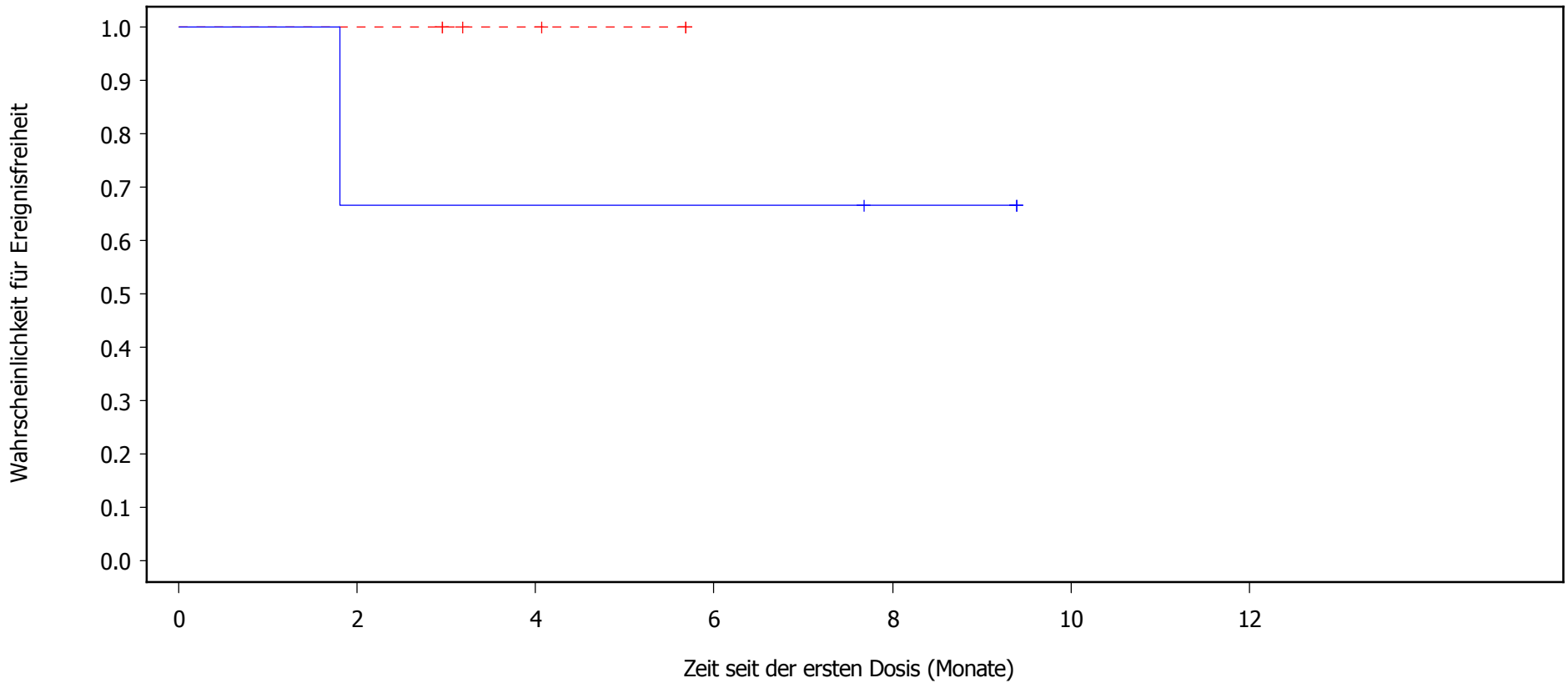
Figure 3.3.4.6 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Dyspnoe
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	4	2	0	0	0	0	Placebo + Fulvestrant

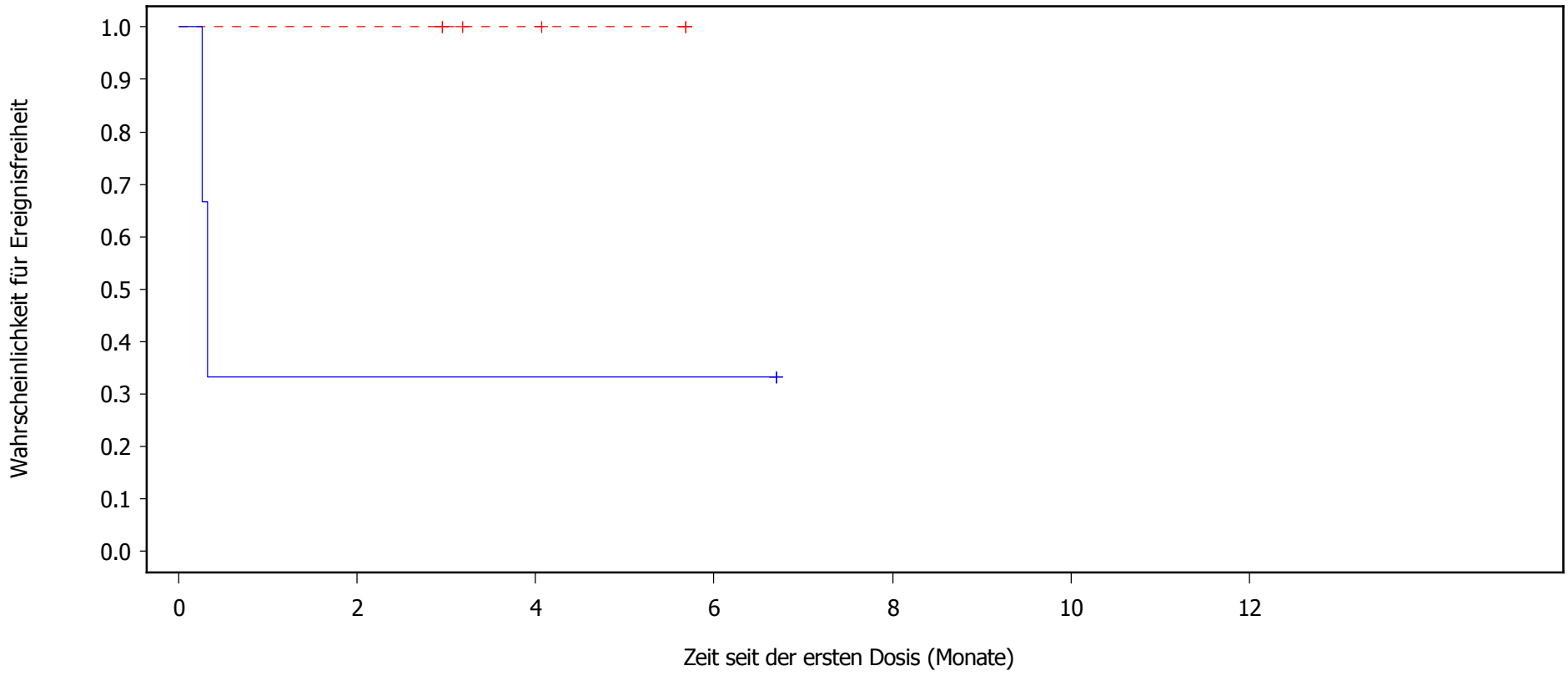
Figure 3.3.4.7 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Interstitielle Lungenerkrankung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

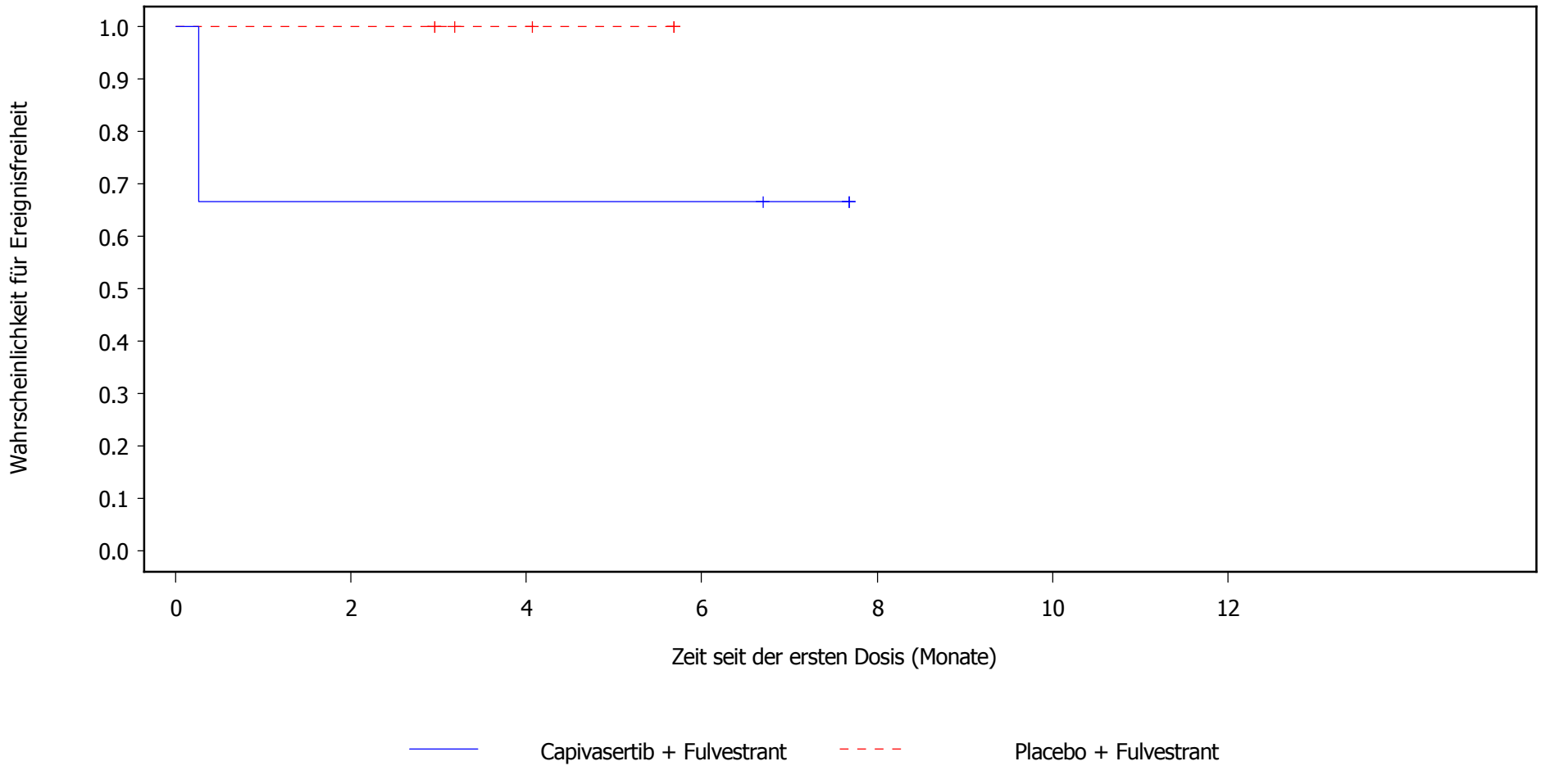
Figure 3.3.4.8 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

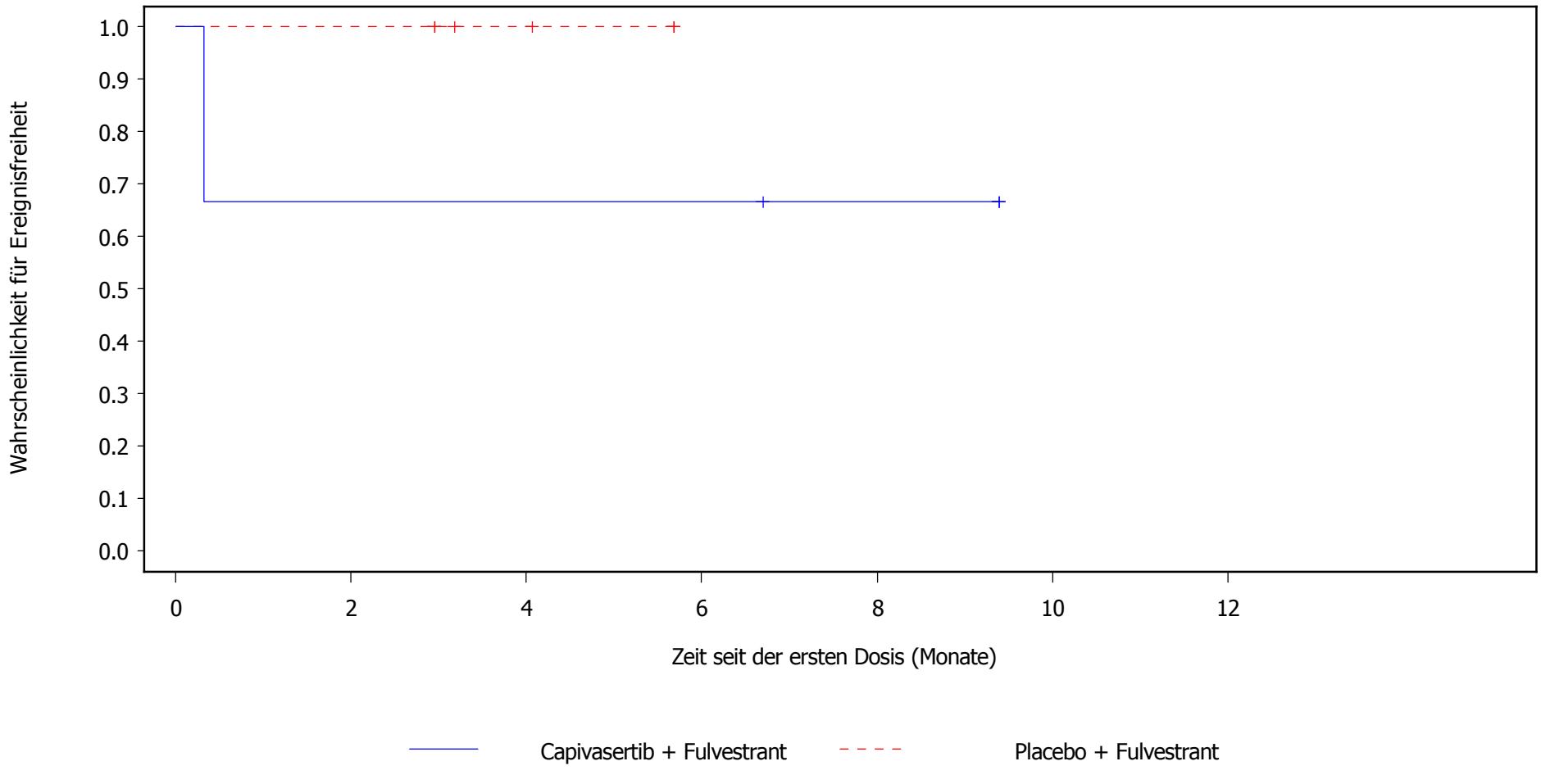
Figure 3.3.4.9 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	0	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

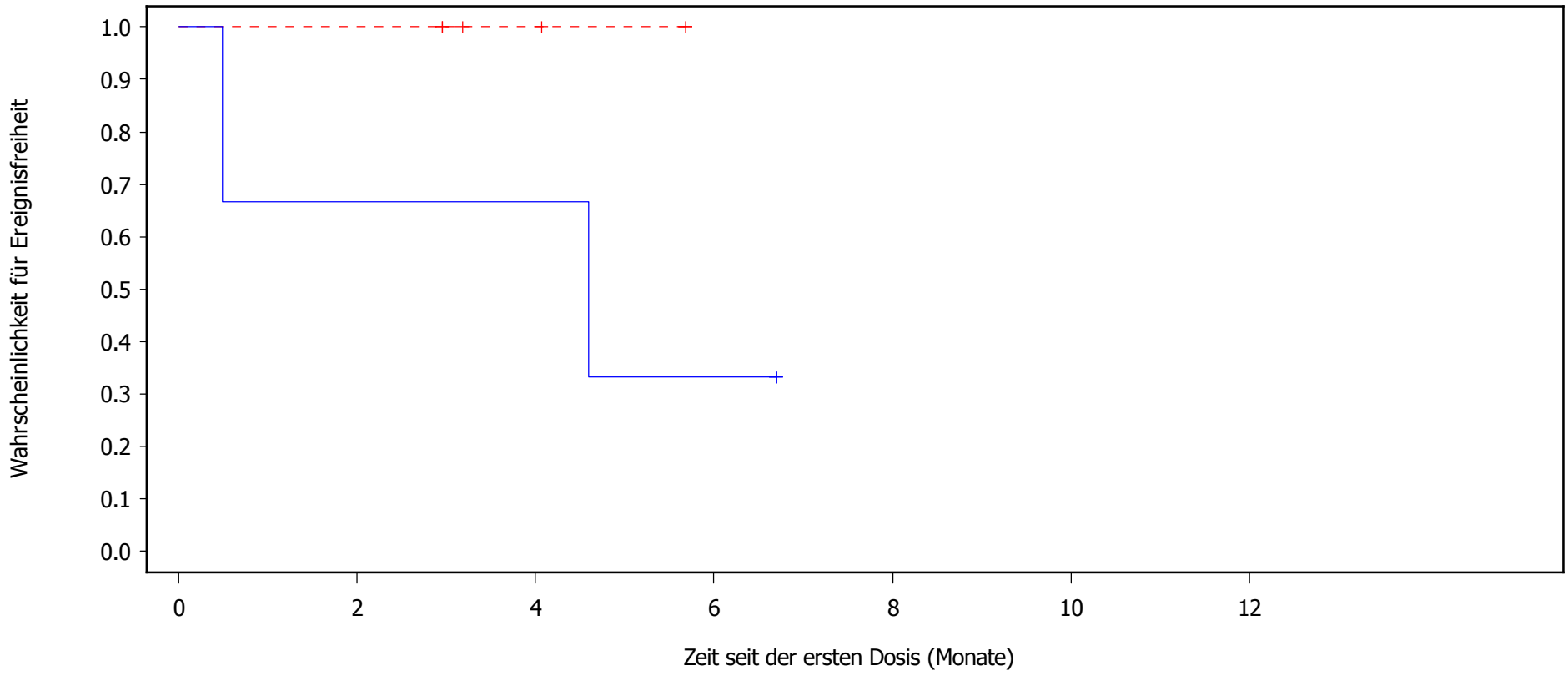
Figure 3.3.4.10 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Ausschlag makulo-papuloes
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

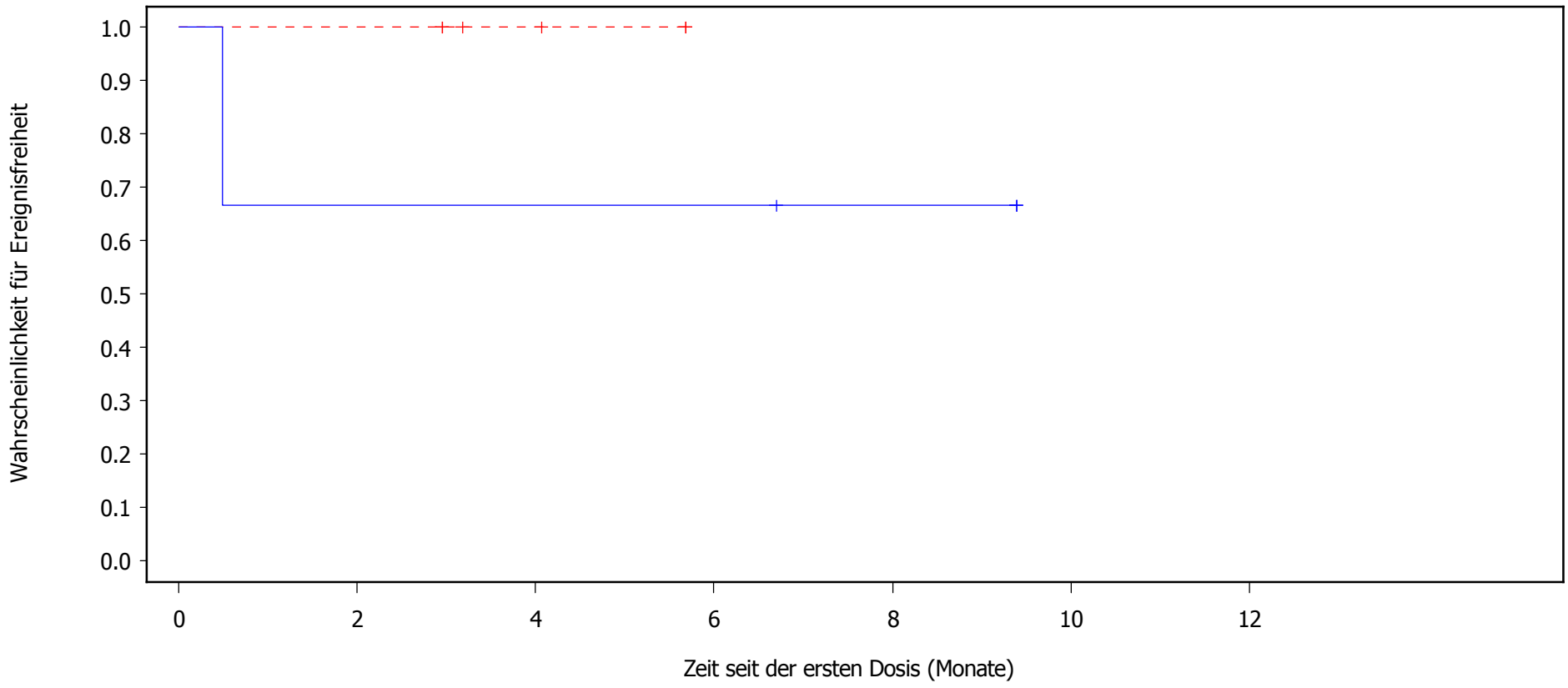
Figure 3.3.4.11 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen der Nieren und Harnwege
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	1	0	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

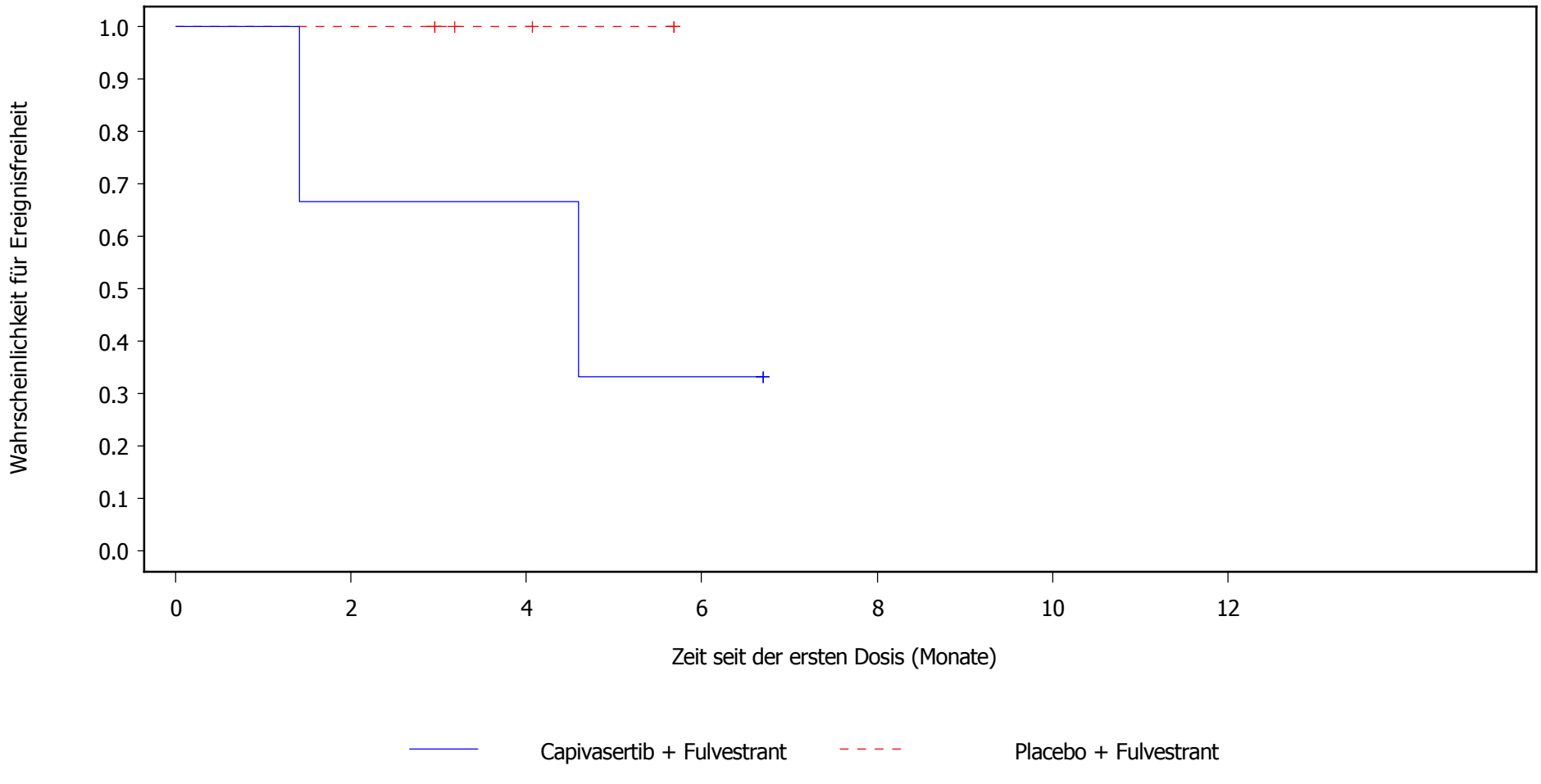
Figure 3.3.4.12 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Nierenversagen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

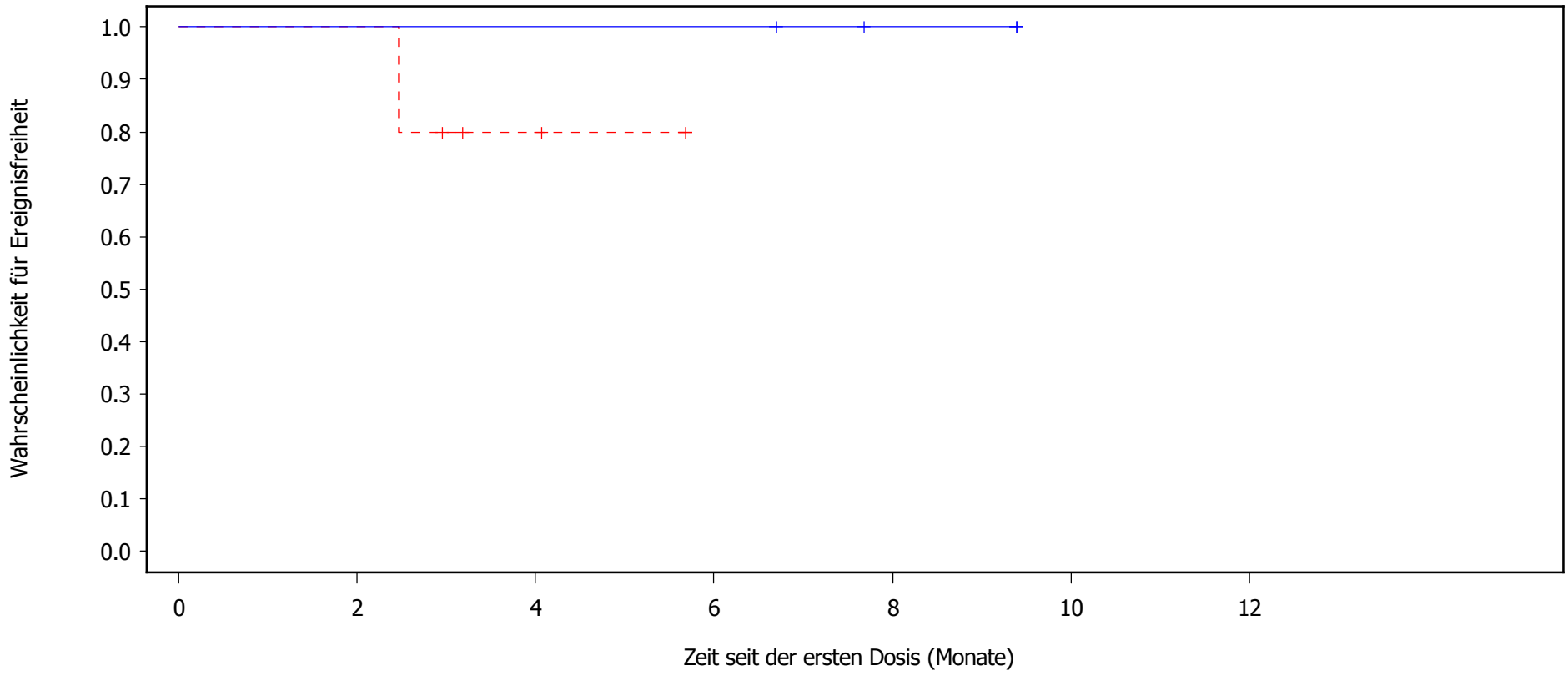
Figure 3.3.4.13 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Proteinurie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	1	0	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

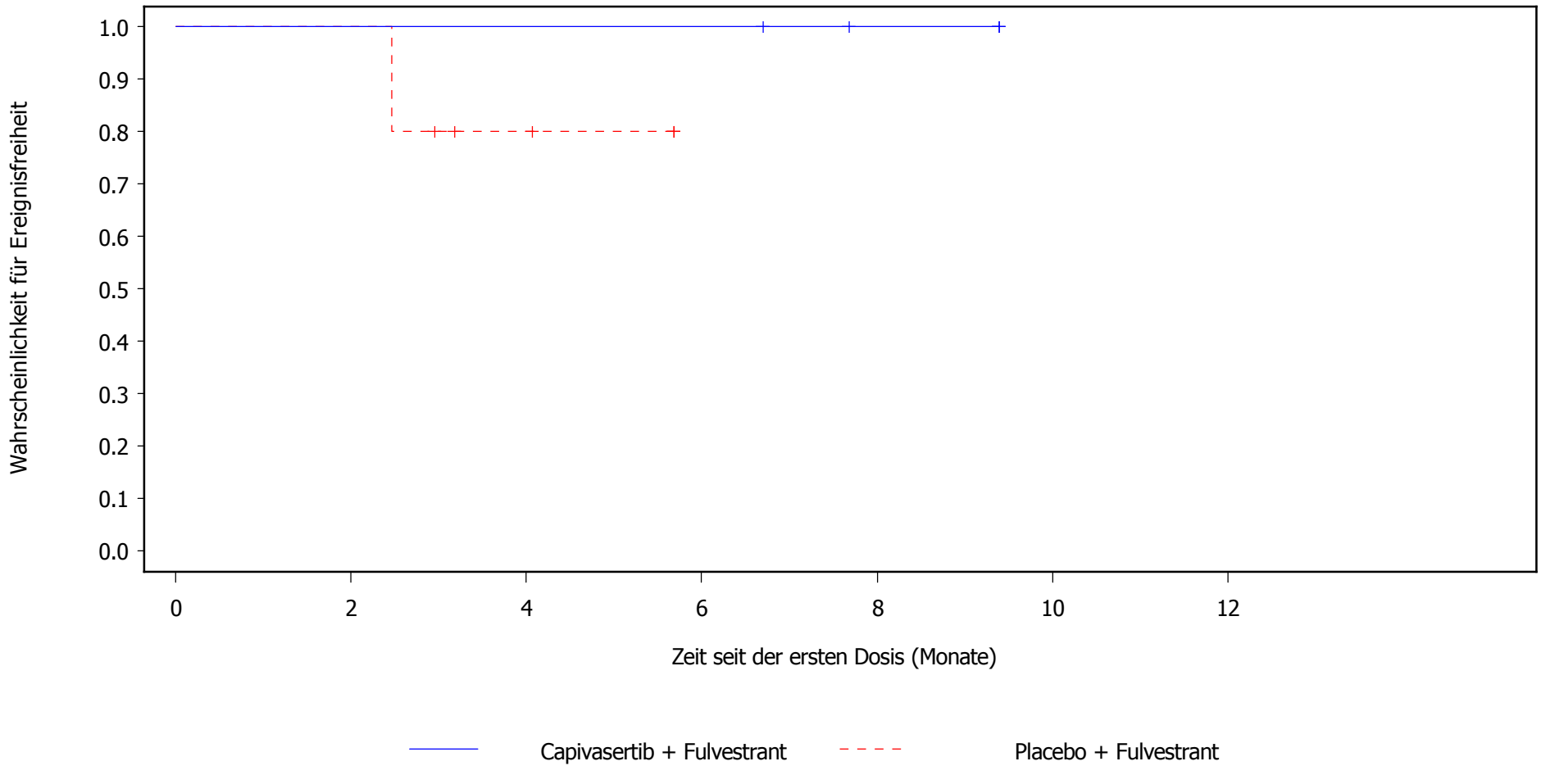
Figure 3.3.4.14 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Blutes und des Lymphsystems
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

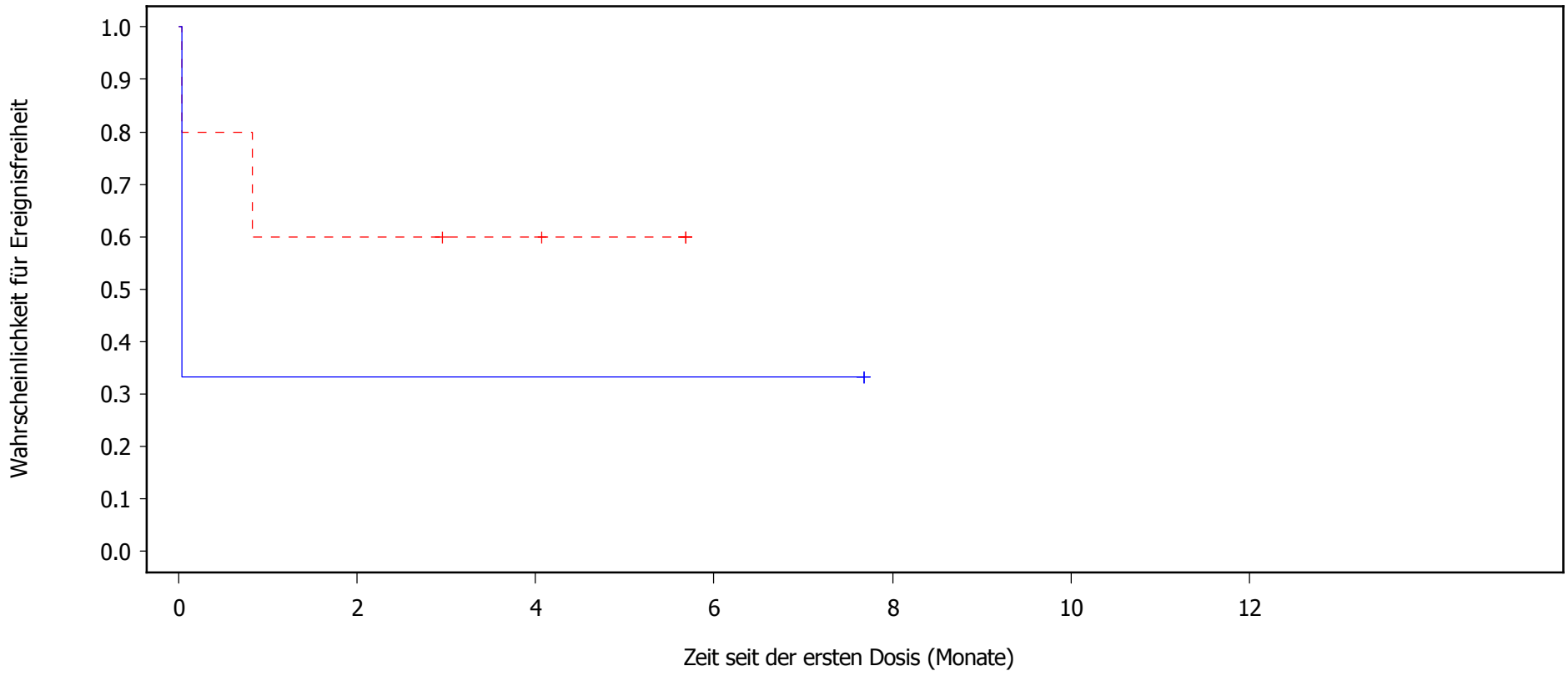
Figure 3.3.4.15 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Anaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

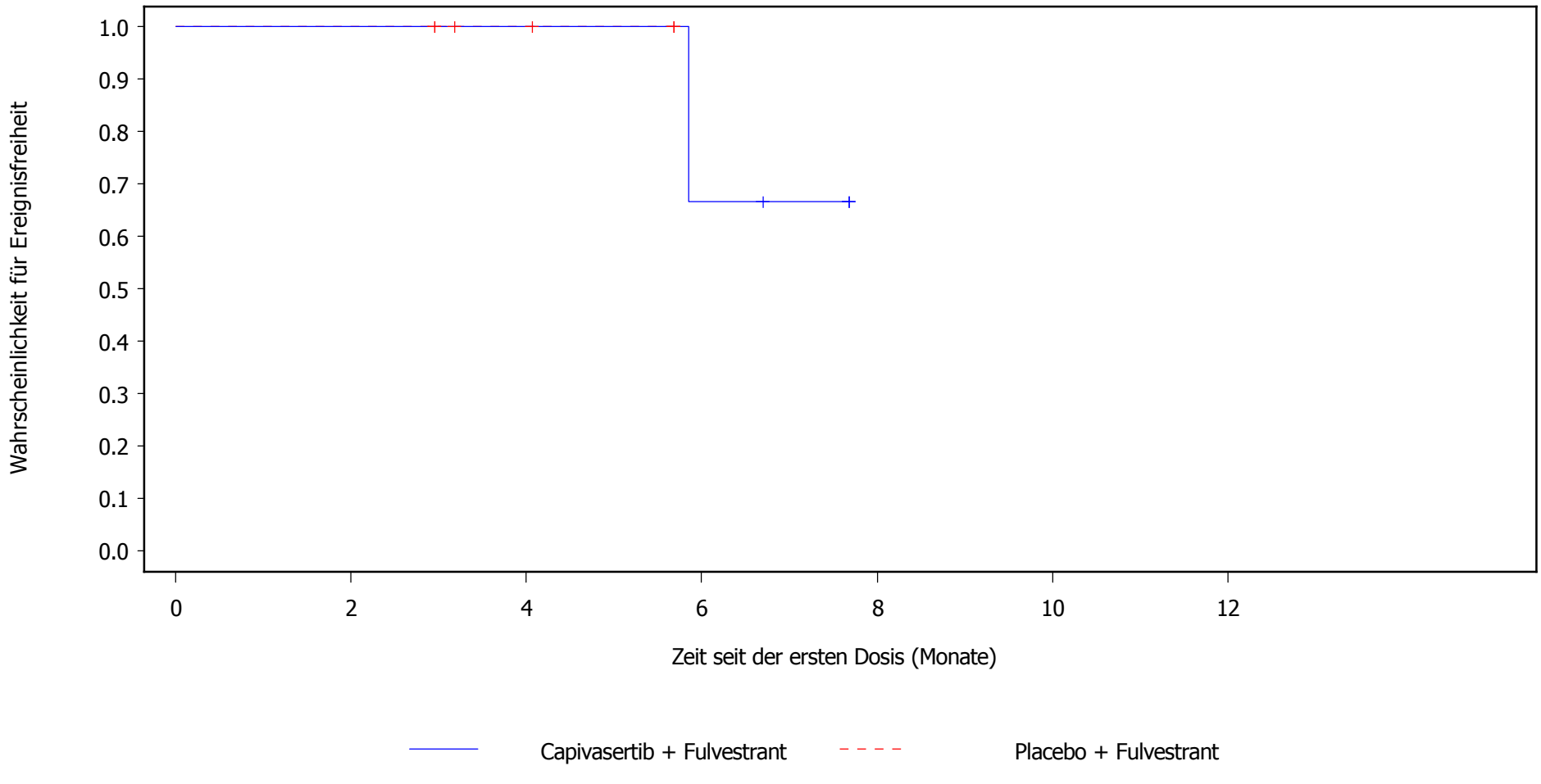
Figure 3.3.4.16 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	3	2	0	0	0	0	Placebo + Fulvestrant

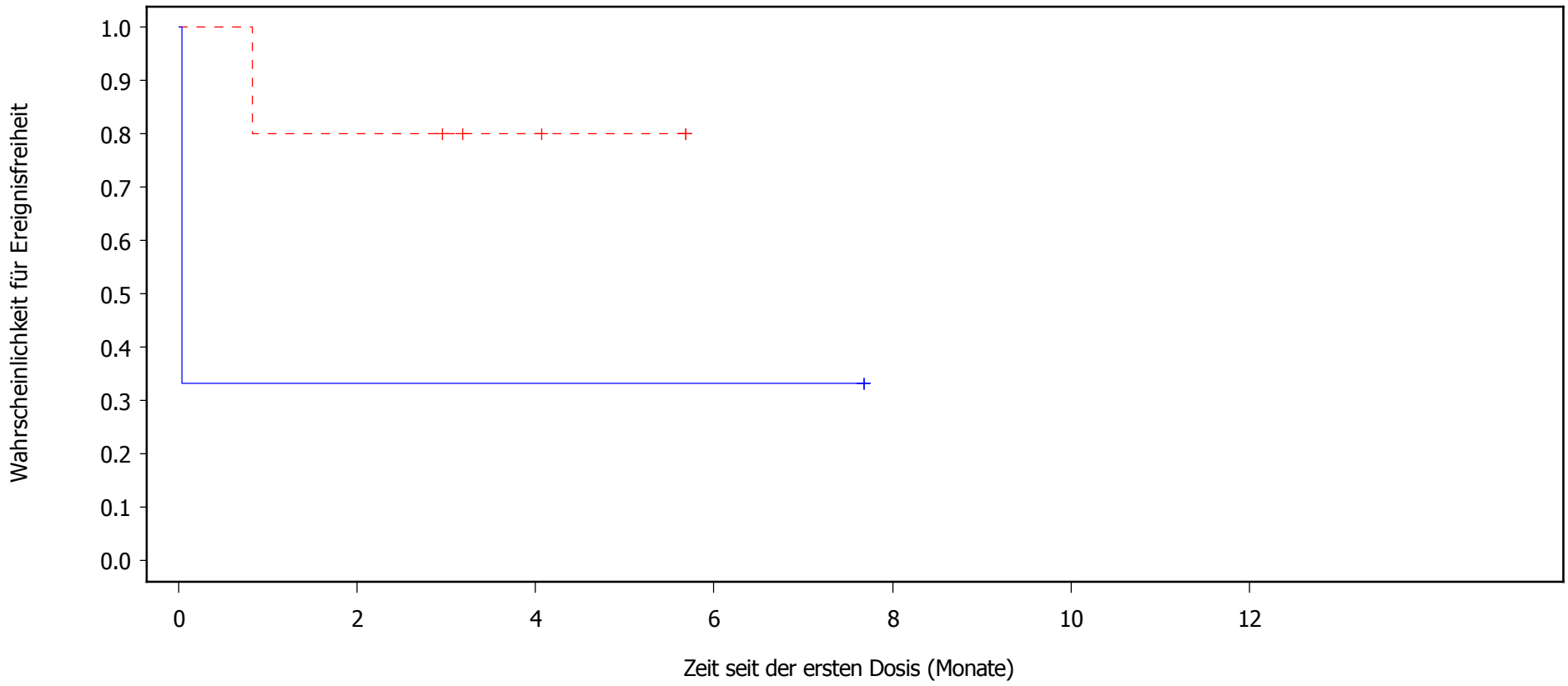
Figure 3.3.4.17 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Abdominalschmerz
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	20	00	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

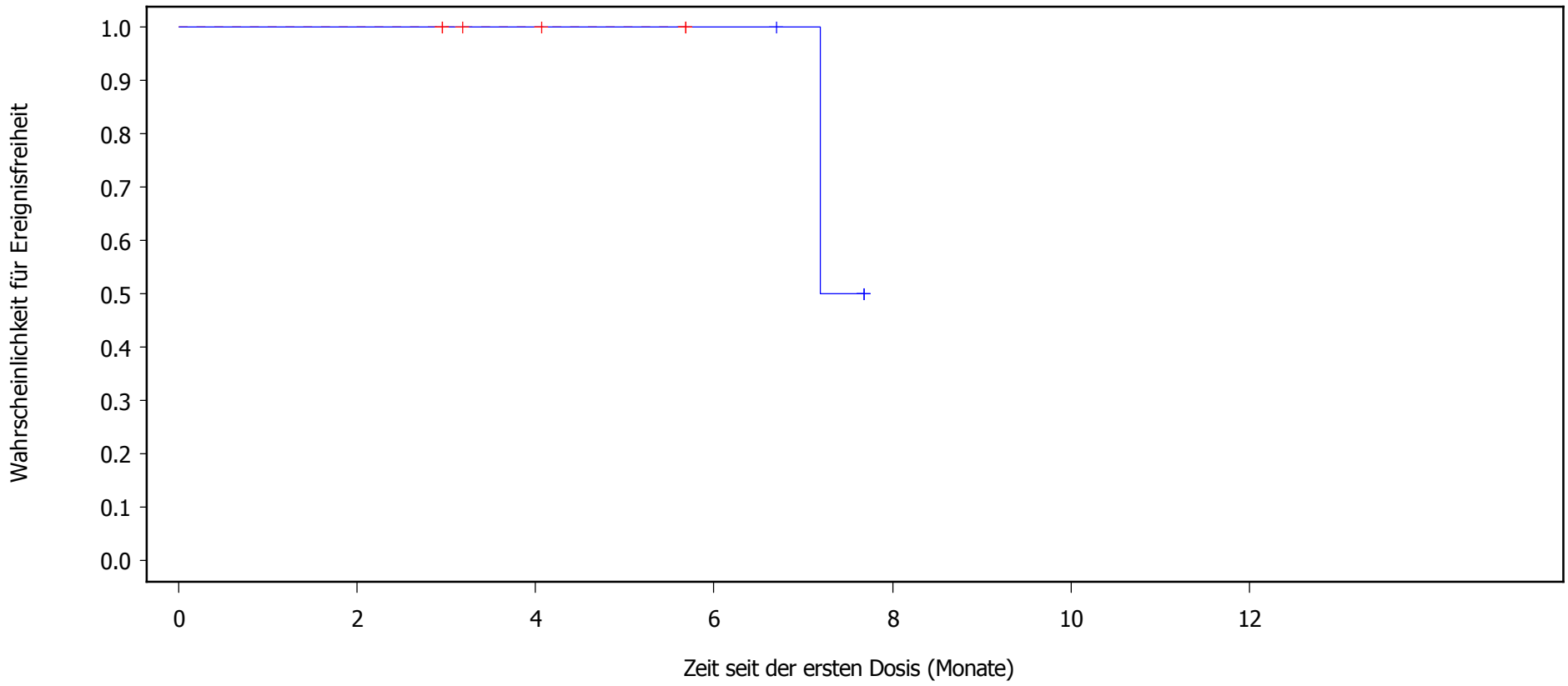
Figure 3.3.4.18 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Diarrhoe
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	4	2	0	0	0	0	Placebo + Fulvestrant

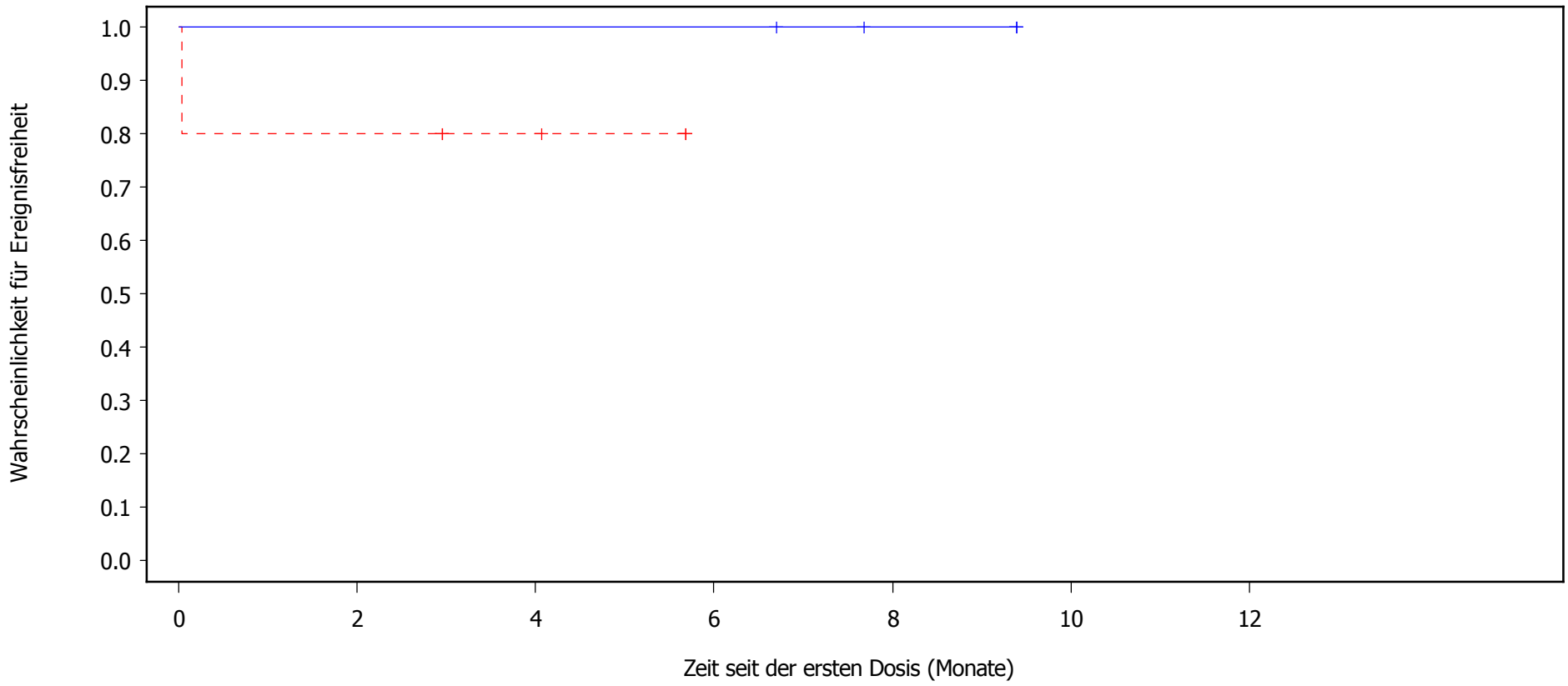
Figure 3.3.4.19 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Dyspepsie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	30	0	0	0	Capivasertib + Fulvestrant
				0	0	0	Placebo + Fulvestrant

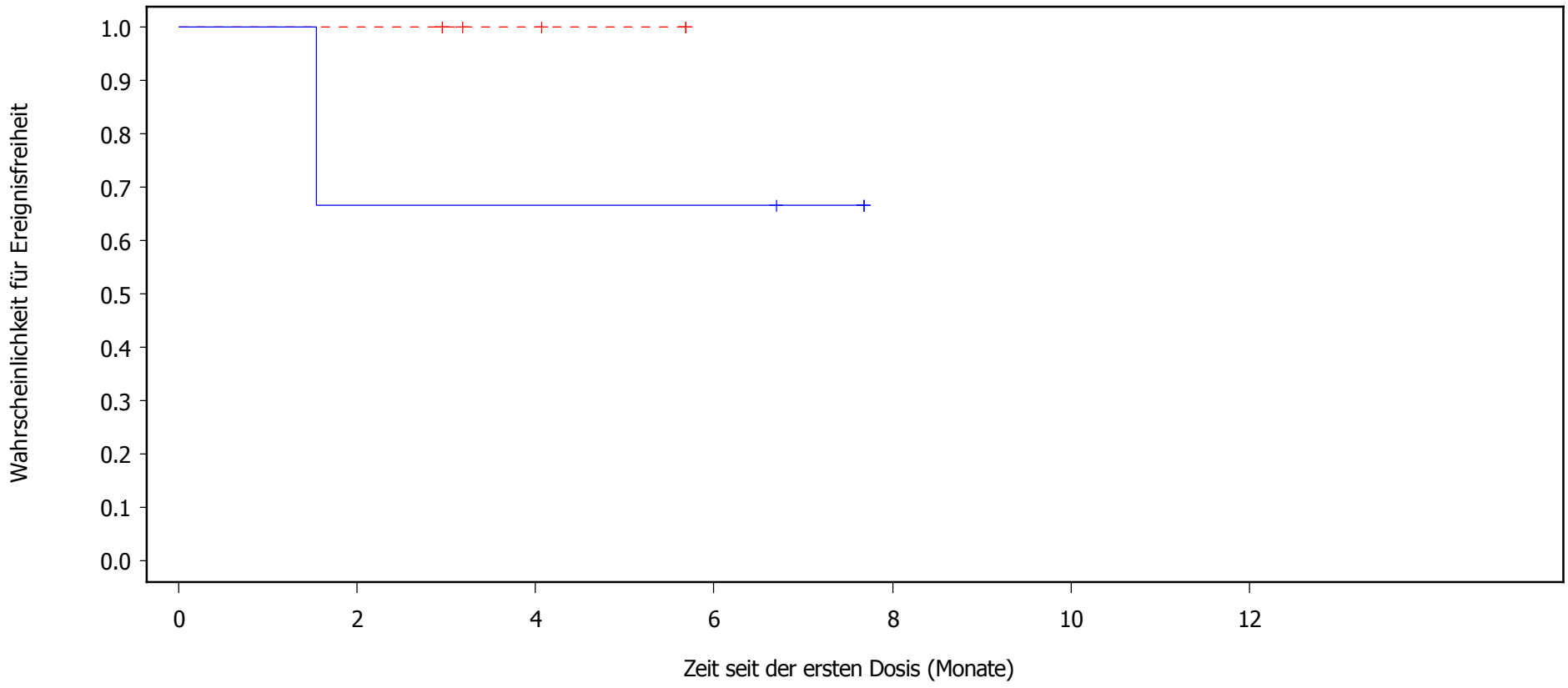
Figure 3.3.4.20 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Erbrechen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	34	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

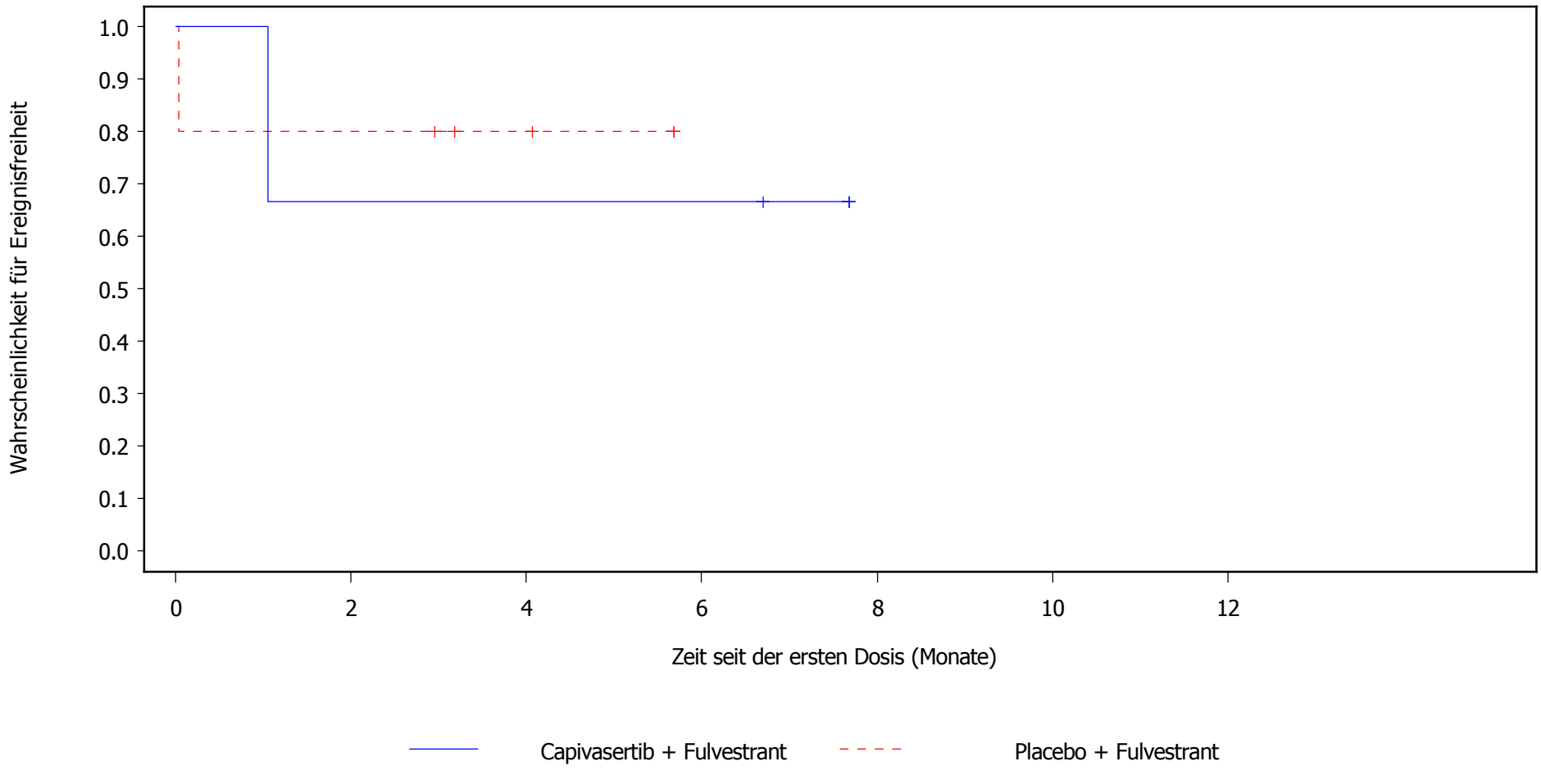
Figure 3.3.4.21 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Haemorrhoiden
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	0	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

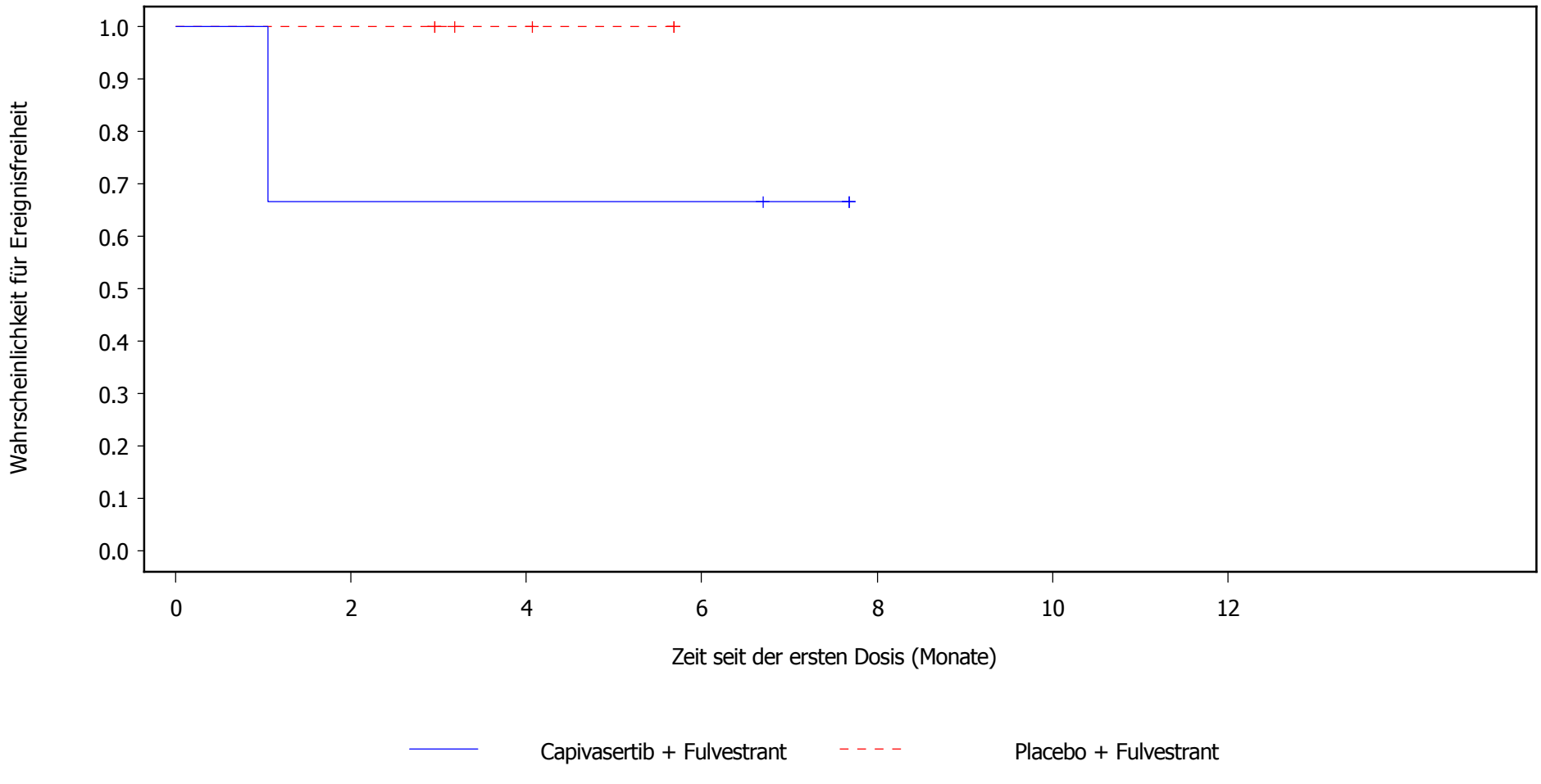
Figure 3.3.4.22 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Erkrankungen des Nervensystems
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	2 4	2 2	2 0	0 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

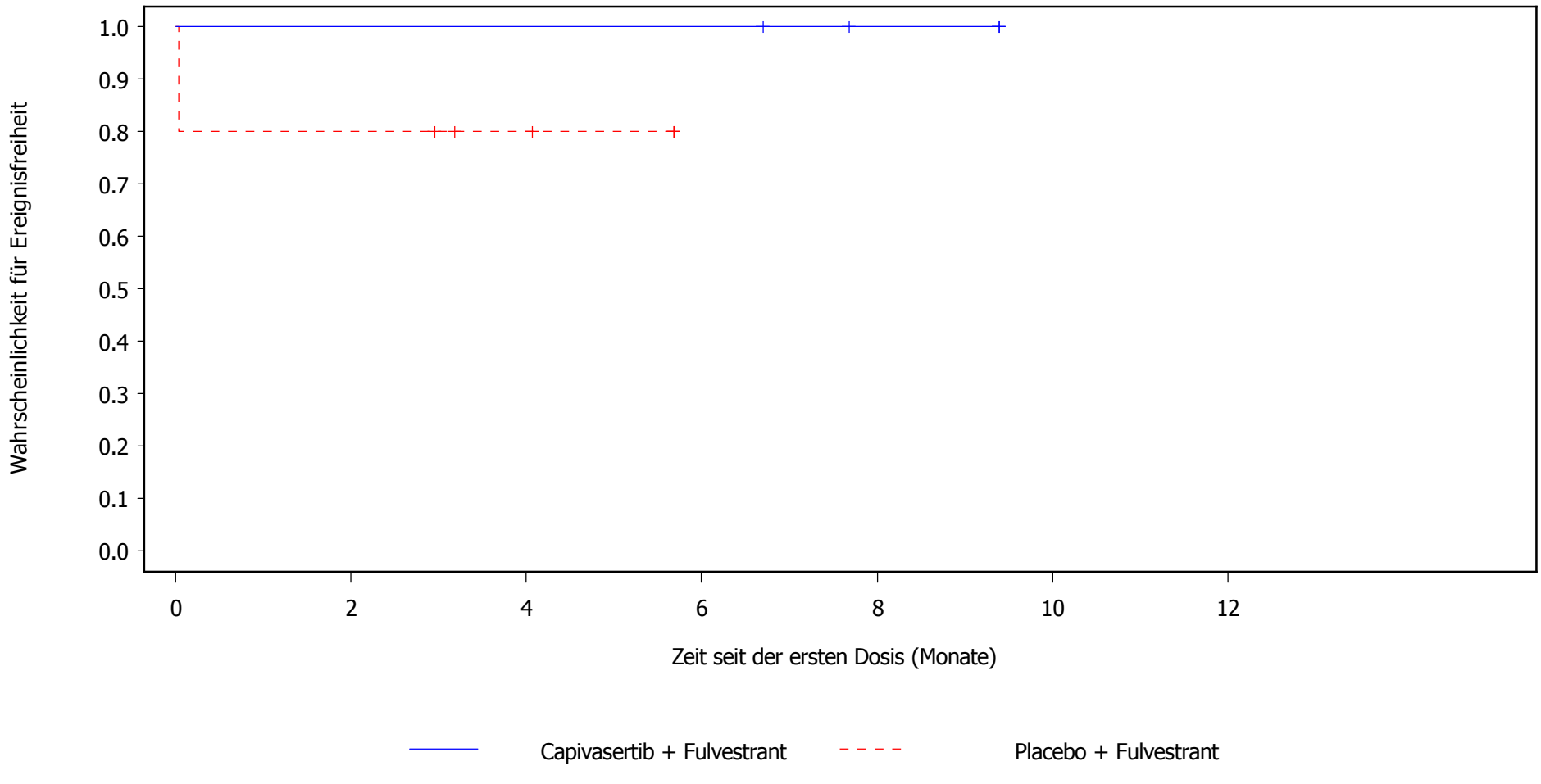
Figure 3.3.4.23 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hypoaesthesie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	20	0	0	0 Capivasertib + Fulvestrant
				0	0	0 Placebo + Fulvestrant

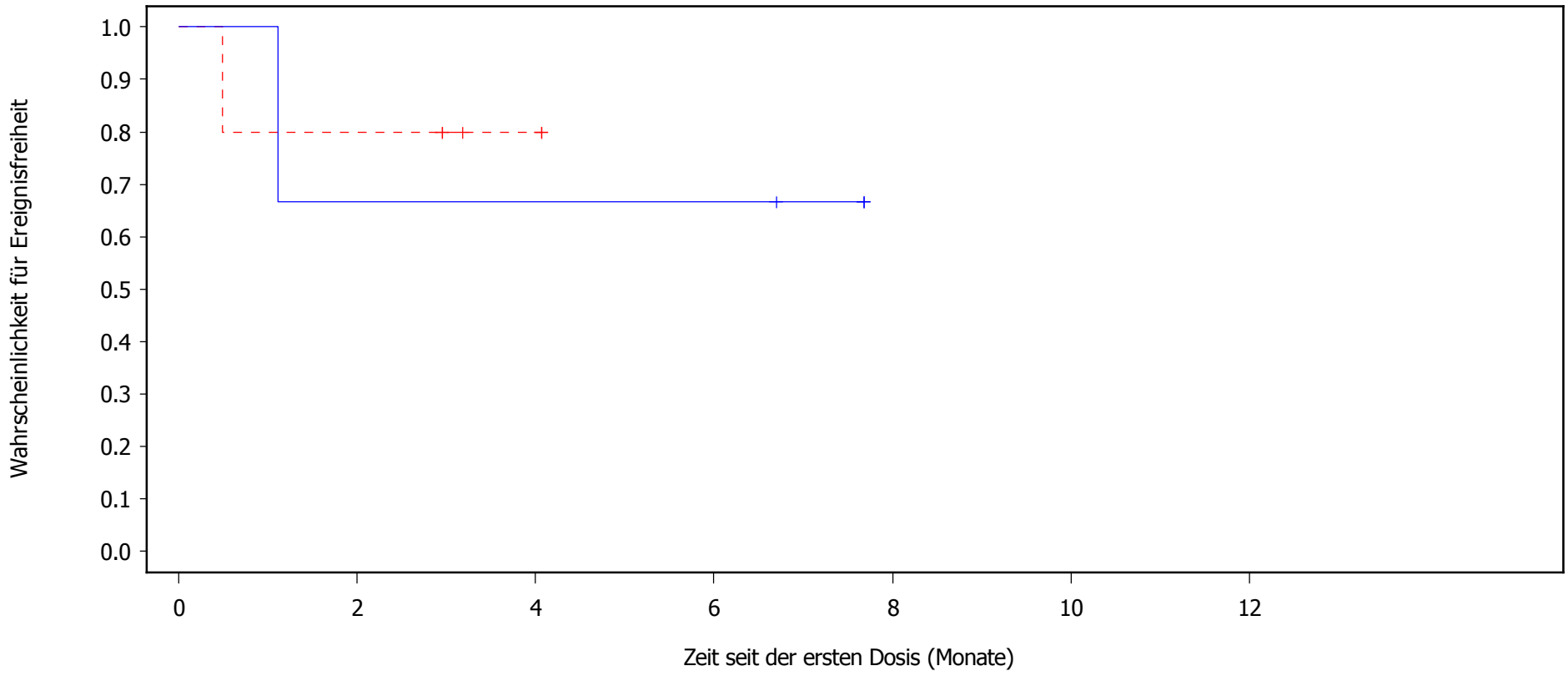
Figure 3.3.4.24 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Schwindelgefuehl
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	34	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

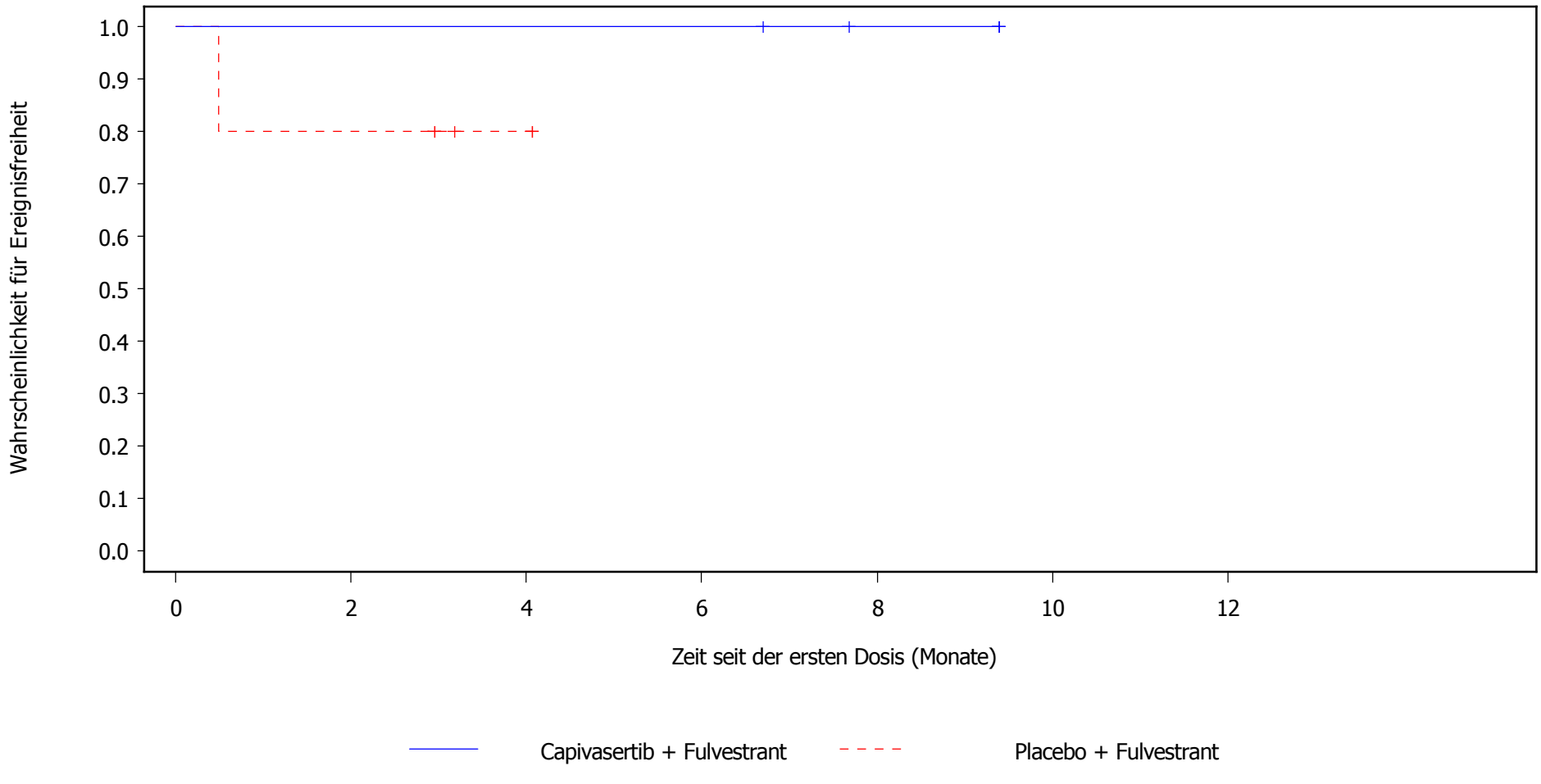
Figure 3.3.4.25 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Infektionen und parasitaere Erkrankungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	0	0	0	Capivasertib + Fulvestrant
5	4	1	0	0	0	0	Placebo + Fulvestrant

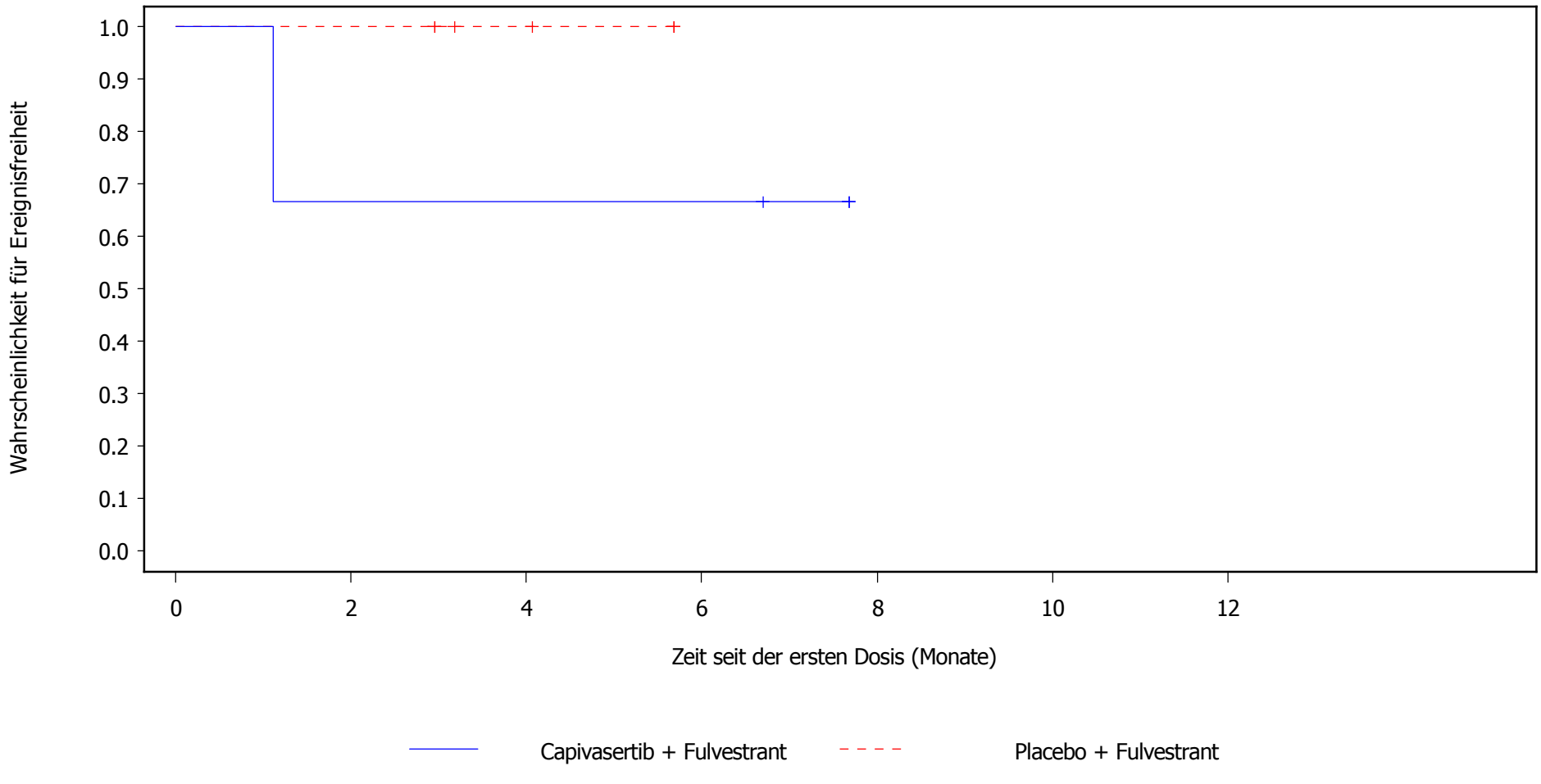
Figure 3.3.4.26 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Harnwegsinfektion
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 4	3 1	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

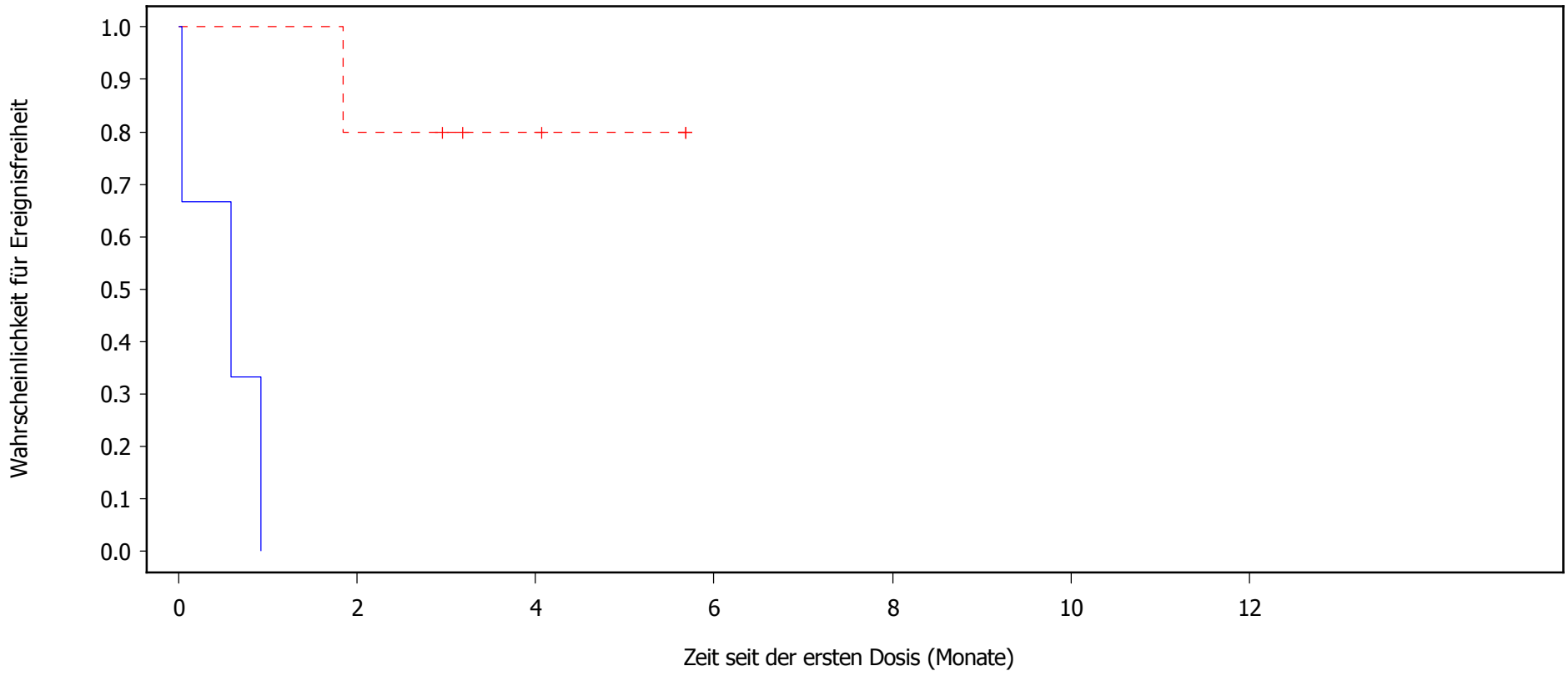
Figure 3.3.4.27 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Infektion der oberen Atemwege
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	0	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

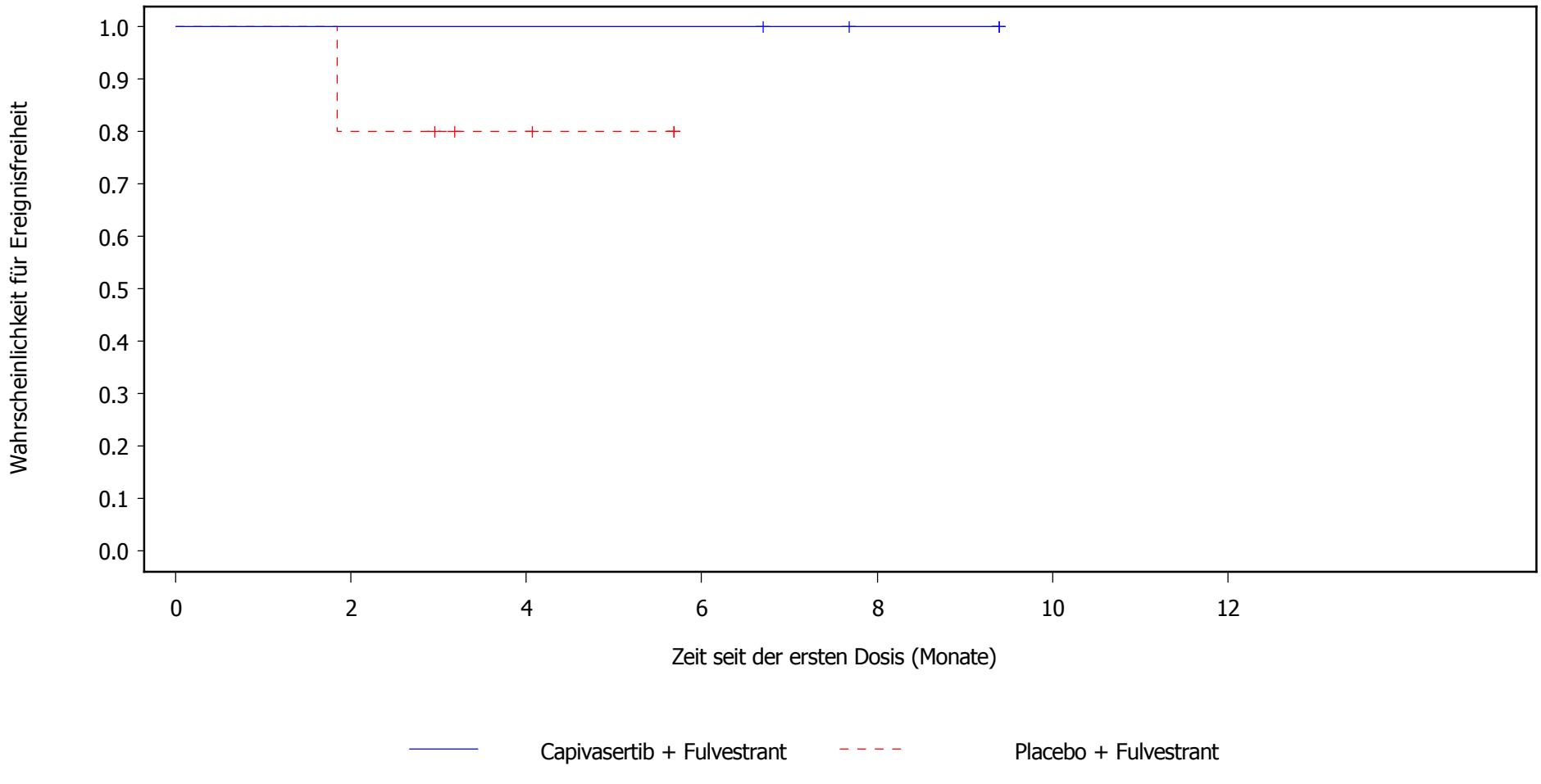
Figure 3.3.4.28 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	4	2	0	0	0	0	Placebo + Fulvestrant

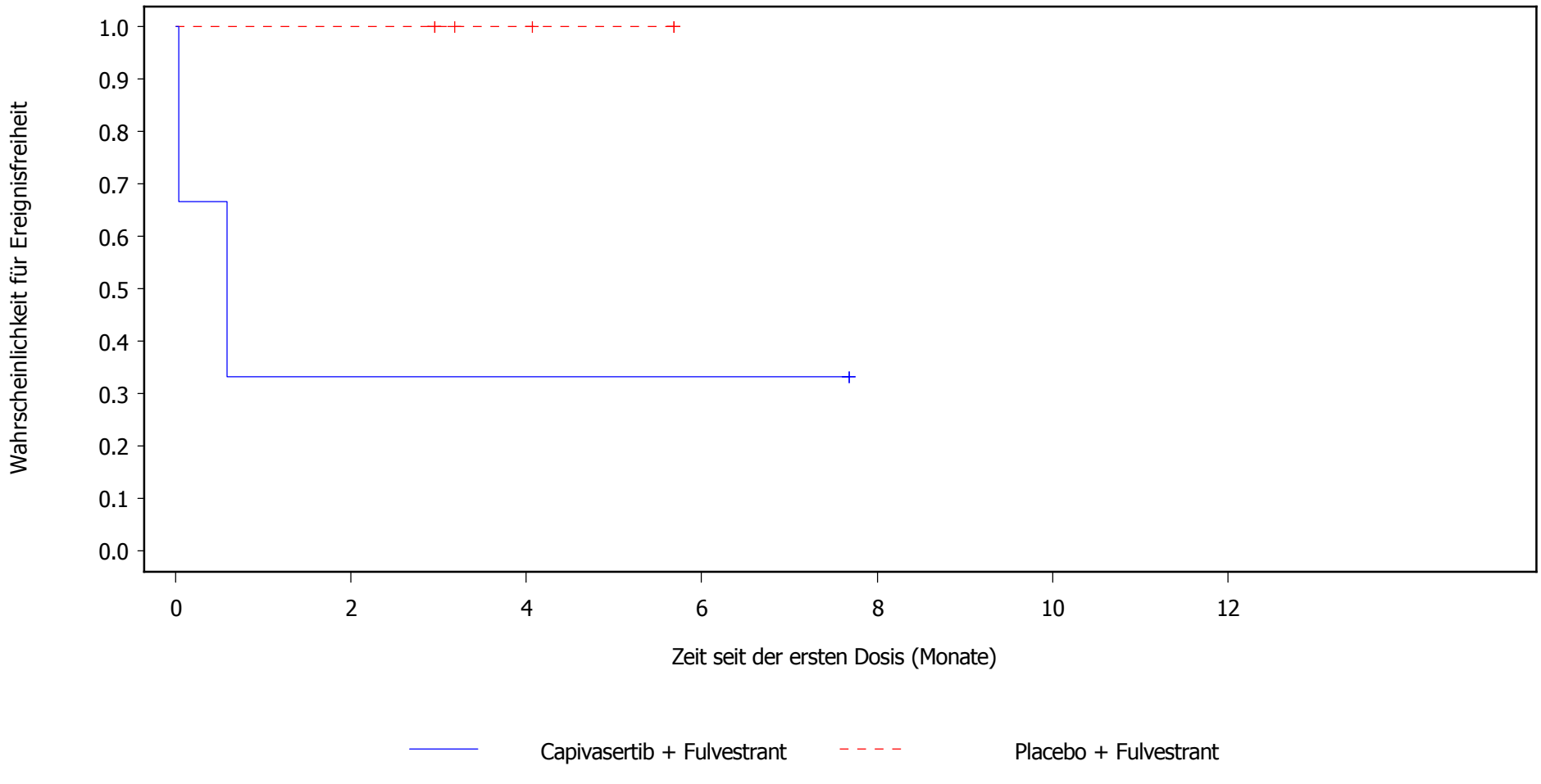
Figure 3.3.4.29 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hypalbuminaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 4	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

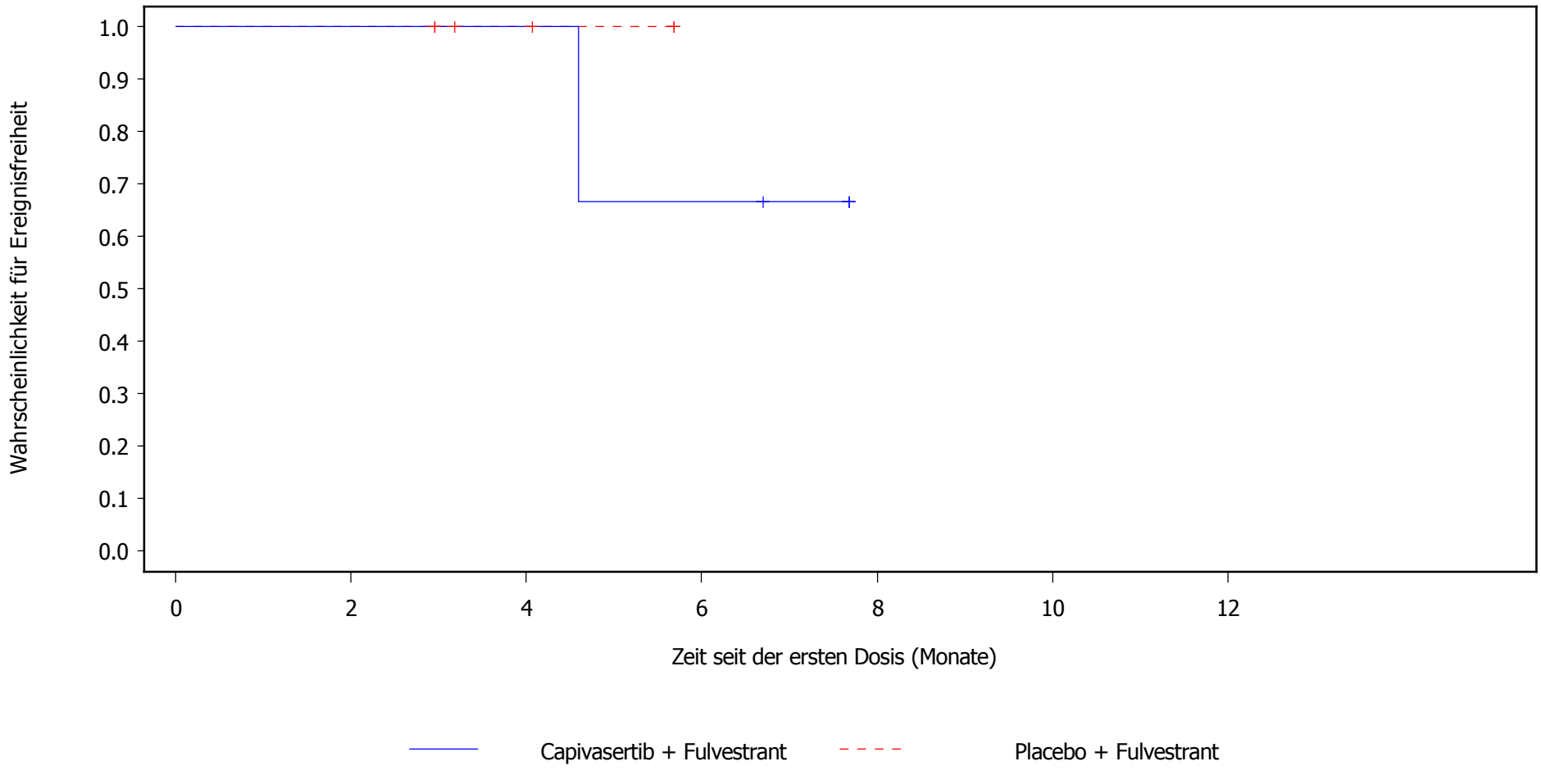
Figure 3.3.4.30 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hyperglykaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

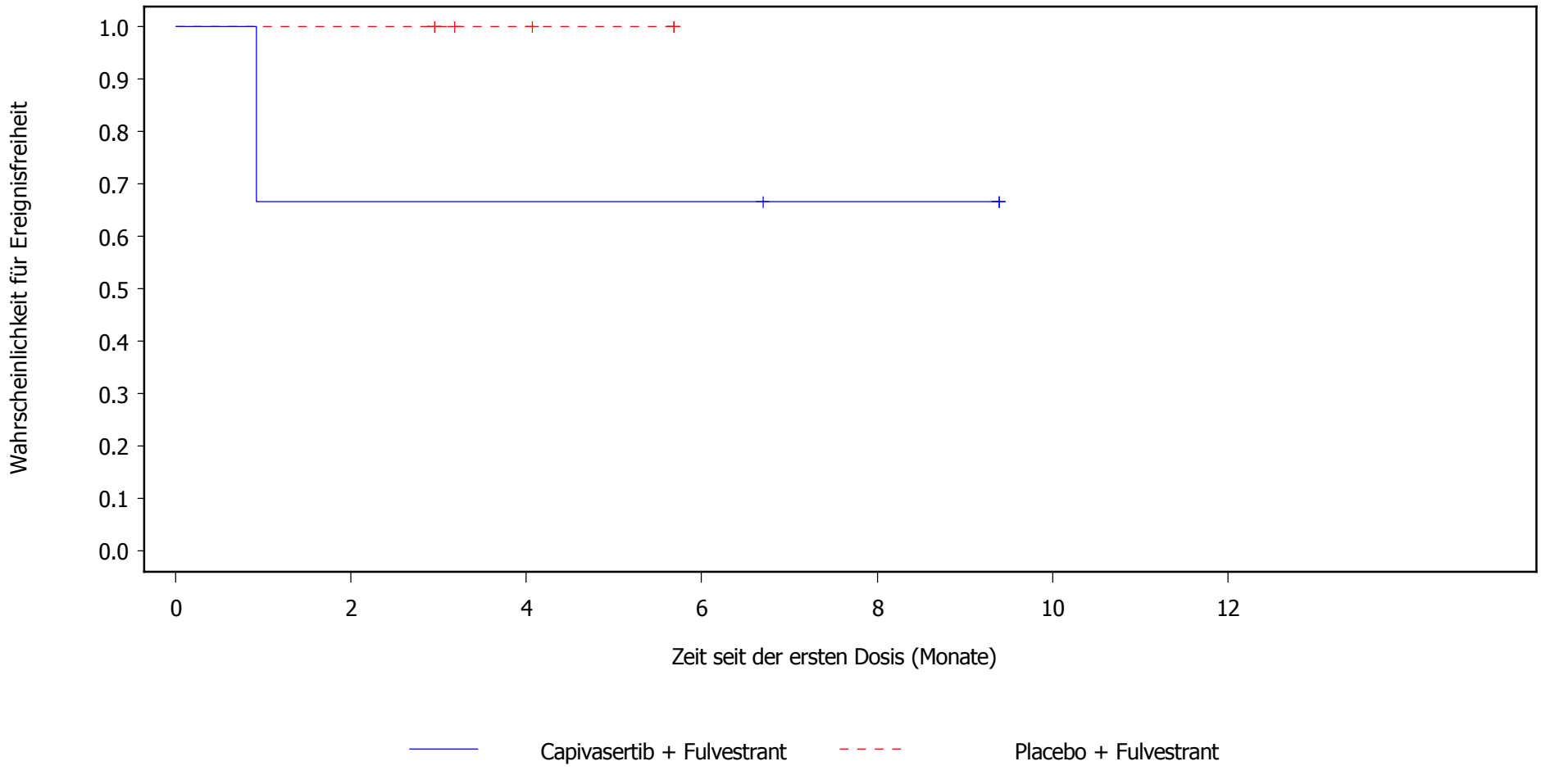
Figure 3.3.4.31 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hypermagnesiaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	20	00	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

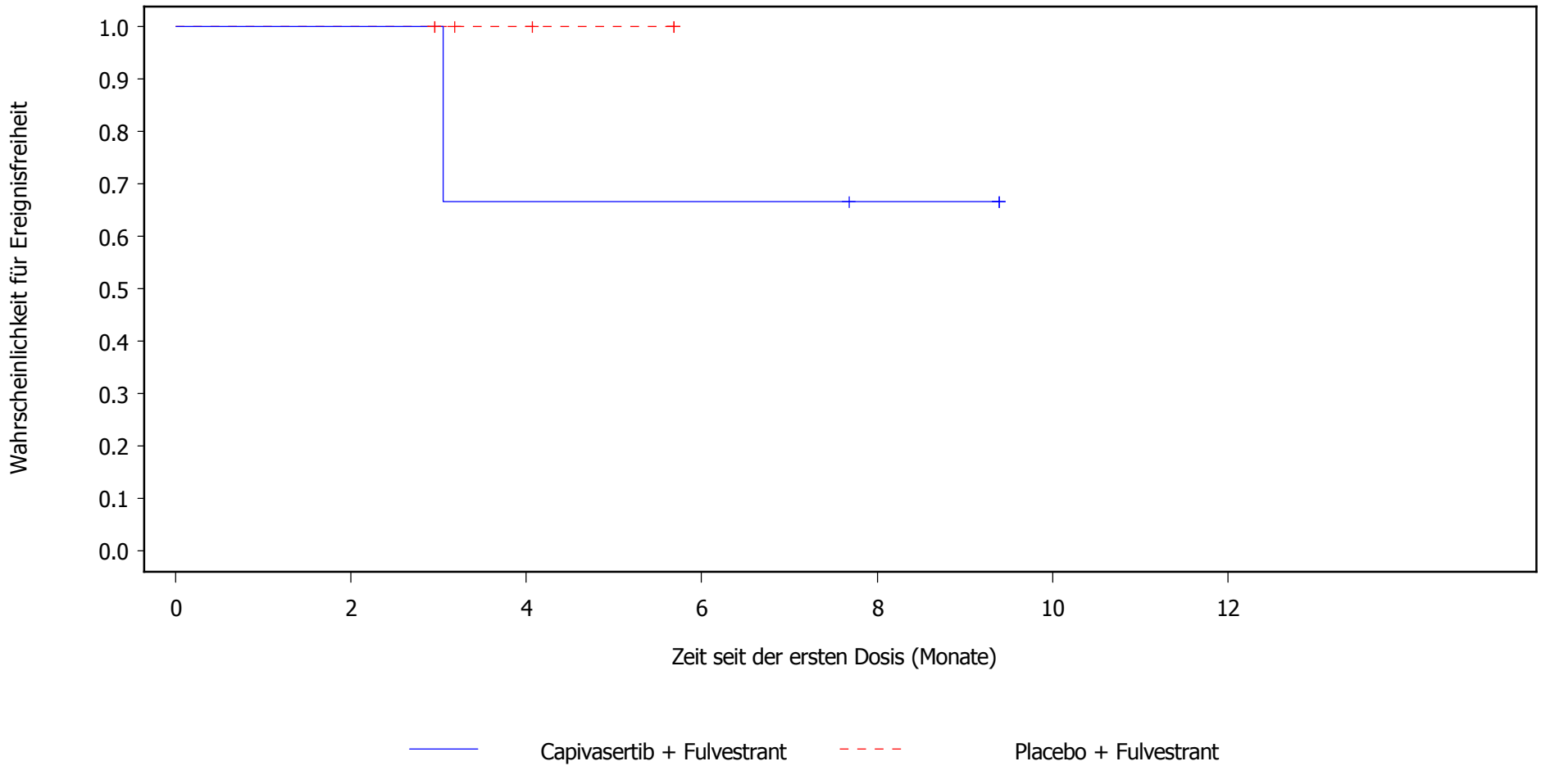
Figure 3.3.4.32 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hypertriglyzeridaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

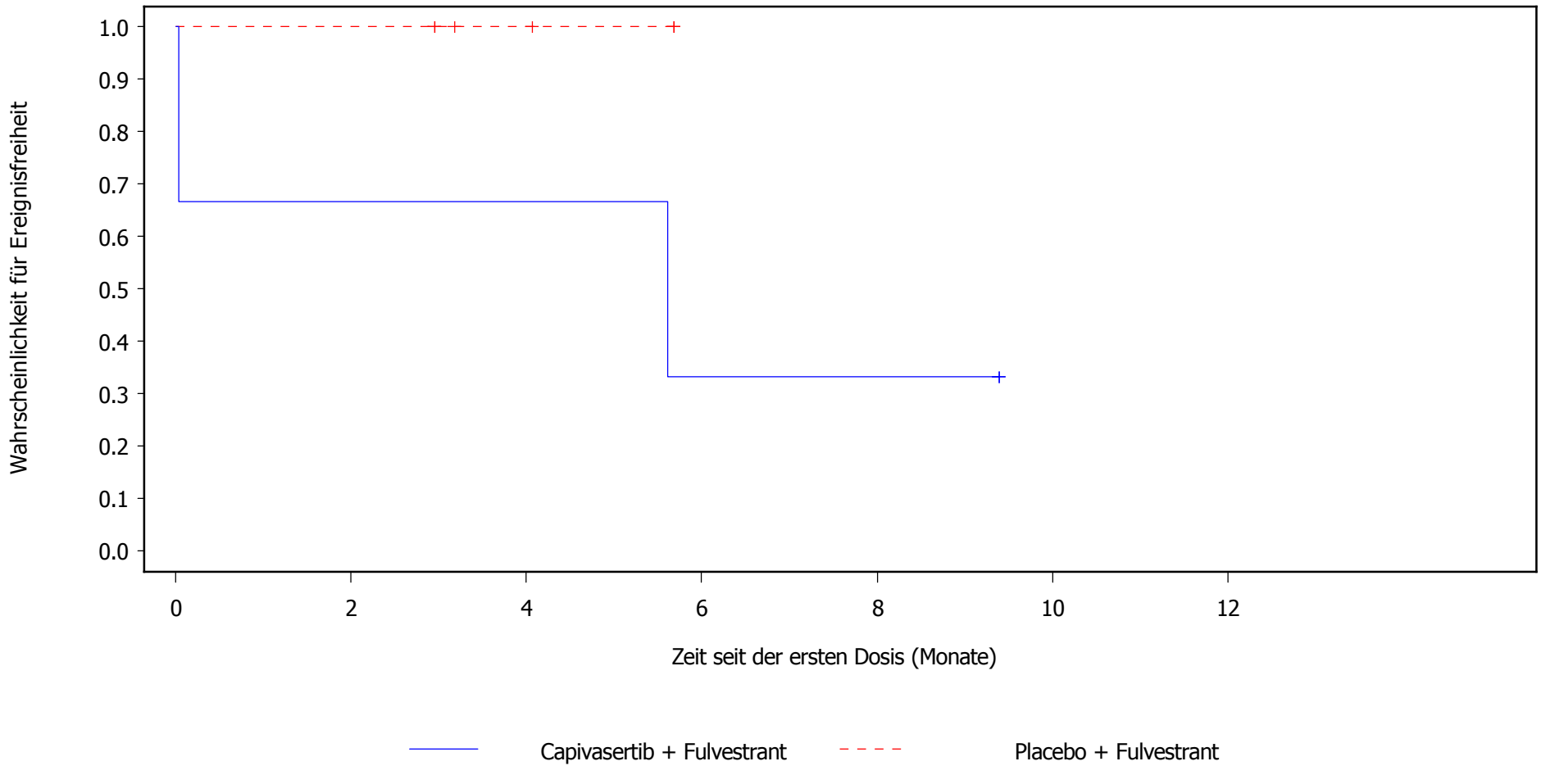
Figure 3.3.4.33 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Hypokaliaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

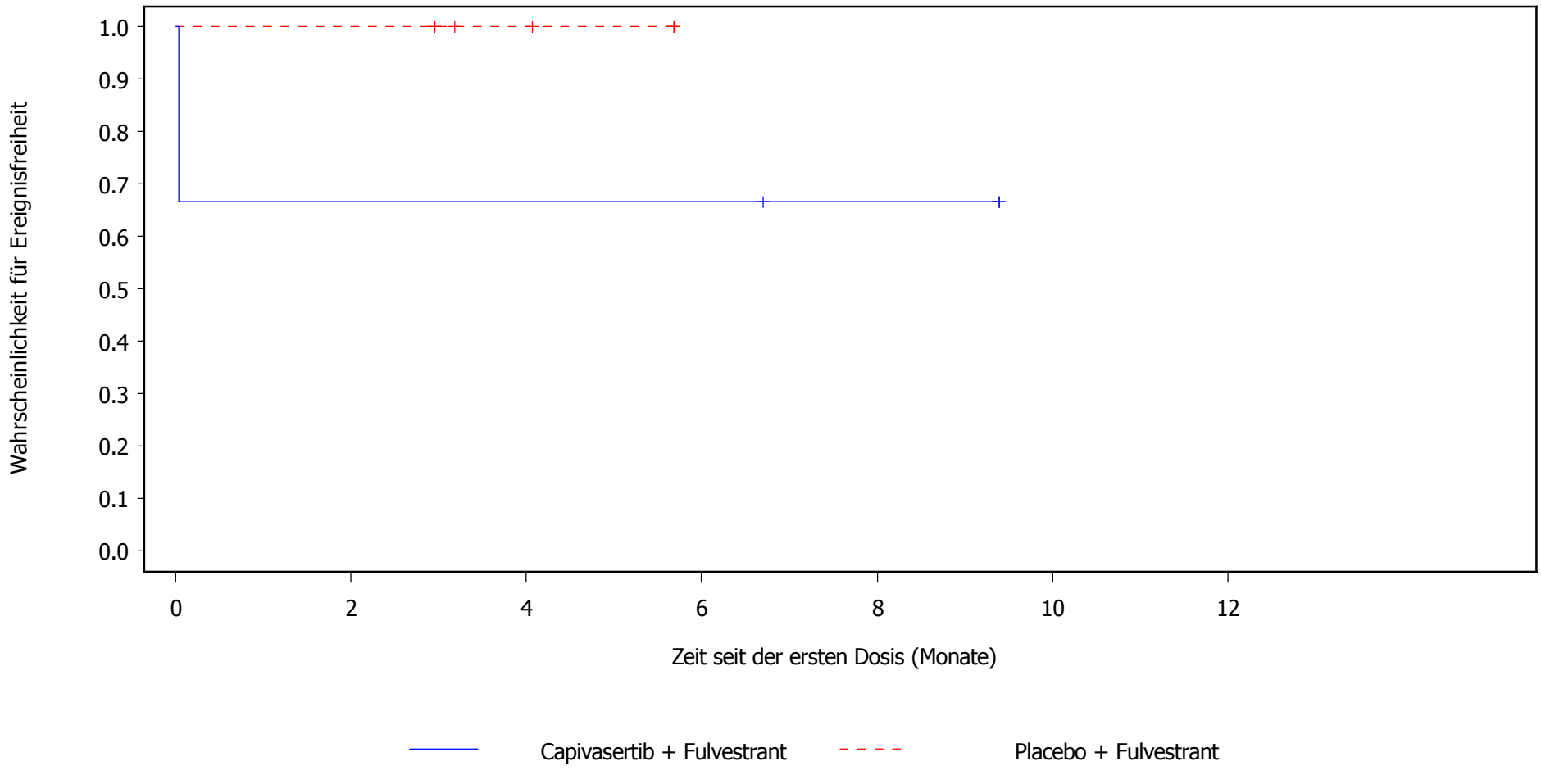
Figure 3.3.4.34 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SOC: Untersuchungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	10	10	00	00 Capivasertib + Fulvestrant Placebo + Fulvestrant

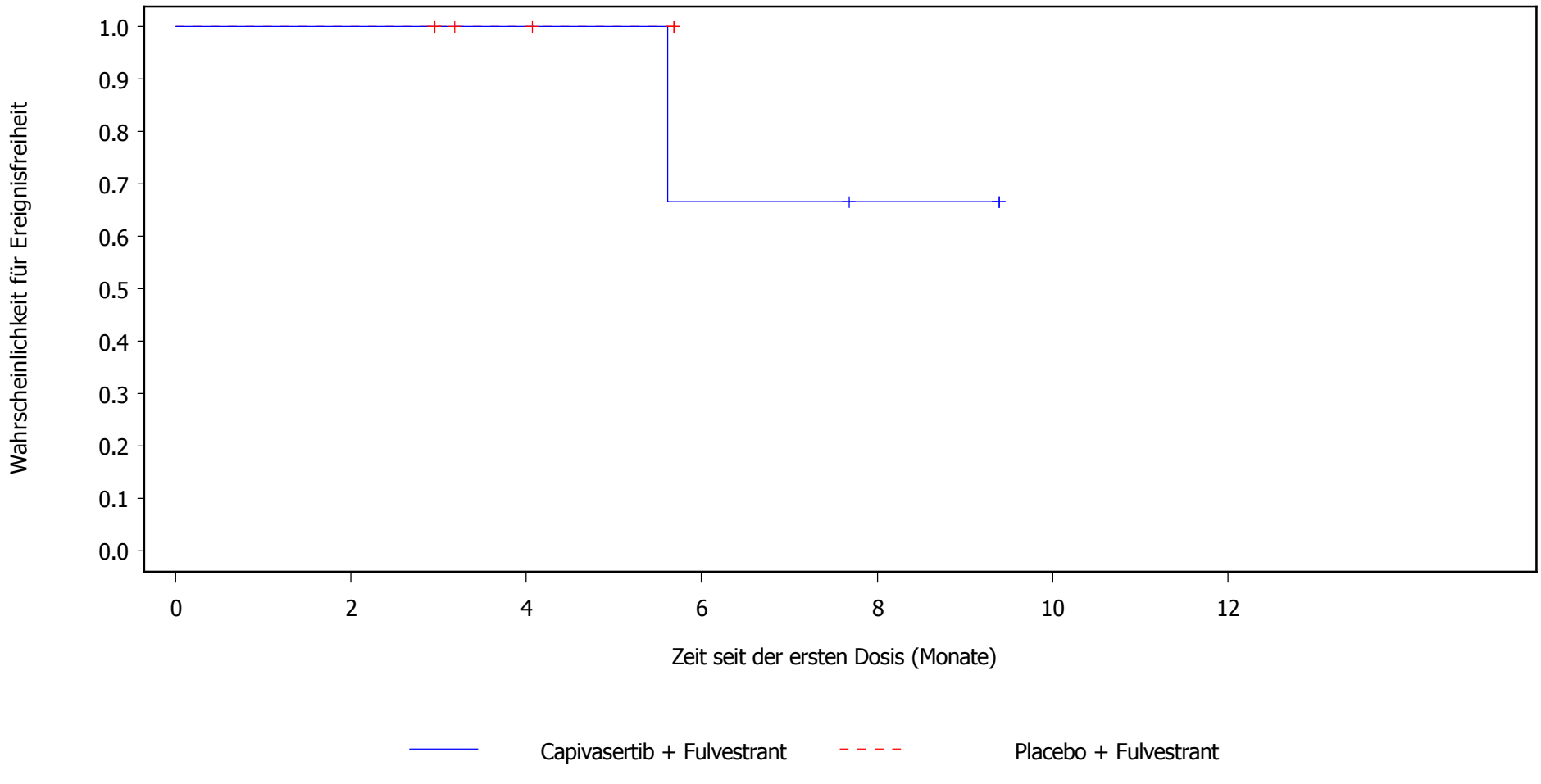
Figure 3.3.4.35 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Elektrokardiogramm QT verlaengert
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	20	10	00	00	Capivasertib + Fulvestrant
						Placebo + Fulvestrant

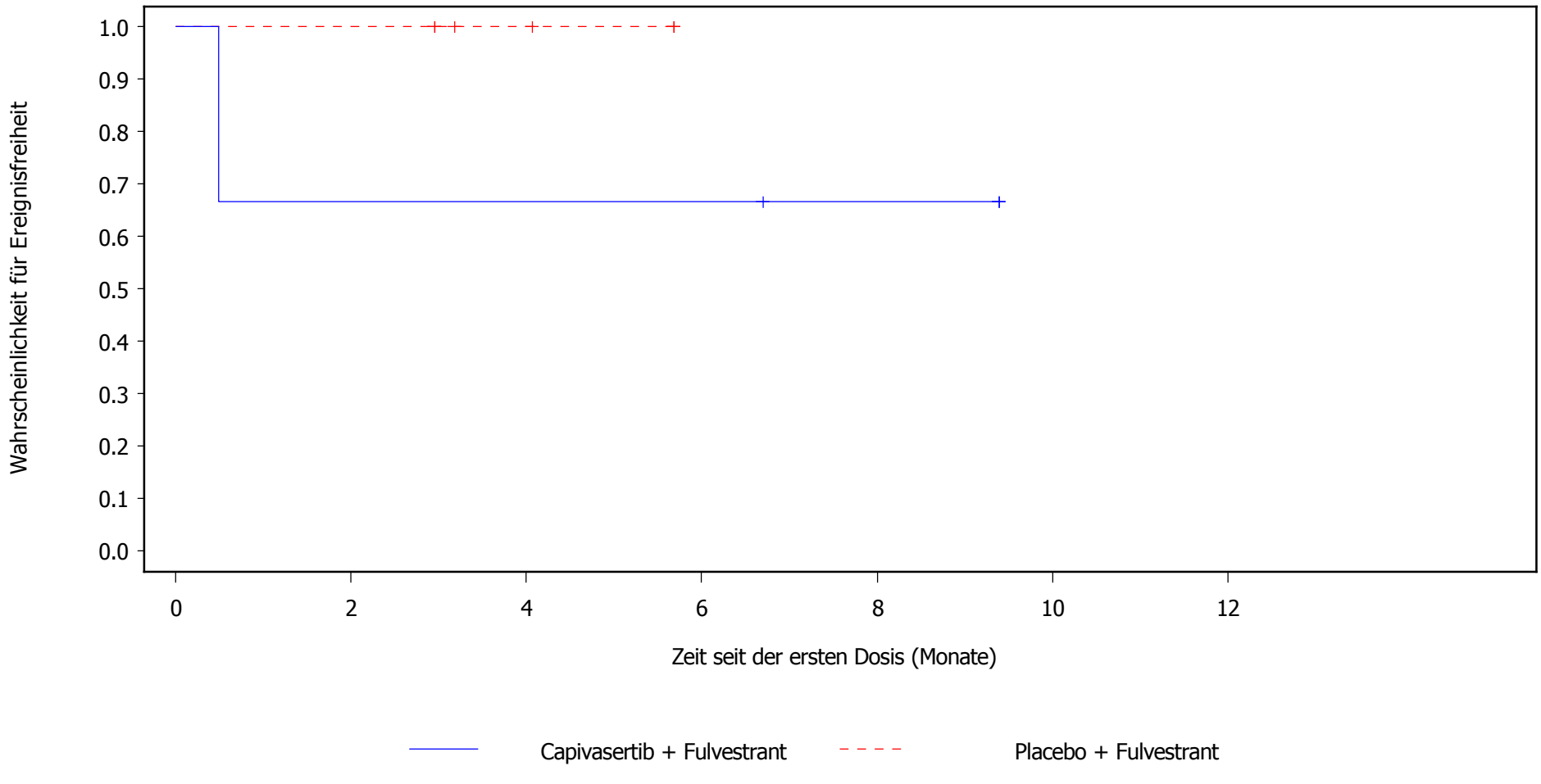
Figure 3.3.4.36 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Gewicht erniedrigt
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	20	10	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

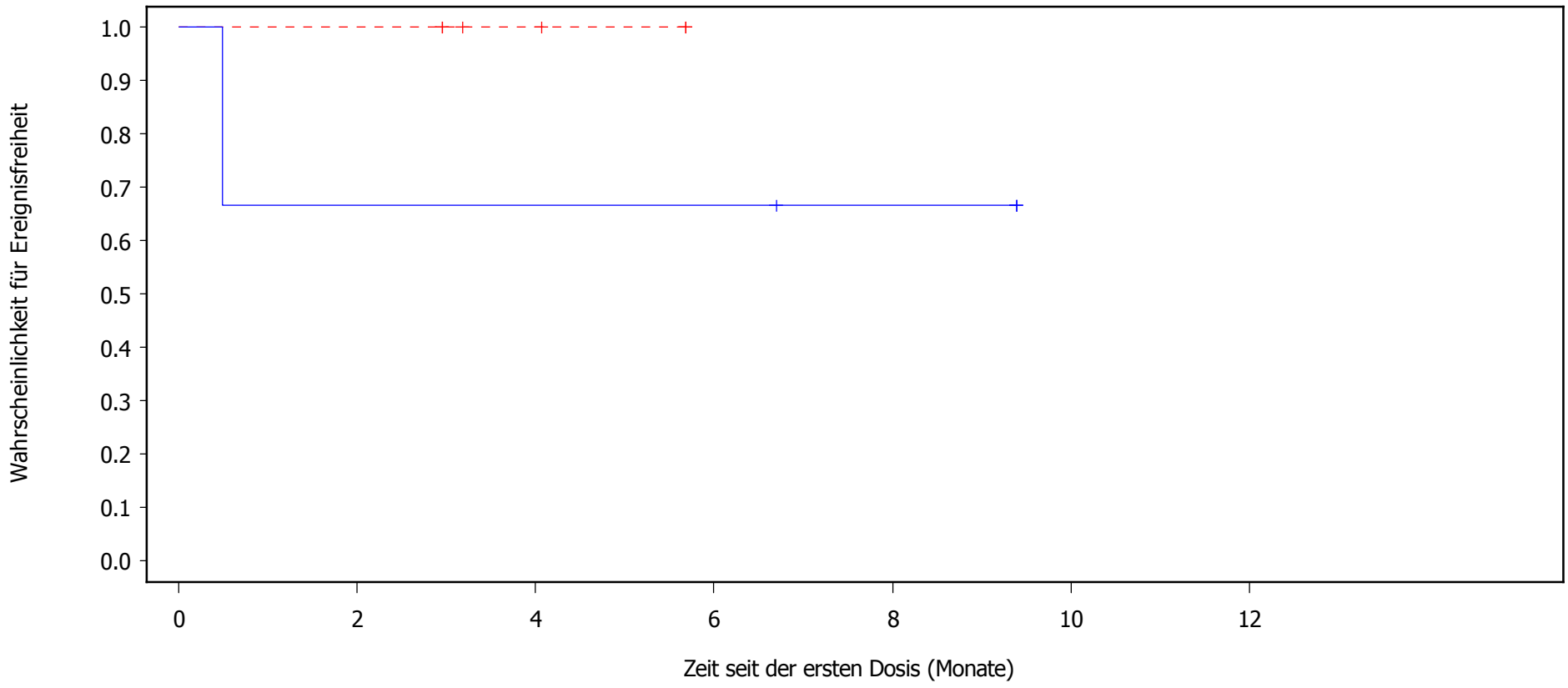
Figure 3.3.4.37 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Leukozytenzahl erniedrigt
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

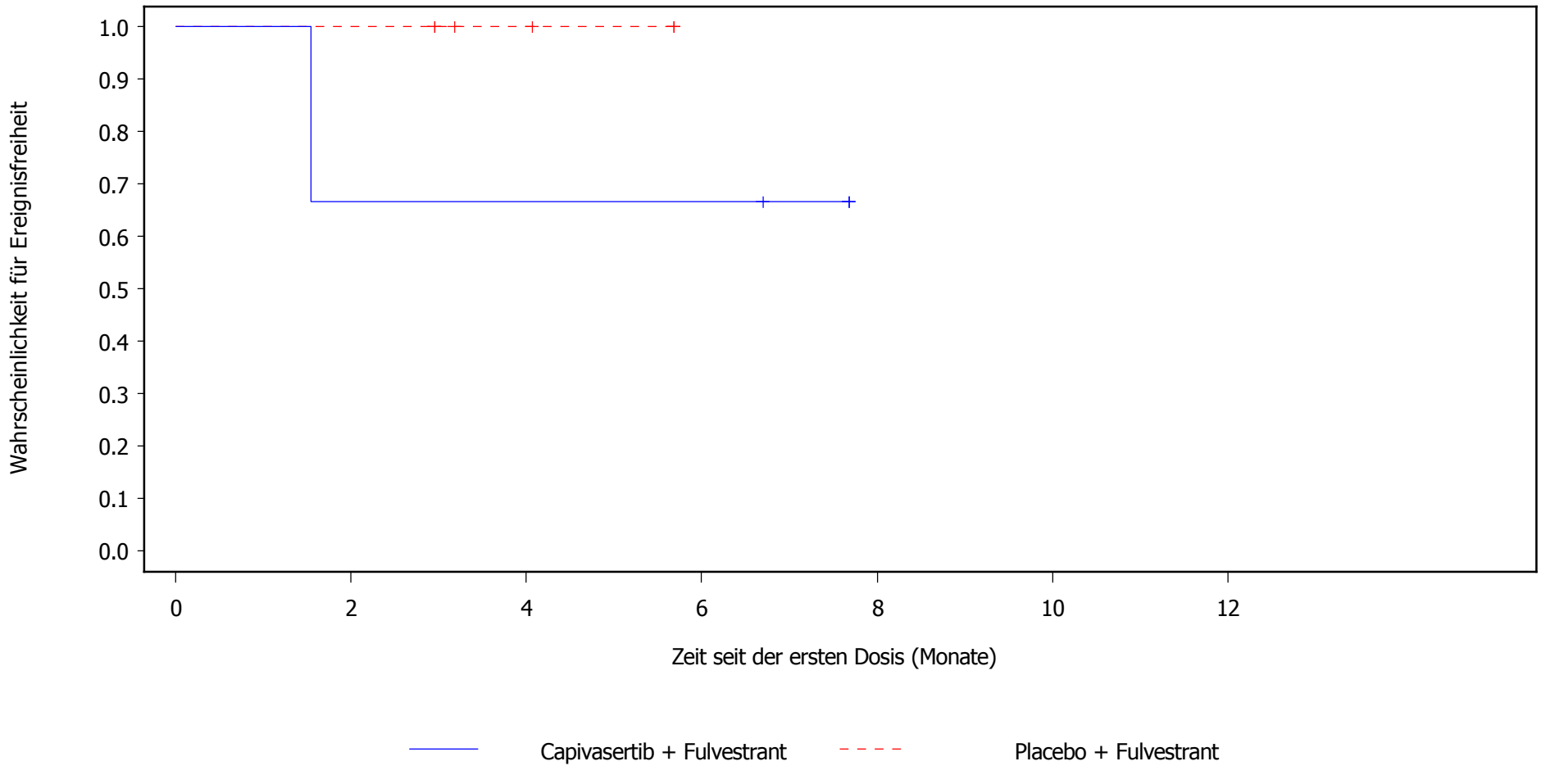
Figure 3.3.4.38 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of PT: Neutrophilenzahl erniedrigt
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	20	10	00	Capivasertib + Fulvestrant
					00	Placebo + Fulvestrant

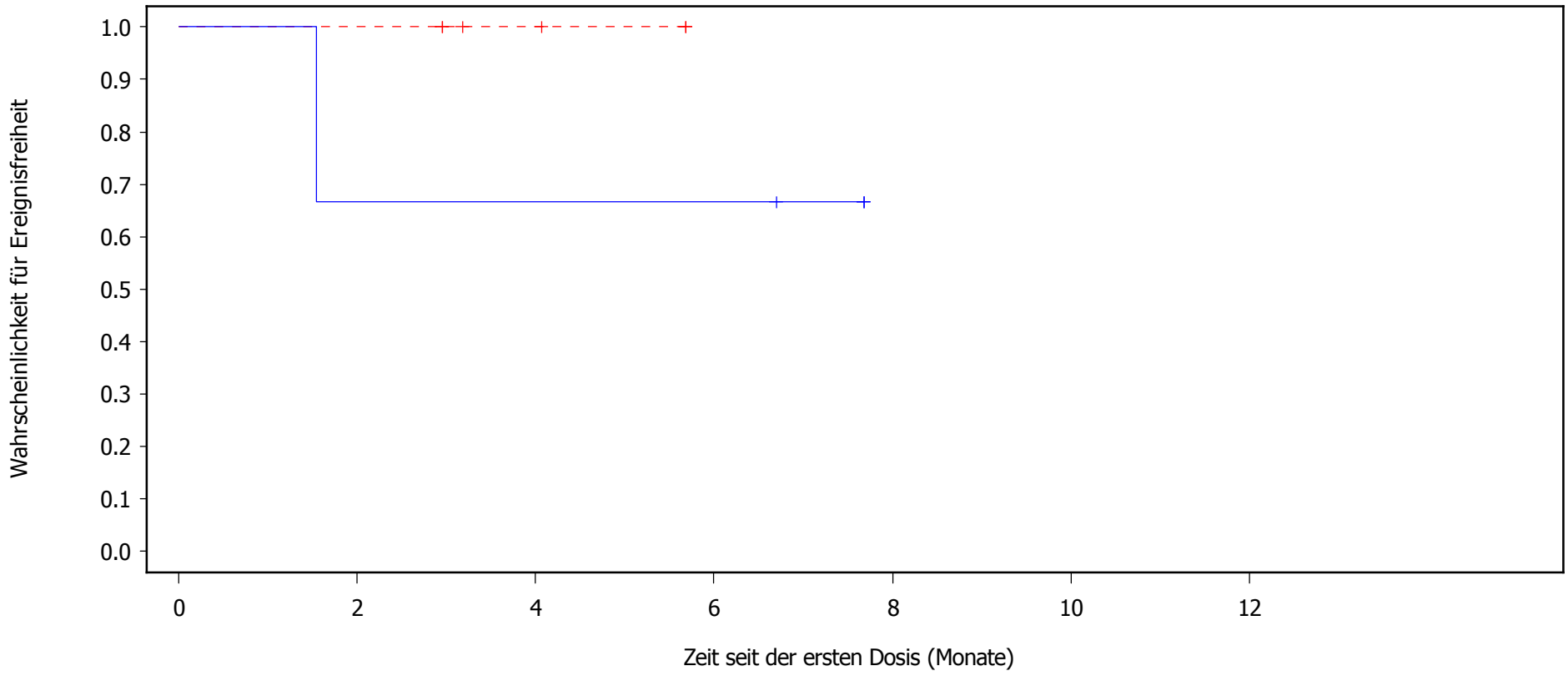
Figure 3.3.4.39 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	20	00	00	00	Capivasertib + Fulvestrant
						Placebo + Fulvestrant

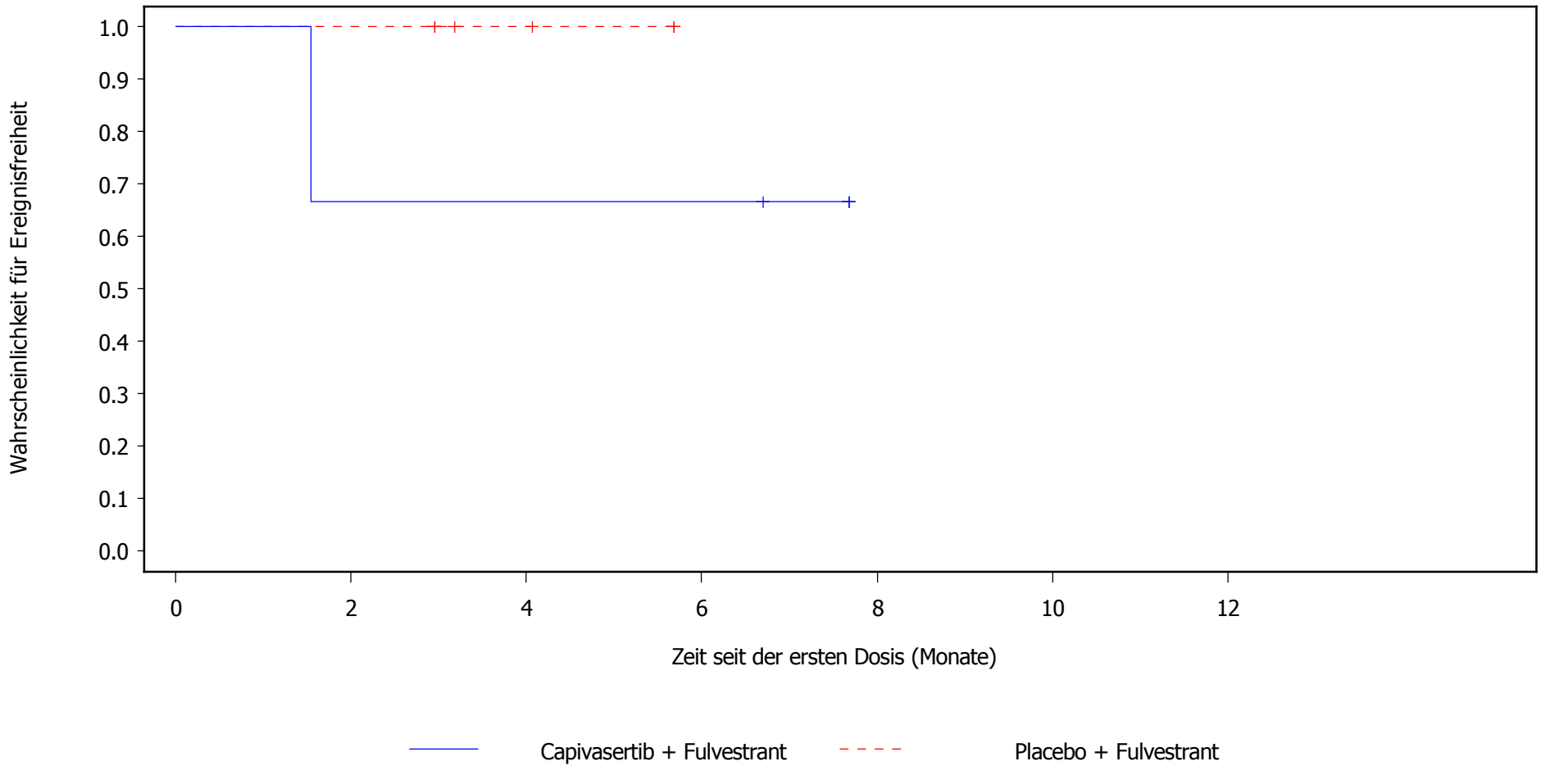
Figure 3.3.4.40 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUE SOC: Erkrankungen des Gastrointestinaltrakts
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	2 5	2 2	2 0	0 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

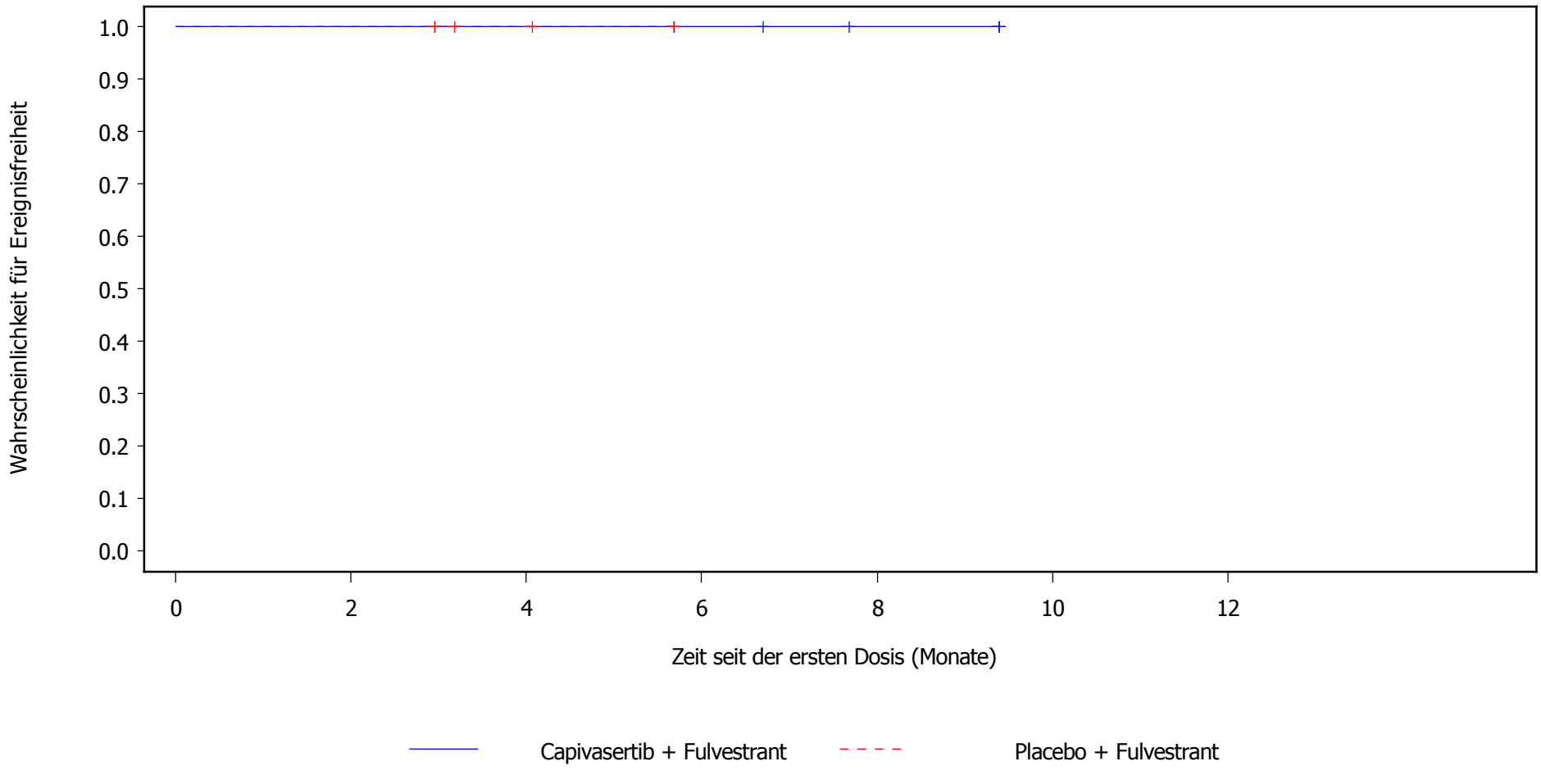
Figure 3.3.4.41 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUE PT: Haemorrhoiden
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	0	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

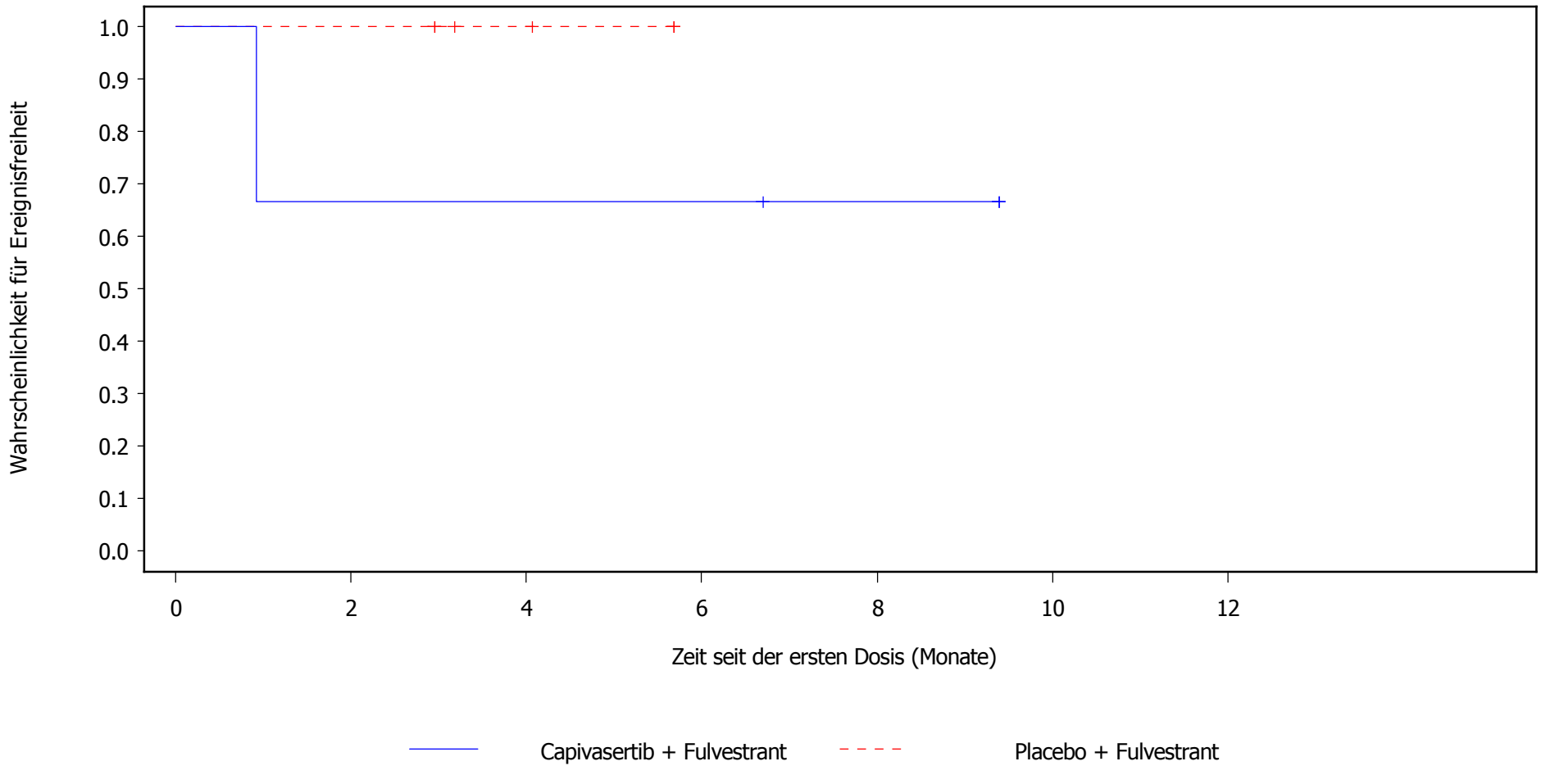
Figure 3.3.4.42 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of Therapieabbruch aufgrund von UE
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

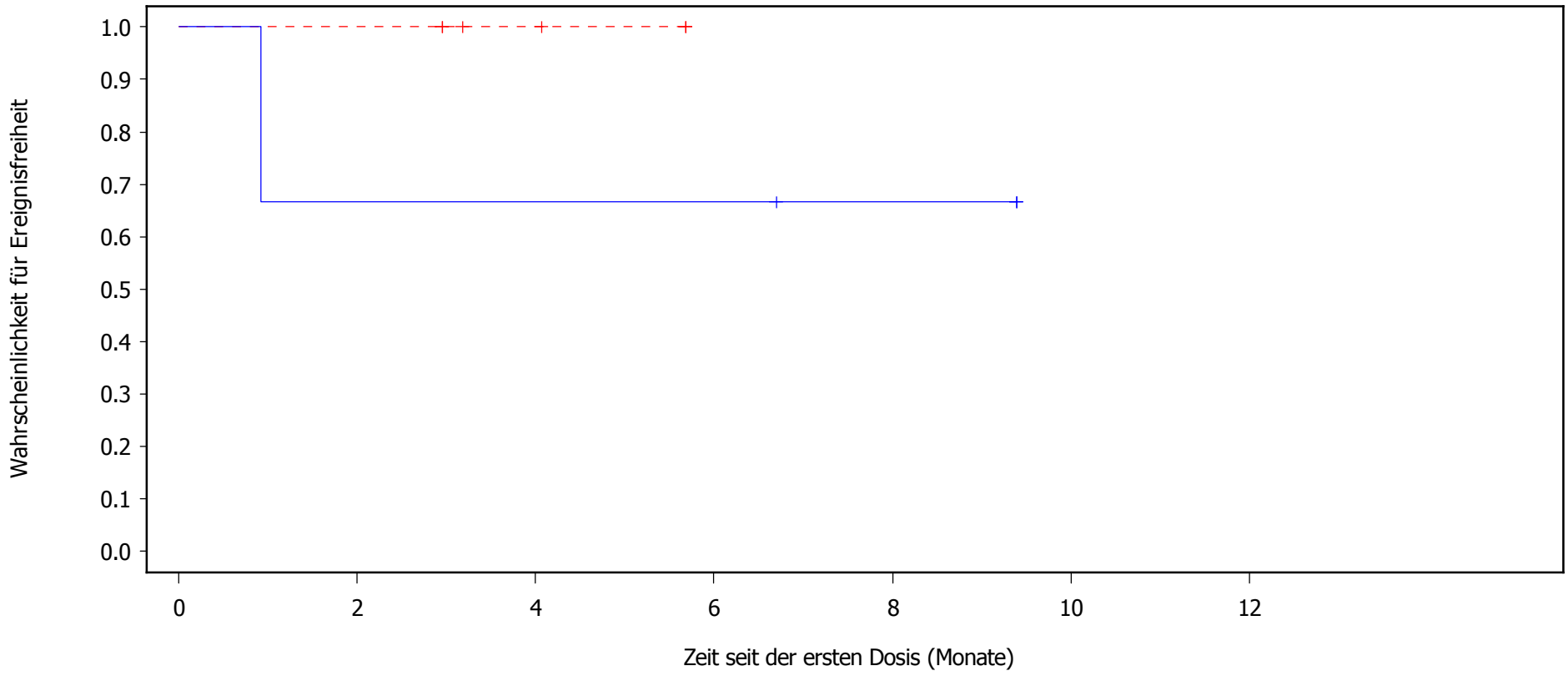
Figure 3.3.4.43 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UE mit CTCAE Grad >=3
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

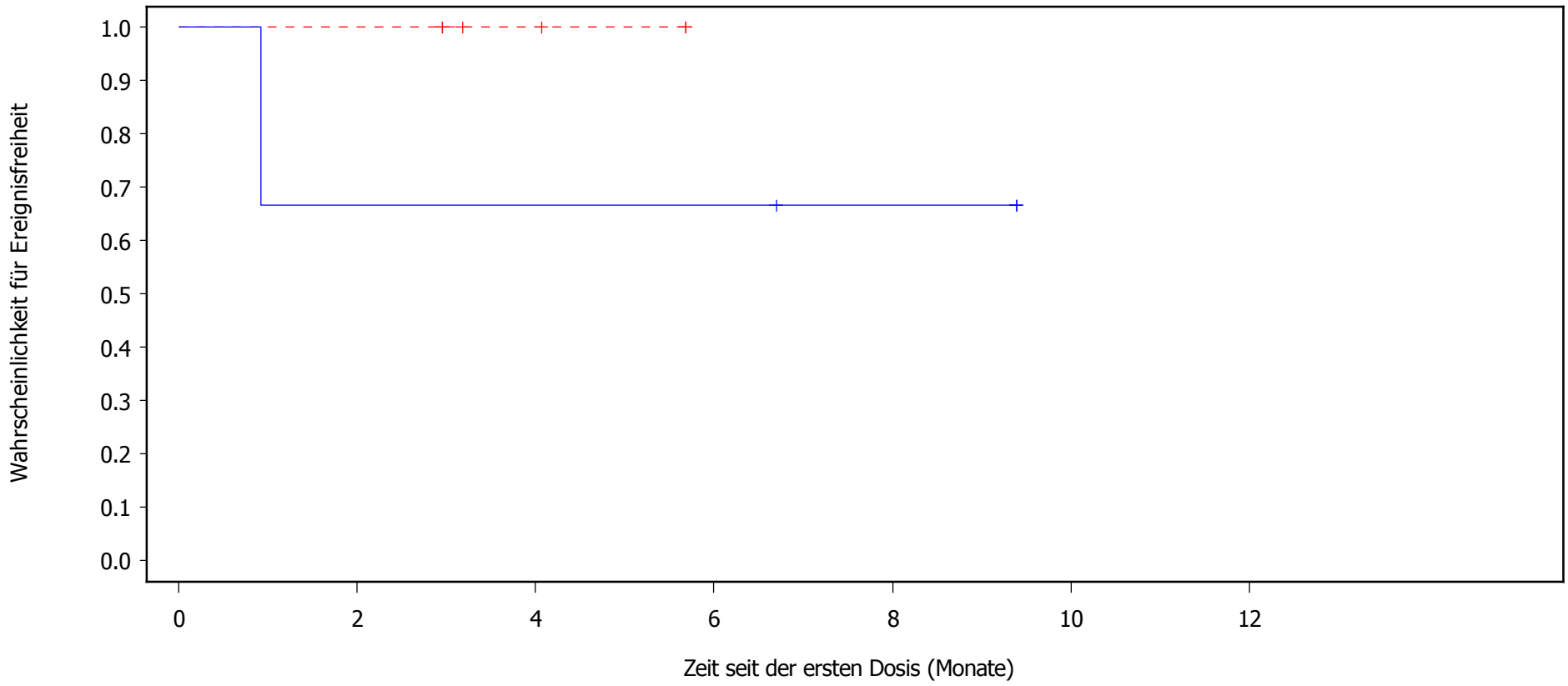
Figure 3.3.4.44 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of G>=3 SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	25	22	20	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

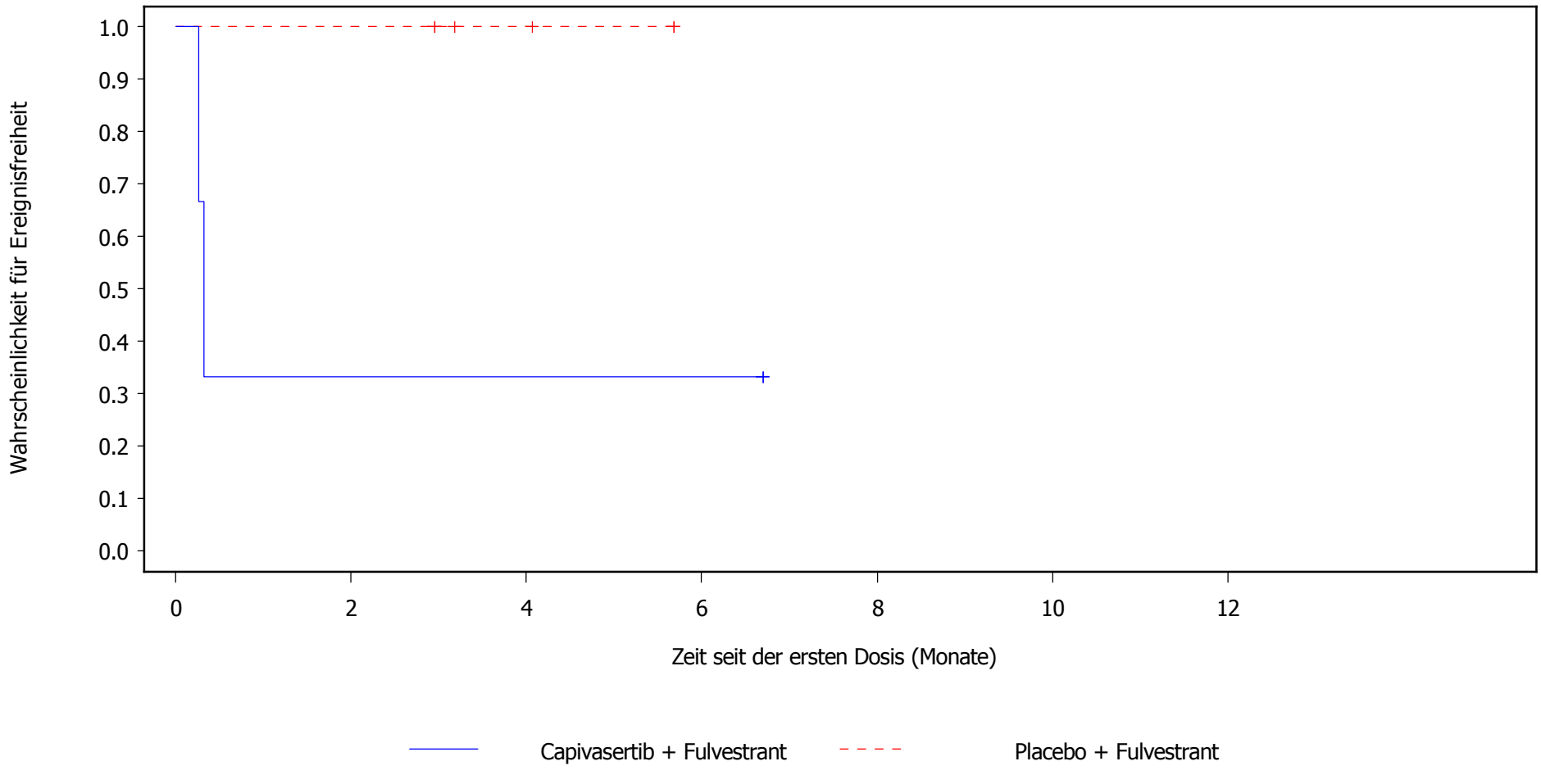
Figure 3.3.4.45 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of G>=3 PT: Hypertriglyzeridaemie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

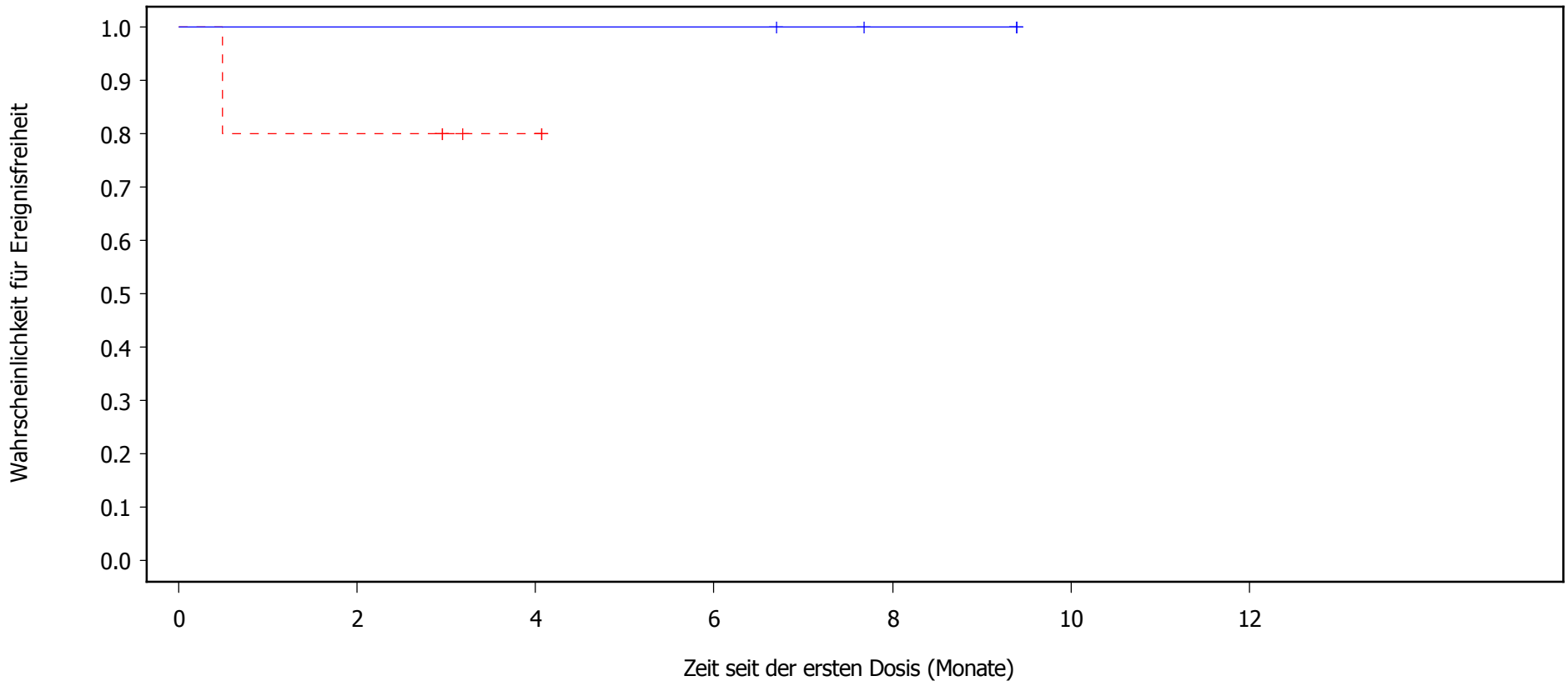
Figure 3.3.4.46 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	1 5	1 2	1 0	0 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

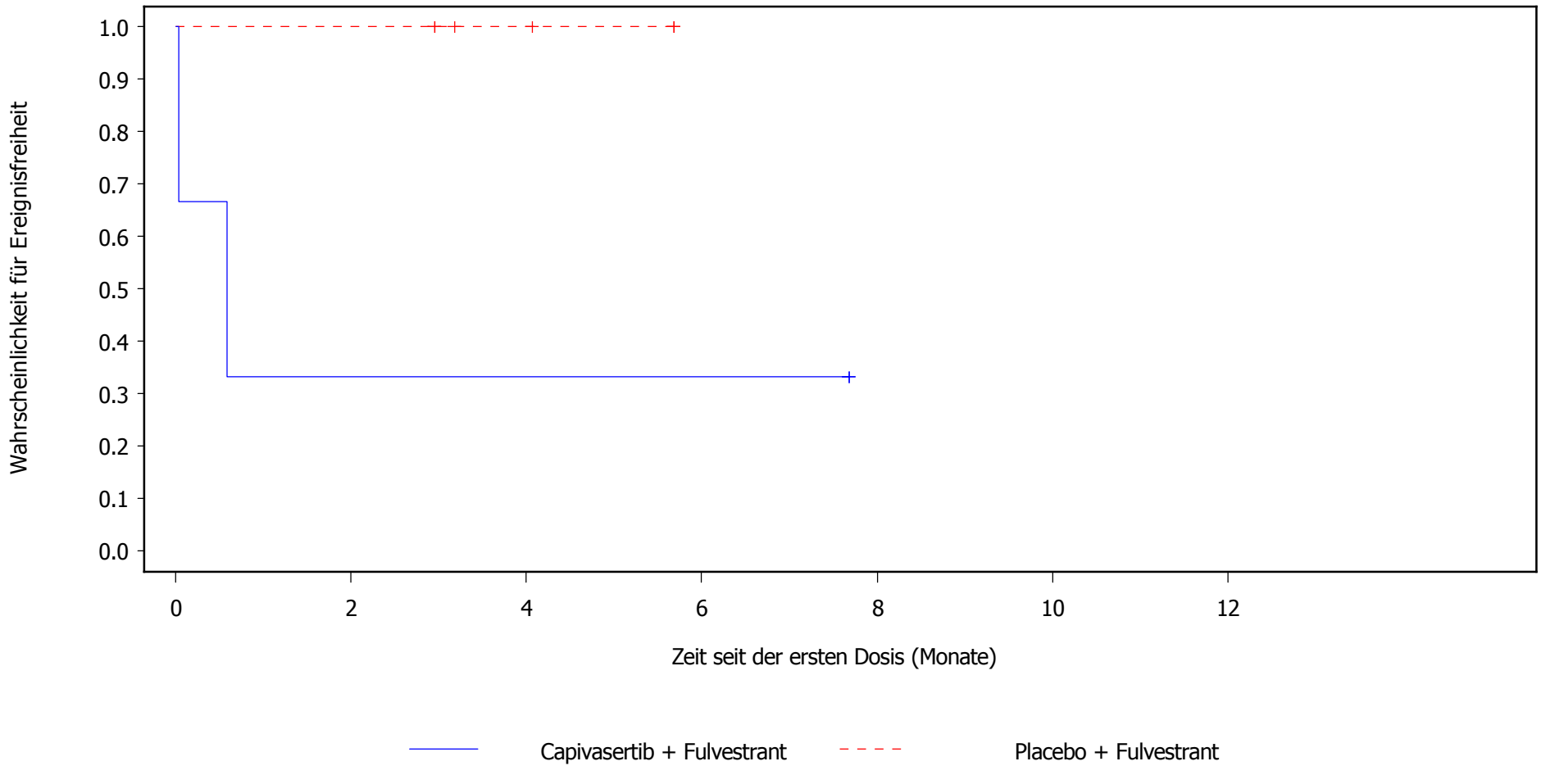
Figure 3.3.4.47 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 4	3 1	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

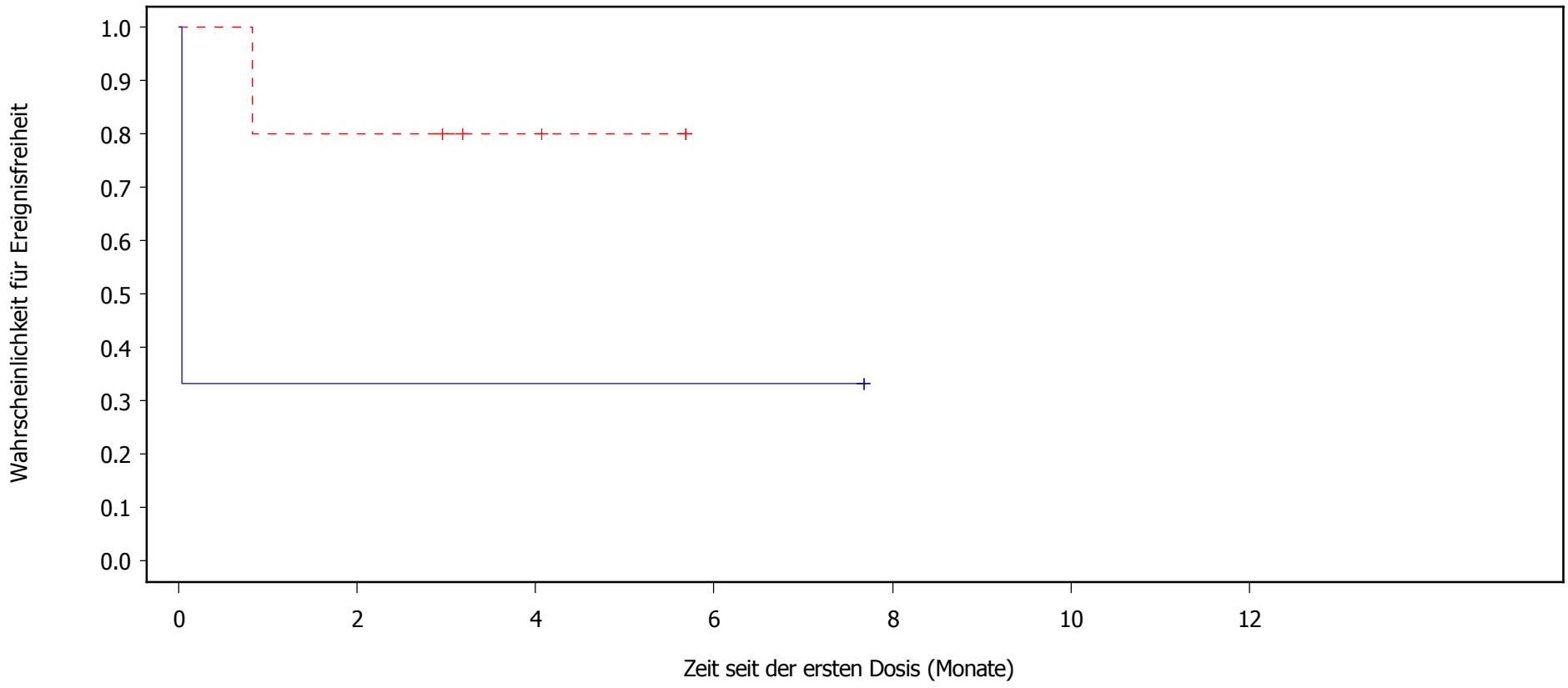
Figure 3.3.4.48 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

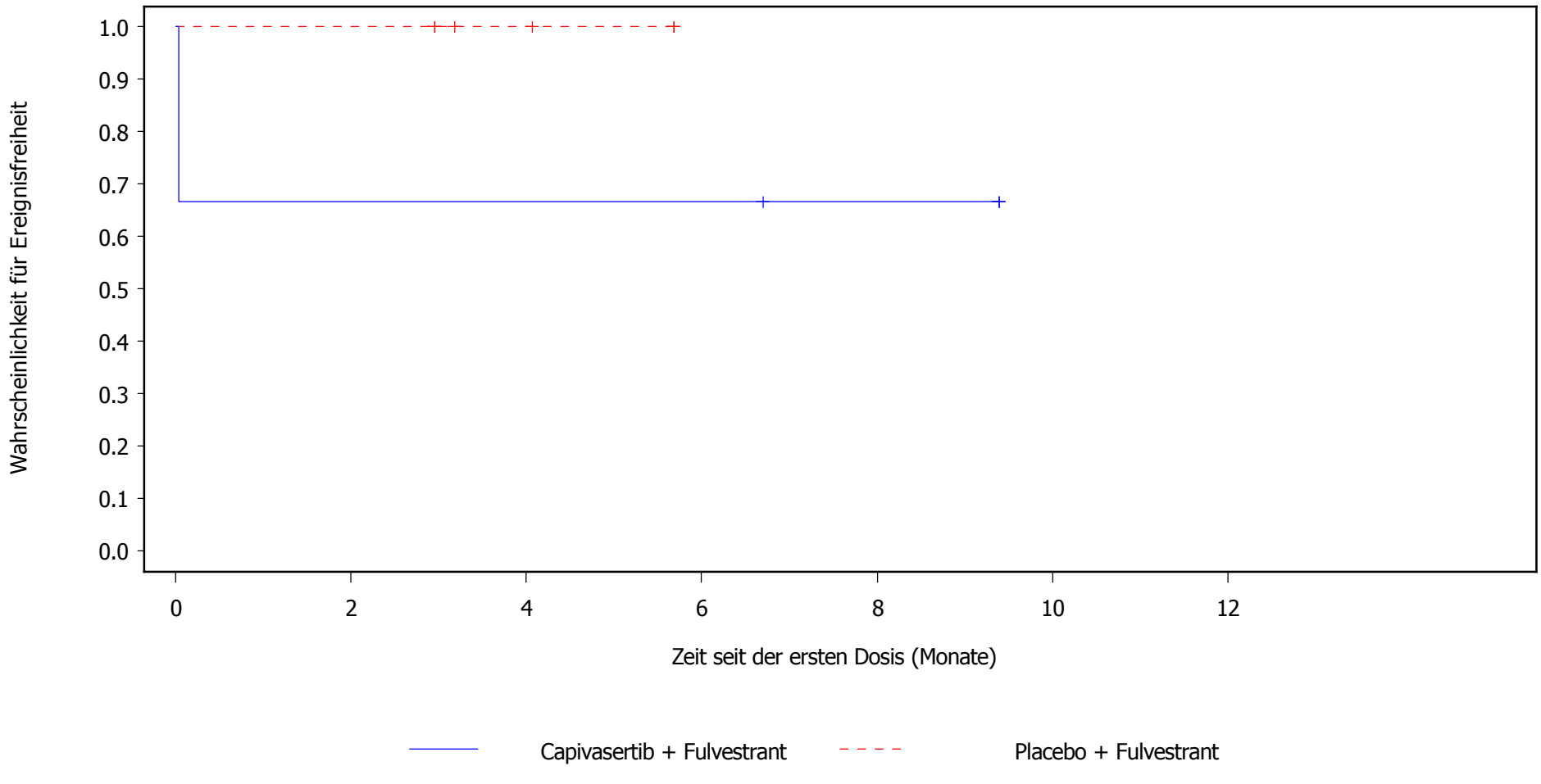
Figure 3.3.4.49 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	4	2	0	0	0	0	Placebo + Fulvestrant

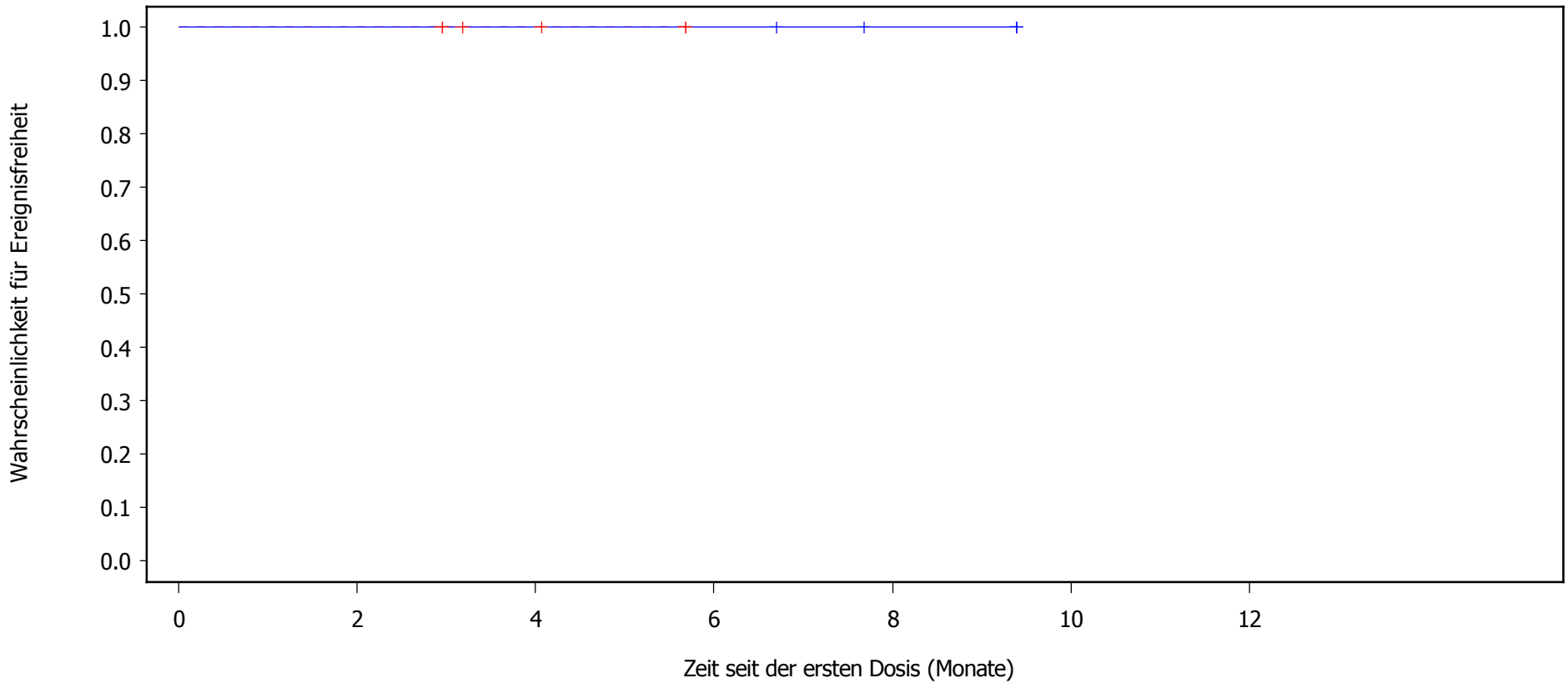
Figure 3.3.4.50 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	2	2	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

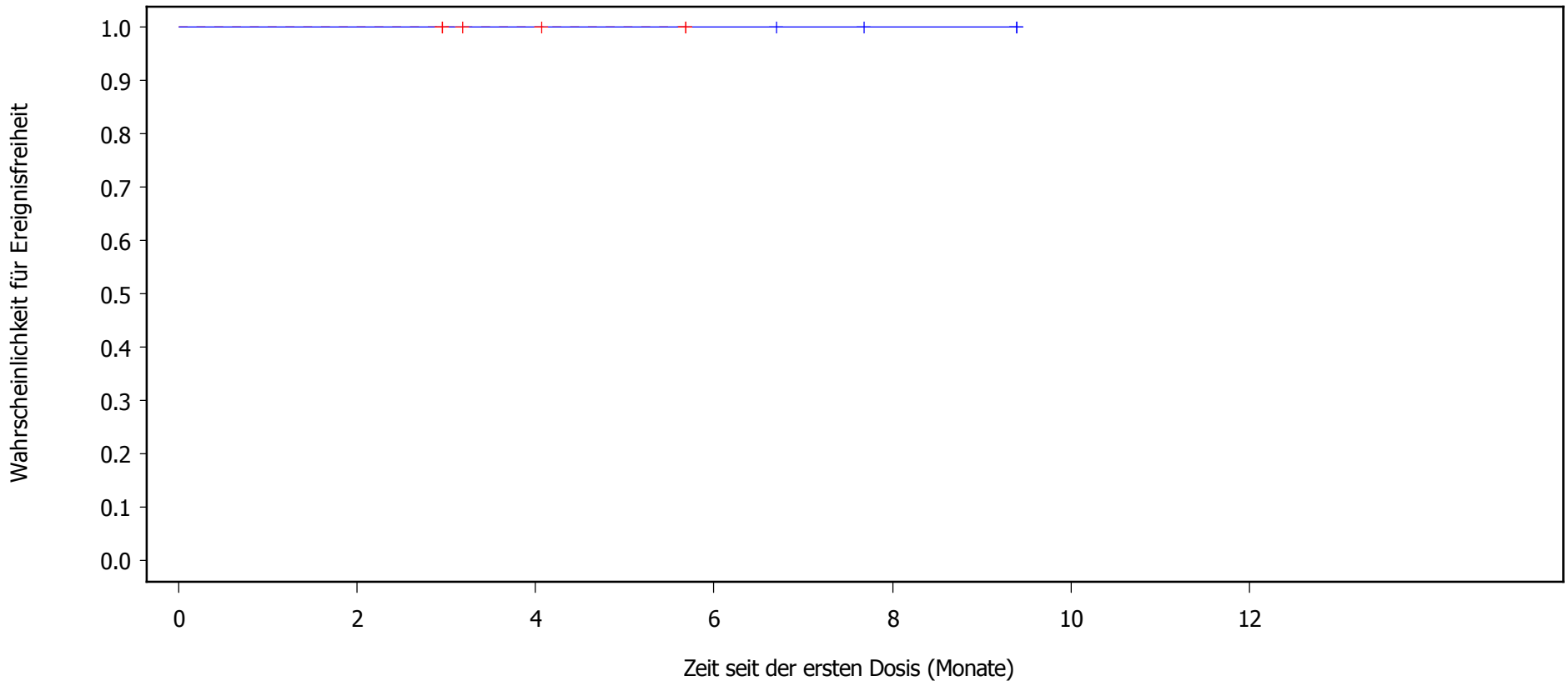
Figure 3.3.4.51 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 5	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

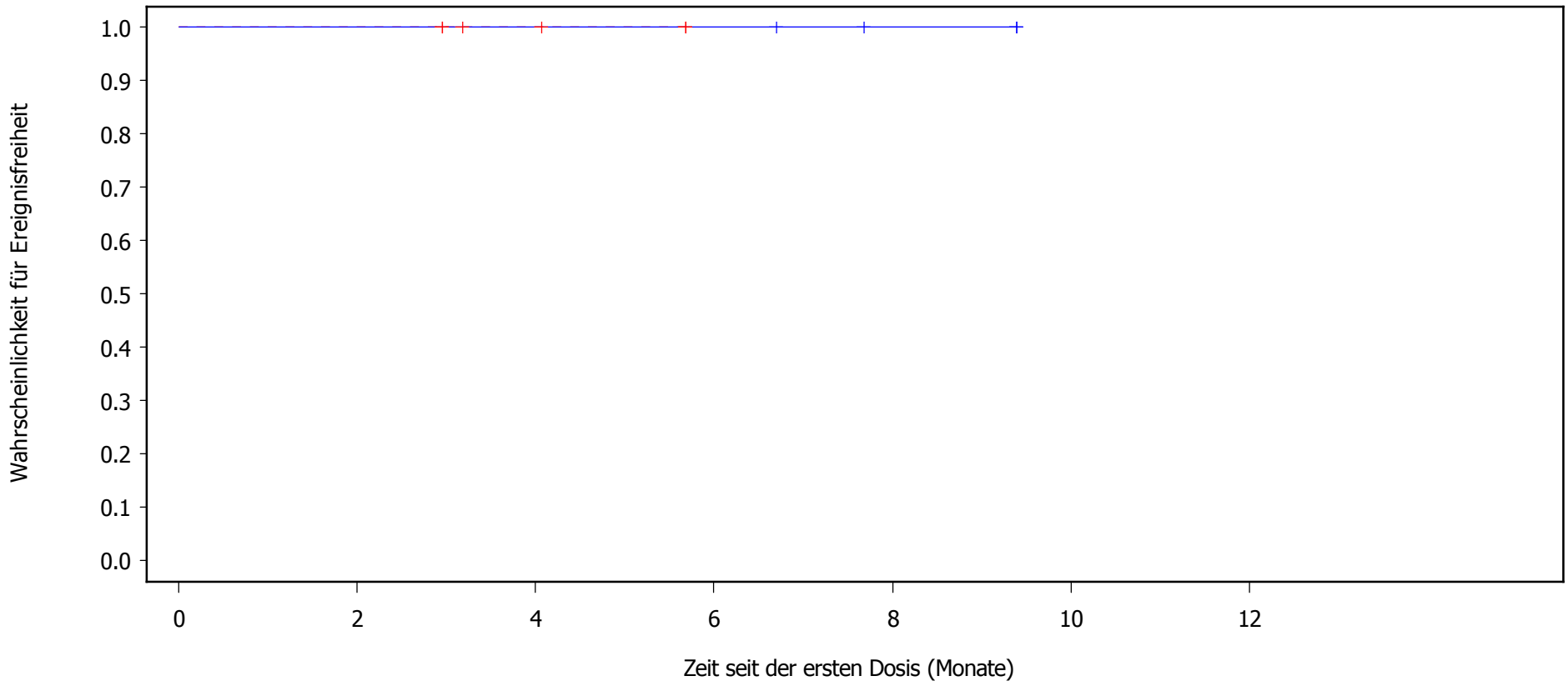
Figure 3.3.4.52 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

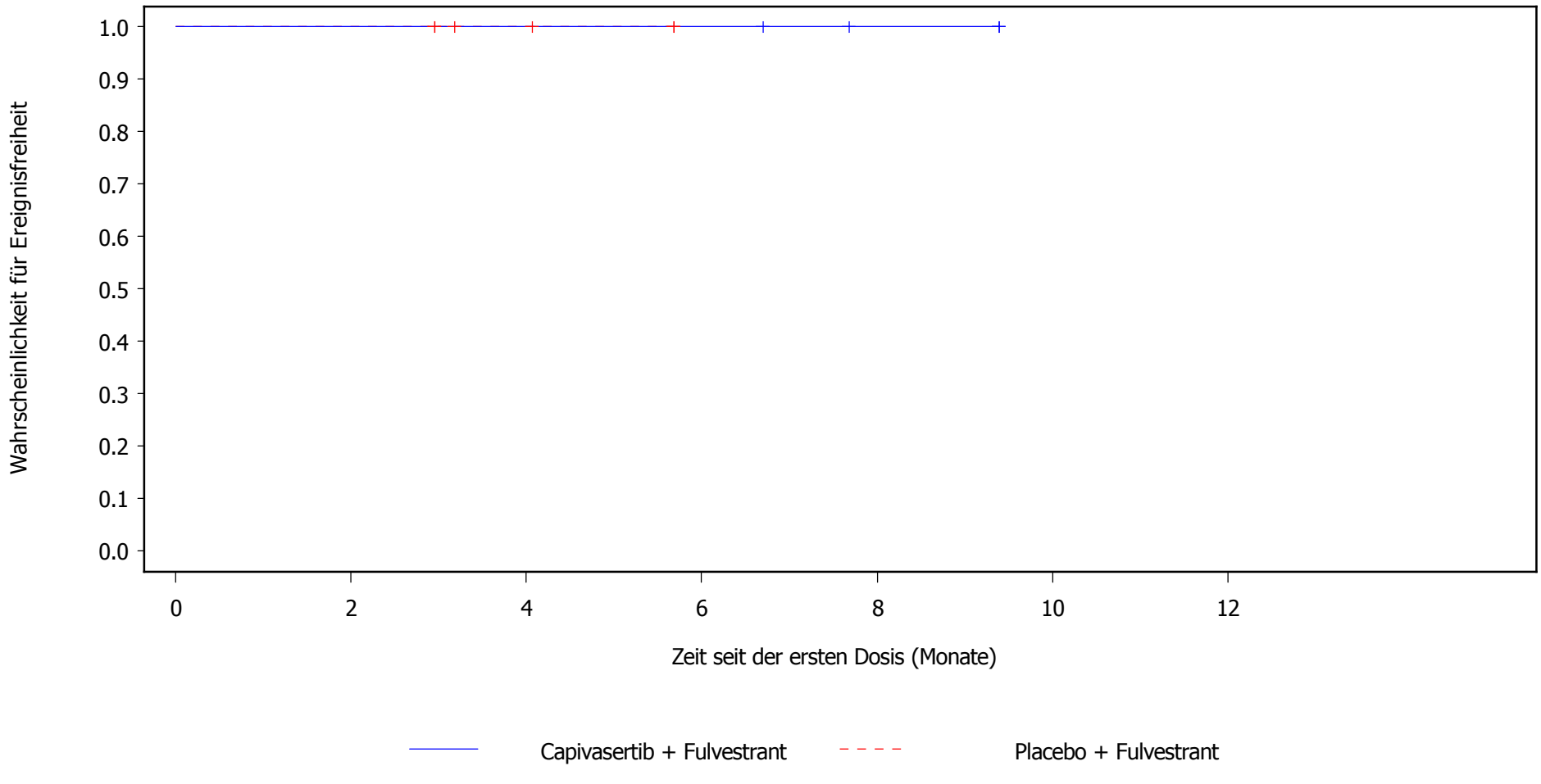
Figure 3.3.4.53 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 5	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

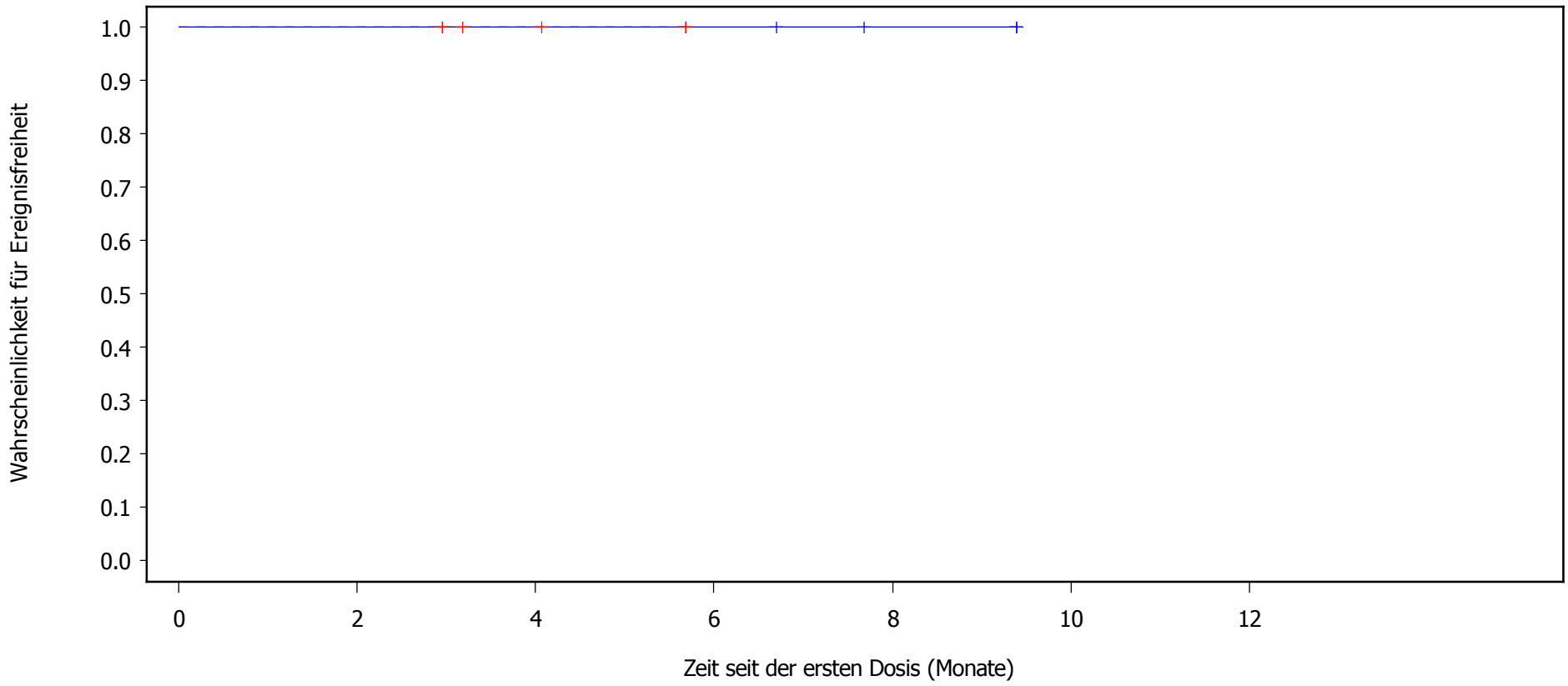
Figure 3.3.4.54 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 5	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

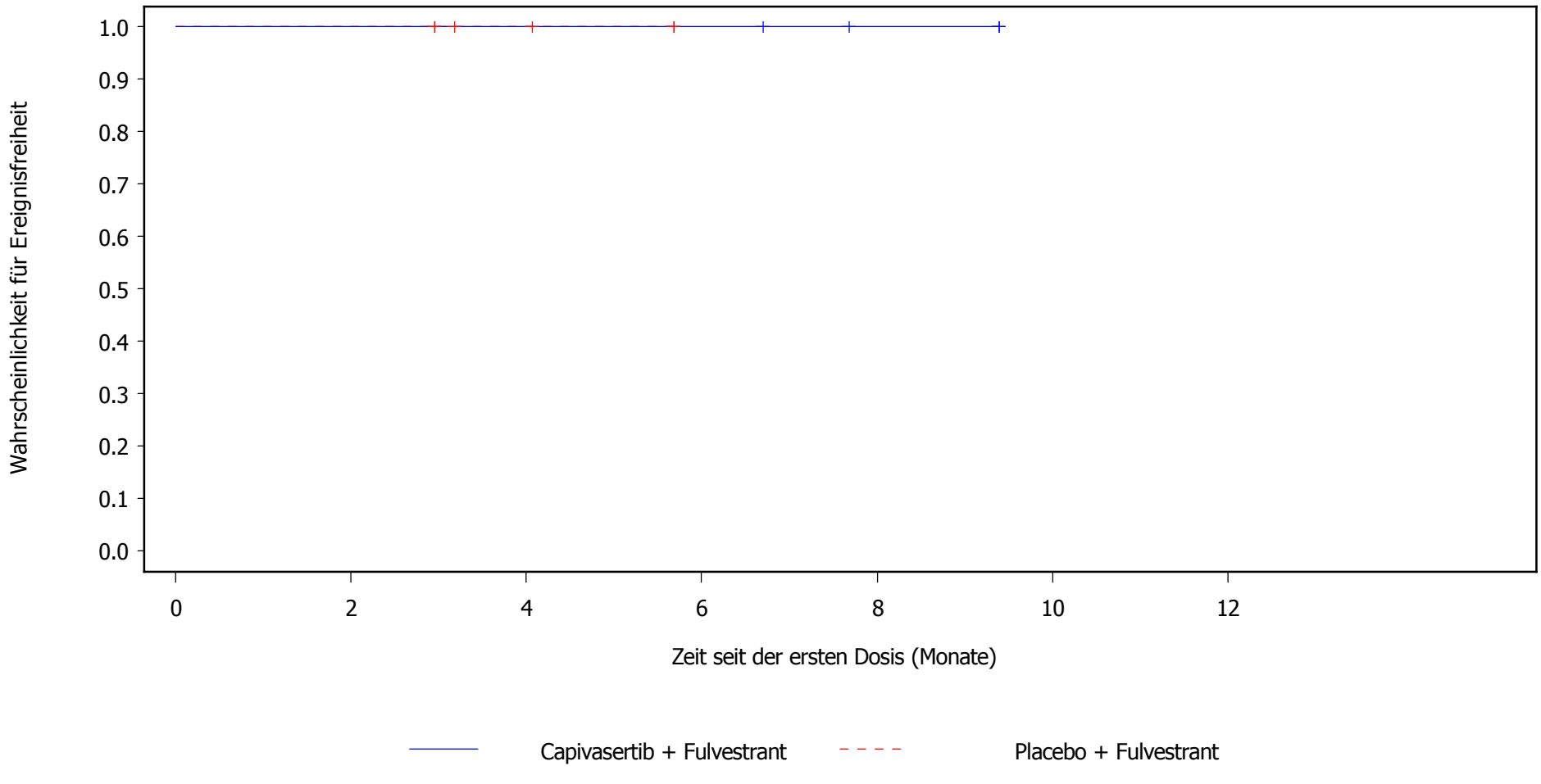
Figure 3.3.4.55 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of UESI G>=3 GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

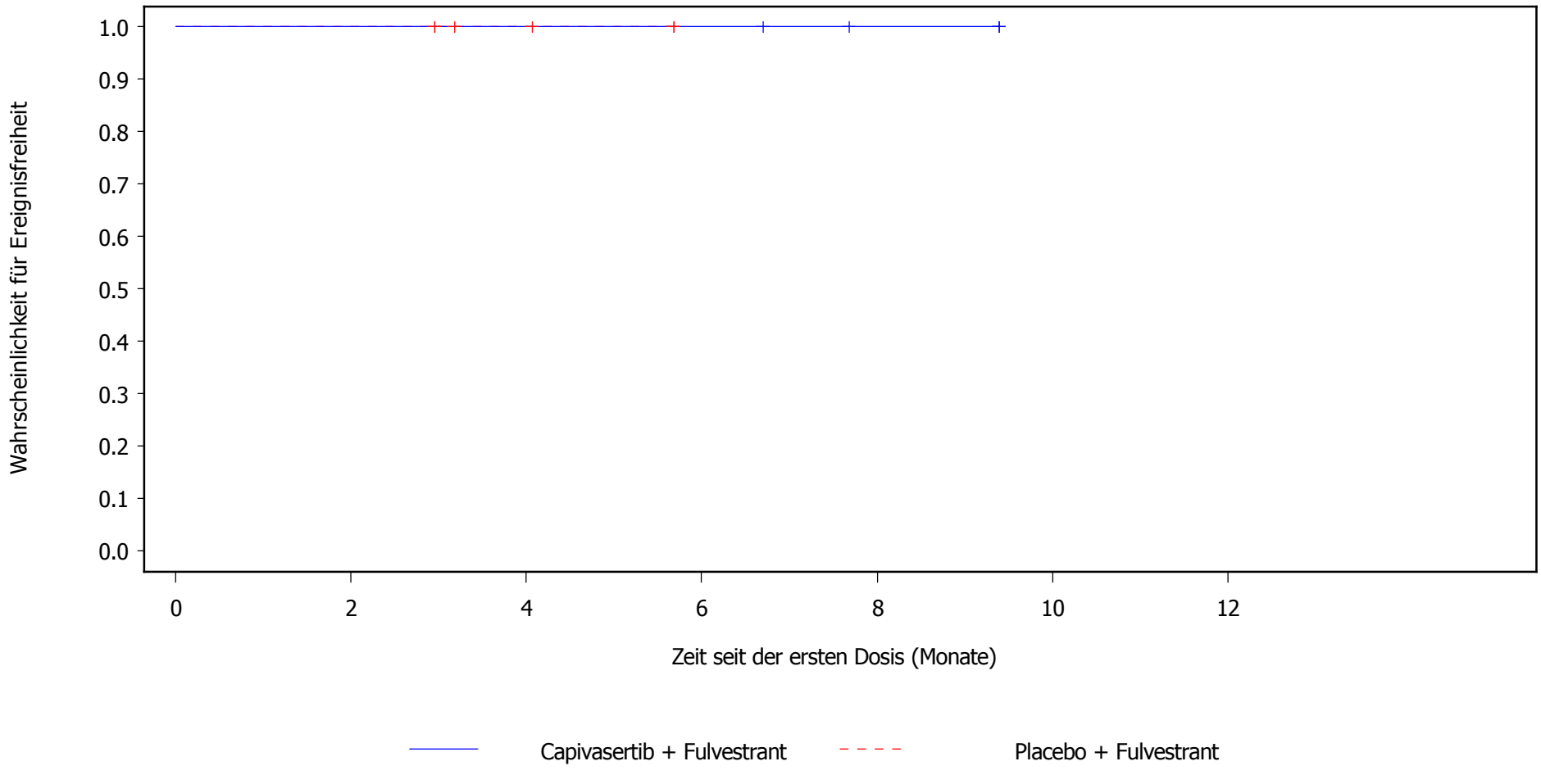
Figure 3.3.4.56 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Ausschlag
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3 5	3 5	3 2	3 0	1 0	0 0	0 0	Capivasertib + Fulvestrant Placebo + Fulvestrant

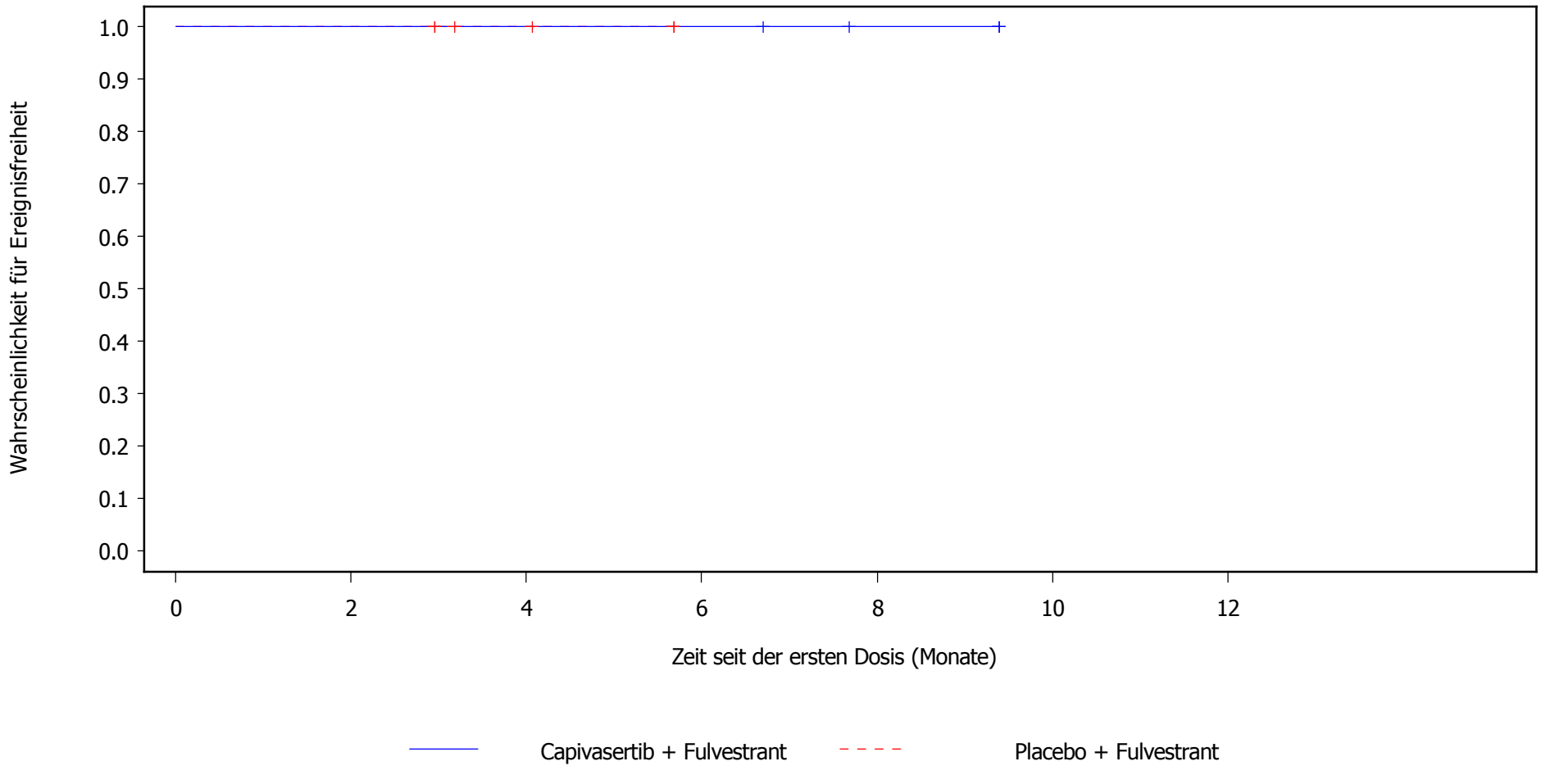
Figure 3.3.4.57 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Harnwegsinfektionen
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0	Capivasertib + Fulvestrant
5	5	2	0	0	0	0	Placebo + Fulvestrant

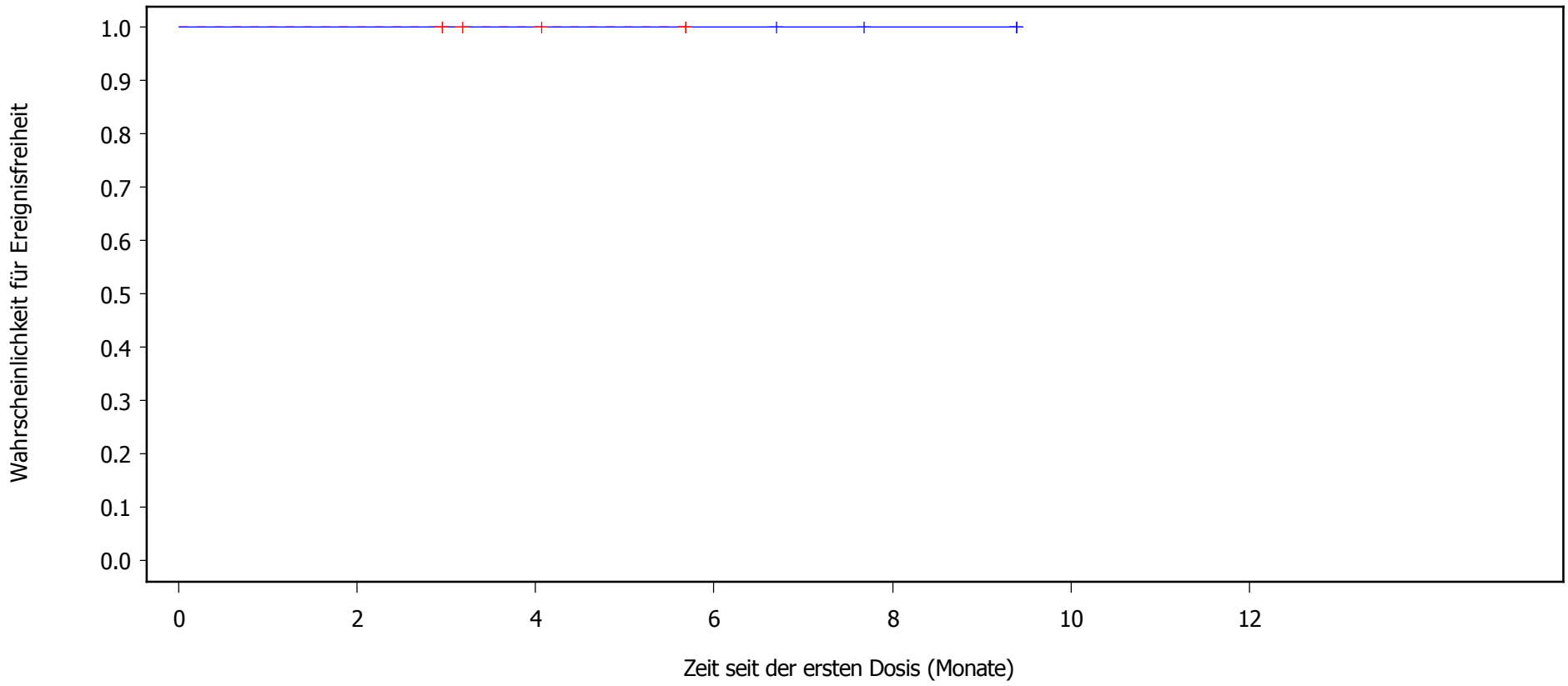
Figure 3.3.4.58 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Hyperglykämie
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	1	0	0 Capivasertib + Fulvestrant
5	5	2	0	0	0	0 Placebo + Fulvestrant

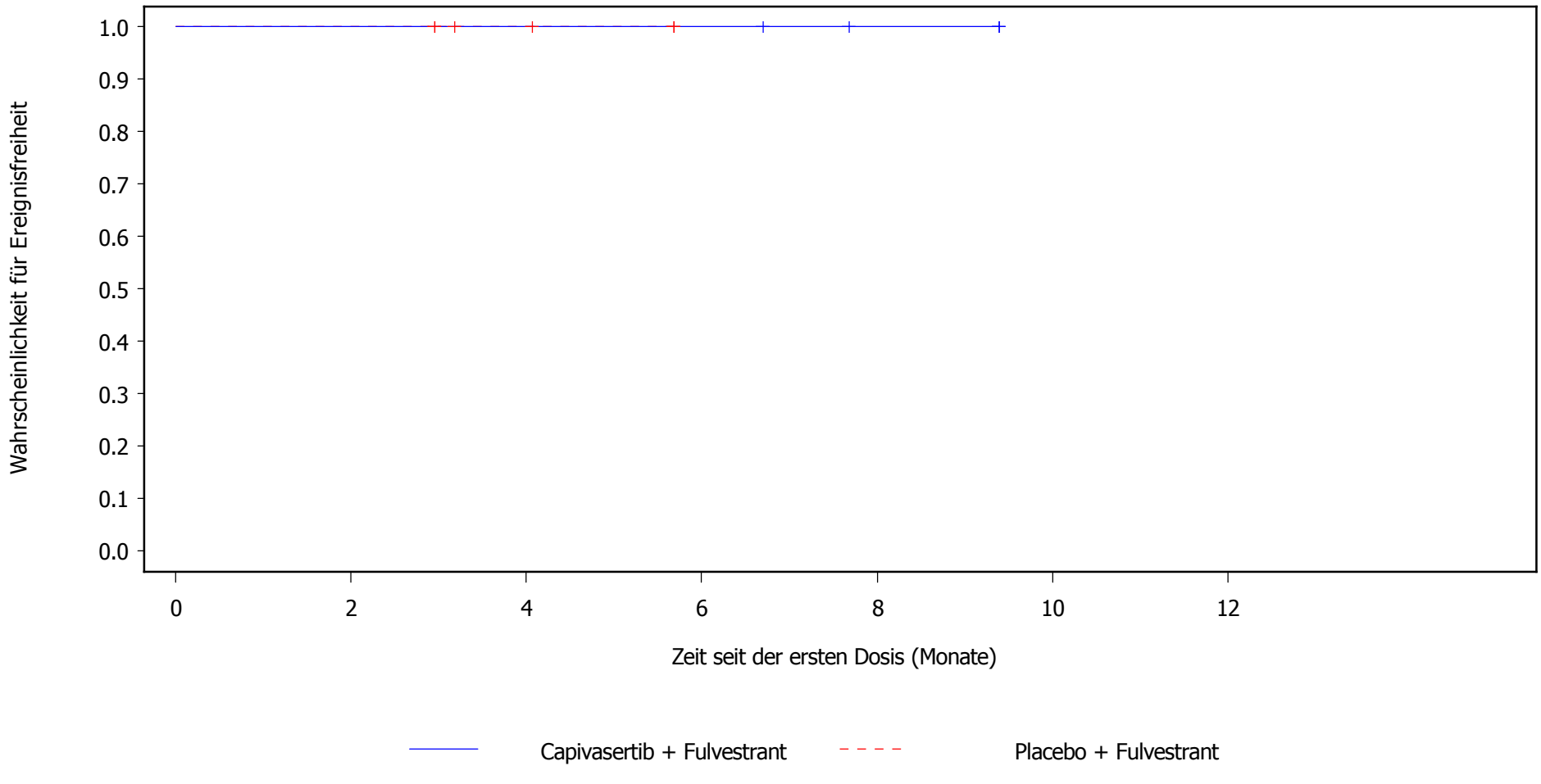
Figure 3.3.4.59 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: Nichtinfektiöse Diarrhö
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

Figure 3.3.4.60 CAPItello-291 (China A2): Kaplan-Meier plot of time to first occurrence of SUESI GT: QT-Verlängerung
Altered safety analysis set, DCO 08MAY2023



Anzahl an Patienten unter Risiko:

35	35	32	30	10	00	00	Capivasertib + Fulvestrant Placebo + Fulvestrant

Table 3.5.3 CAPItello-291 (Global A2): Summary of adverse events leading to discontinuation of study treatment
Altered safety analysis set, DCO 27MAR2023

System organ class / MedDRA Preferred term	Number (%) of patients Capivasertib + Fulvestrant (N=13)	 Placebo + Fulvestrant (N=18)
Patienten mit Abbruch wegen UE	1 (7,7)	0
Erkrankungen des Gastrointestinaltrakts	1 (7,7)	0
Erbrechen	1 (7,7)	0

Includes adverse events with onset date after first dose of study treatment until 37 days following the date of last dose of study treatment.
All AEs are coded using MedDRA version 25.0.

Table 3.5.4 CAPItello-291 (China A2): Summary of adverse events leading to discontinuation of study treatment
Altered safety analysis set, DCO 08MAY2023

System organ class / MedDRA Preferred term	Number (%) of patients Capivasertib + Fulvestrant (N=3)	Number (%) of patients Placebo + Fulvestrant (N=5)
Patienten mit Abbruch wegen UE	0	0

Includes adverse events with onset date after first dose of study treatment until 37 days following the date of last dose of study treatment.
All AEs are coded using MedDRA version 25.0.

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Table 4.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	2 (11,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	1 (16,7)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	2 (15,4)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	3 (25,0)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	14,7 [7,3; NE]	17	14 (82,4)	5,5 [1,8;11,7]	0,40	[0,16; 0,95]	0,0387*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	13,9 [5,4; NE]	3	3 (100)	3,7 [1,9; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	15,7 [1,7; NE]	15	12 (80,0)	5,5 [1,6;13,1]	0,42	[0,14; 1,09]	0,0745
Interaktion p-Wert									NC
Region									
Asien	7	3 (42,9)	16,7 [13,9; NE]	7	5 (71,4)	13,1 [3,7; NE]	0,38	[0,07; 1,63]	0,1911
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	5,4 [1,7; NE]	7	7 (100)	1,9 [0,8; 7,4]	0,80	[0,17; 3,03]	0,7566
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	9,2 [7,3; NE]	4	3 (75,0)	1,8 [1,7; NE]	NC	[NC]	NC
Interaktion p-Wert									0,4704
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	16,7 [7,3; NE]	7	6 (85,7)	3,7 [0,8;13,1]	0,33	[0,08; 1,16]	0,0820
>=65	6	4 (66,7)	11,1 [1,7; NE]	11	9 (81,8)	5,6 [1,0;11,7]	0,47	[0,13; 1,47]	0,1985
Interaktion p-Wert									0,6794
Ethnie									
Asiatisch	7	3 (42,9)	16,7 [13,9; NE]	7	5 (71,4)	13,1 [3,7; NE]	0,37	[0,07; 1,60]	0,1838
Weiß	4	4 (100)	7,3 [1,7; NE]	10	9 (90,0)	1,8 [0,8; 7,4]	0,63	[0,17; 1,97]	0,4385
Andere	2	1 (50,0)	NE [NE; NE]	1	1 (100)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,5878
Metastasenlokalisation									
Nur Knochen	5	3 (60,0)	9,2 [7,3; NE]	4	3 (75,0)	4,5 [0,8; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	15,3 [1,7; NE]	12	10 (83,3)	3,7 [1,7;13,1]	0,49	[0,13; 1,49]	0,2138
Andere	2	1 (50,0)	NE [NE; NE]	2	2 (100)	5,5 [3,7; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	14,7 [7,3; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,38	[0,15; 0,90]	0,0271*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	14,3 [5,4; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,42	[0,17; 0,99]	0,0462*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	14,7 [7,3; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,38	[0,15; 0,90]	0,0271*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	12,0 [1,7; NE]	10	8 (80,0)	5,5 [1,0;13,1]	0,49	[0,15; 1,48]	0,2037
Sekundär	5	3 (60,0)	16,7 [5,4; NE]	8	7 (87,5)	3,7 [0,8; 7,6]	0,27	[0,06; 1,004]	0,0508
Interaktion p-Wert									0,5170
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	6 (75,0)	11,5 [5,4; NE]	13	11 (84,6)	2,8 [1,0; 7,6]	0,39	[0,13; 1,03]	0,0579
Nein	5	2 (40,0)	NE [NE; NE]	5	4 (80,0)	11,7 [3,6; NE]	0,35	[0,05; 1,84]	0,2178
Interaktion p-Wert									0,9299
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	14,7 [7,3; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,38	[0,15; 0,90]	0,0271*
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	14,3 [5,4; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,42	[0,17; 0,99]	0,0462*
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	14,7 [7,3; NE]	11	9 (81,8)	7,4 [1,0;13,1]	0,40	[0,14; 1,11]	0,0767

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	5 (83,3)	3,7 [1,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	1,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	16,7 [13,9; NE]	2	2 (100)	7,5 [7,4; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	5 (71,4)	13,1 [3,6; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	7 (58,3)	15,7 [5,4; NE]	18	15 (83,3)	3,7 [1,7;11,7]	0,36	[0,13; 0,87]	0,0232*
Bilaterale Ovarektomie	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	1 (33,3)	15,2 [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	15,2 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	1 (25,0)	15,2 [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	15,2 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	5,9 [5,5; NE]	3	3 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Nein	1	1 (100)	8,2 [NE; NE]	2	2 (100)	3,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	6,3 [5,5; NE]	3	3 (100)	1,9 [1,8; NE]	NC	[NC]	NC
>=65	0	0	NE	2	2 (100)	2,3 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	0	0	NE	2	2 (100)	3,2 [1,9; NE]	NC	[NC]	NC
Nein	3	3 (100)	6,3 [5,5; NE]	3	3 (100)	1,8 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	5,9 [5,5; NE]	4	4 (100)	2,4 [1,8; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	8,2 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	6,3 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	6,3 [5,5; NE]	3	3 (100)	1,8 [1,8; NE]	NC	[NC]	NC
1	0	0	NE	2	2 (100)	3,2 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	5,5 [NE; NE]	2	2 (100)	3,6 [2,8; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	7,3 [6,3; NE]	3	3 (100)	1,8 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	1	1 (100)	6,3 [NE; NE]	3	3 (100)	1,9 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	5,9 [5,5; NE]	5	5 (100)	1,9 [1,8; NE]	NC	[NC]	NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of progression-free survival (PFS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Bilaterale Ovarektomie	1	1 (100)	8,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.2.3.1.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	7 (53,8)	1,9 [1,0; NE]	17	10 (58,8)	4,6 [1,9; NE]	1,07	[0,39; 2,79]	0,8942
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	1,5 [0,9; NE]	15	9 (60,0)	4,6 [1,0; NE]	1,48	[0,48; 4,28]	0,4772
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	1,4 [0,9; NE]	7	4 (57,1)	14,7 [1,0; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	5 (71,4)	4,6 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	1,0 [1,0; NE]	7	3 (42,9)	14,7 [0,9; NE]	1,45	[0,27; 7,93]	0,6500
>=65	6	4 (66,7)	1,9 [0,9; NE]	11	7 (63,6)	3,3 [1,0; 7,4]	0,90	[0,23; 2,97]	0,8601
Interaktion p-Wert									0,6394
Ethnie									
Asiatisch	7	5 (71,4)	1,4 [0,9; NE]	7	4 (57,1)	14,7 [1,0; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	1 (100)	4,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	1,9 [0,9; NE]	4	4 (100)	1,4 [0,9; NE]	NC	[NC]	NC
Viszeral	6	3 (50,0)	1,1 [1,0; NE]	12	5 (41,7)	7,4 [1,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	2	1 (50,0)	5,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	7 (53,8)	1,9 [1,0; NE]	18	10 (55,6)	4,6 [1,9; NE]	1,07	[0,39; 2,79]	0,8942
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	1,9 [0,9; NE]	18	10 (55,6)	4,6 [1,9; NE]	0,94	[0,32; 2,53]	0,8988
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	7 (53,8)	1,9 [1,0; NE]	18	10 (55,6)	4,6 [1,9; NE]	1,07	[0,39; 2,79]	0,8942
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	1,9 [1,0; NE]	10	5 (50,0)	7,4 [1,0; NE]	NC	[NC]	NC
Sekundär	5	3 (60,0)	1,0 [0,9; NE]	8	5 (62,5)	2,3 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	6 (46,2)	5,6 [0,9; NE]	NC	[NC]	NC
Nein	5	4 (80,0)	1,0 [0,9; NE]	5	4 (80,0)	4,6 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	7 (53,8)	1,9 [1,0; NE]	18	10 (55,6)	4,6 [1,9; NE]	1,07	[0,39; 2,79]	0,8942

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	1,9 [0,9; NE]	18	10 (55,6)	4,6 [1,9; NE]	0,94	[0,32; 2,53]	0,8988
1	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	1,9 [0,9; NE]	11	7 (63,6)	5,6 [0,9; NE]	1,01	[0,32; 3,04]	0,9903
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	3 (50,0)	3,7 [1,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	1,9 [1,0; NE]	2	2 (100)	3,7 [1,9; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,9 [0,9; NE]	7	5 (71,4)	7,4 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	6 (50,0)	1,9 [0,9; NE]	18	10 (55,6)	4,6 [1,9; NE]	0,94	[0,32; 2,53]	0,8988
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	7 (53,8)	4,2 [1,9; NE]	17	7 (41,2)	7,4 [1,9; NE]	0,95	[0,30; 2,88]	0,9263
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	4,6 [1,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	3,7 [3,7; NE]	15	6 (40,0)	6,5 [1,0; NE]	0,71	[0,18; 2,52]	0,6001
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	11,9 [3,7; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	4 (57,1)	2,8 [1,0; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	3,7 [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	3,7 [3,7; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	19,3 [1,9; NE]	11	5 (45,5)	5,1 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	4 (57,1)	11,9 [3,7; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	3,7 [3,7; NE]	10	3 (30,0)	2,8 [1,0; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	1	1 (100)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	19,3 [3,7; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	3 (50,0)	4,2 [1,9; NE]	12	4 (33,3)	7,4 [1,0; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	3,7 [NE; NE]	2	2 (100)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	7 (53,8)	4,2 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,95	[0,30; 2,88]	0,9263
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	4,6 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	3,7 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,86	[0,25; 2,71]	0,7958
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	7 (53,8)	4,2 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,95	[0,30; 2,88]	0,9263
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	3,7 [3,7; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	4,6 [1,9; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	3,7 [1,9; NE]	13	4 (30,8)	6,5 [0,9; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	4,6 [3,7; NE]	5	3 (60,0)	7,4 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	7 (53,8)	4,2 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,95	[0,30; 2,88]	0,9263

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	3,7 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,86	[0,25; 2,71]	0,7958
1	1	1 (100)	4,6 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	5 (45,5)	11,5 [3,7; NE]	11	5 (45,5)	6,9 [1,0; NE]	0,69	[0,17; 2,62]	0,5812
ER+/PR-	2	2 (100)	3,3 [1,9; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	11,9 [4,6; NE]	7	4 (57,1)	7,4 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	6 (50,0)	4,6 [1,9; NE]	18	7 (38,9)	7,4 [1,9; NE]	0,86	[0,25; 2,71]	0,7958
Bilaterale Ovarektomie	1	1 (100)	3,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	9,1 [1,0; NE]	17	10 (58,8)	2,8 [1,8; 6,5]	0,66	[0,25; 1,72]	0,3984
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	5,5 [1,0; NE]	3	2 (66,7)	4,2 [2,8; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	9,6 [1,0; NE]	15	8 (53,3)	1,9 [1,0; NE]	0,71	[0,23; 2,08]	0,5304
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	10,6 [5,5; NE]	7	4 (57,1)	5,6 [1,8; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	1,0 [1,0; NE]	7	5 (71,4)	1,9 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	9,1 [5,5; NE]	7	3 (42,9)	1,9 [0,9; NE]	0,58	[0,11; 3,24]	0,5206
>=65	6	5 (83,3)	5,6 [1,0; NE]	11	7 (63,6)	3,7 [1,0; 6,5]	0,79	[0,23; 2,56]	0,6997
Interaktion p-Wert									0,7656
Ethnie									
Asiatisch	7	4 (57,1)	10,6 [5,5; NE]	7	4 (57,1)	5,6 [1,8; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	5,1 [1,0; NE]	10	5 (50,0)	1,9 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	1 (100)	4,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	10,1 [1,0; NE]	4	4 (100)	1,9 [0,9; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	5,5 [1,0; NE]	12	5 (41,7)	5,6 [1,8; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	11,1 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	9,1 [1,0; NE]	18	10 (55,6)	2,8 [1,8; 6,5]	0,66	[0,25; 1,72]	0,3984
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	7,3 [1,0;11,1]	18	10 (55,6)	2,8 [1,8; 6,5]	0,78	[0,29; 2,01]	0,6049
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	9,1 [1,0; NE]	18	10 (55,6)	2,8 [1,8; 6,5]	0,66	[0,25; 1,72]	0,3984
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	10,1 [1,0; NE]	10	5 (50,0)	1,9 [1,0; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	5,6 [1,0; NE]	8	5 (62,5)	3,7 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	5,6 [1,0; NE]	13	6 (46,2)	1,9 [0,9; NE]	0,60	[0,17; 2,08]	0,4173
Nein	5	3 (60,0)	10,6 [1,1; NE]	5	4 (80,0)	5,6 [1,9; NE]	0,70	[0,13; 3,23]	0,6398
Interaktion p-Wert									0,8826
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	9,1 [1,0; NE]	18	10 (55,6)	2,8 [1,8; 6,5]	0,66	[0,25; 1,72]	0,3984

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	7,3 [1,0;11,1]	18	10 (55,6)	2,8 [1,8; 6,5]	0,78	[0,29; 2,01]	0,6049
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	9,1 [1,0;11,1]	11	8 (72,7)	1,9 [0,9; 6,5]	0,51	[0,17; 1,45]	0,2043
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	2 (33,3)	4,6 [1,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	8,3 [5,5; NE]	2	2 (100)	1,9 [1,0; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	5 (71,4)	5,6 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	8 (66,7)	7,3 [1,0;11,1]	18	10 (55,6)	2,8 [1,8; 6,5]	0,75	[0,28; 1,94]	0,5489
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	10,2 [1,1;16,5]	17	8 (47,1)	3,7 [1,0; NE]	0,83	[0,30; 2,30]	0,7160
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	6,5 [1,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	10,2 [1,0;16,5]	15	7 (46,7)	2,8 [0,9; NE]	0,71	[0,22; 2,23]	0,5572
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	12,0 [1,9; NE]	7	4 (57,1)	4,6 [1,0; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	6,5 [1,9; NE]	7	5 (71,4)	2,7 [0,9; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	10,2 [1,0; NE]	11	3 (27,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	5 (71,4)	12,0 [1,9; NE]	7	4 (57,1)	4,6 [1,0; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	2,8 [1,0; NE]	10	4 (40,0)	1,9 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	4 (80,0)	10,2 [1,0; NE]	4	3 (75,0)	2,8 [0,9; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	6,5 [1,1; NE]	12	5 (41,7)	4,6 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	10,2 [1,1;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,83	[0,30; 2,30]	0,7160
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	6,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	7 (58,3)	10,2 [1,0;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,82	[0,28; 2,34]	0,7120
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	10,2 [1,1;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,83	[0,30; 2,30]	0,7160
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	7,4 [1,0; NE]	10	5 (50,0)	2,7 [0,9; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	13,8 [1,9; NE]	8	3 (37,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	10,2 [1,0; NE]	13	6 (46,2)	2,8 [0,9; NE]	0,49	[0,13; 1,74]	0,2692
Nein	5	3 (60,0)	10,1 [1,1; NE]	5	2 (40,0)	NE [NE; NE]	1,53	[0,25; 11,71]	0,6409
Interaktion p-Wert									0,3026
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	10,2 [1,1;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,83	[0,30; 2,30]	0,7160

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	7 (58,3)	10,2 [1,0;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,82	[0,28; 2,34]	0,7120
1	1	1 (100)	6,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	10,2 [1,0;16,5]	11	6 (54,5)	3,7 [0,9; NE]	0,57	[0,16; 1,93]	0,3630
ER+/PR-	2	1 (50,0)	6,5 [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	13,4 [1,9; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	10,1 [6,5; NE]	7	4 (57,1)	3,7 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	8 (66,7)	6,5 [1,0;16,5]	18	8 (44,4)	3,7 [1,0; NE]	0,92	[0,33; 2,55]	0,8687
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	6 (35,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	12,0 [1,0; NE]	15	6 (40,0)	10,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	3 (42,9)	10,2 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	5,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	2 (28,6)	NE [NE; NE]	7	4 (57,1)	5,6 [0,9; NE]	NC	[NC]	NC
>=65	6	1 (16,7)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	4 (40,0)	5,6 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	3 (75,0)	3,7 [0,9; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	2 (16,7)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	12,0 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	12,0 [1,0; NE]	10	4 (40,0)	10,2 [0,9; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	2 (25,0)	NE [NE; NE]	13	5 (38,5)	7,3 [0,9; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	4 (36,4)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	2 (33,3)	5,6 [0,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	2 (16,7)	NE [NE; NE]	18	6 (33,3)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	4 (30,8)	NE [NE; NE]	17	8 (47,1)	2,8 [1,0; NE]	0,40	[0,10; 1,29]	0,1262
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	NE [NE; NE]	15	7 (46,7)	1,9 [1,0; NE]	0,29	[0,06; 1,09]	0,0673
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	4 (57,1)	7,9 [0,9; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	3 (42,9)	1,9 [1,0; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	2 (28,6)	NE [NE; NE]	7	3 (42,9)	2,8 [0,9; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	5 (45,5)	4,9 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	4 (57,1)	7,9 [0,9; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	4 (40,0)	1,4 [1,0; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	3 (75,0)	1,9 [1,0; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	NE [NE; NE]	12	4 (33,3)	7,9 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	2,8 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	4 (30,8)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,40	[0,10; 1,29]	0,1262
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	4 (33,3)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,45	[0,12; 1,46]	0,1859
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	4 (30,8)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,40	[0,10; 1,29]	0,1262
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	6 (60,0)	1,9 [0,9; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	6 (46,2)	2,8 [0,9; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	4 (30,8)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,40	[0,10; 1,29]	0,1262

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	4 (33,3)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,45	[0,12; 1,46]	0,1859
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	7 (63,6)	1,9 [0,9; 7,9]	0,21	[0,04; 0,77]	0,0178*
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	2 (100)	4,4 [1,0; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	4 (57,1)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	3 (25,0)	NE [NE; NE]	18	8 (44,4)	2,8 [1,0; NE]	0,34	[0,07; 1,20]	0,0946
Bilaterale Ovarektomie	1	1 (100)	3,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	1,9 [1,0; NE]	17	8 (47,1)	2,8 [1,0; NE]	1,33	[0,49; 3,64]	0,5715
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	5,5 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	1,5 [0,9; NE]	15	7 (46,7)	2,8 [1,0; NE]	1,47	[0,47; 4,43]	0,4953
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	3,7 [0,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	4 (57,1)	1,9 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	11,9 [1,0; NE]	7	3 (42,9)	2,8 [0,9; NE]	0,78	[0,14; 4,29]	0,7633
>=65	6	5 (83,3)	1,0 [0,9; NE]	11	5 (45,5)	2,8 [1,0; NE]	2,31	[0,63; 8,55]	0,1990
Interaktion p-Wert									0,3071
Ethnie									
Asiatisch	7	5 (71,4)	3,7 [0,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	5 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	1,9 [0,9; NE]	4	4 (100)	1,4 [0,9; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	5,5 [1,0; NE]	12	3 (25,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	1,9 [1,0; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,33	[0,49; 3,64]	0,5715
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	1,5 [0,9; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,61	[0,59; 4,40]	0,3504
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	1,9 [1,0; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,33	[0,49; 3,64]	0,5715
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	1,5 [1,0; NE]	10	5 (50,0)	2,8 [1,8; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	5,5 [0,9; NE]	8	3 (37,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	5,5 [1,0; NE]	13	6 (46,2)	1,9 [0,9; NE]	0,76	[0,21; 2,57]	0,6521
Nein	5	3 (60,0)	1,0 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	3,64	[0,59; 27,93]	0,1566
Interaktion p-Wert									0,1559
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	1,9 [1,0; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,33	[0,49; 3,64]	0,5715

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	1,5 [0,9; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,61	[0,59; 4,40]	0,3504
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	1,9 [0,9; NE]	11	7 (63,6)	1,9 [0,9; NE]	1,00	[0,34; 2,96]	0,9953
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,7 [1,0; NE]	2	2 (100)	1,4 [1,0; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	7 (58,3)	3,7 [0,9; NE]	18	8 (44,4)	2,8 [1,0; NE]	1,19	[0,41; 3,33]	0,7426
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	9 (69,2)	4,6 [1,1;16,7]	17	5 (29,4)	NE [NE; NE]	1,90	[0,65; 6,25]	0,2455
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	10,1 [1,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	3,3 [1,1; NE]	15	5 (33,3)	NE [NE; NE]	1,39	[0,41; 4,87]	0,5869
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	12,4 [1,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	3,2 [1,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	5 (71,4)	10,1 [1,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	1,9 [1,0; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	5 (71,4)	12,4 [1,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	3,2 [1,1; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	4,6 [1,9; NE]	4	3 (75,0)	1,9 [0,9; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	10,1 [1,0; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	9 (69,2)	4,6 [1,1;16,7]	18	5 (27,8)	NE [NE; NE]	1,90	[0,65; 6,25]	0,2455
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	3,3 [1,0;14,7]	18	5 (27,8)	NE [NE; NE]	2,06	[0,68; 6,86]	0,2010
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	9 (69,2)	4,6 [1,1;16,7]	18	5 (27,8)	NE [NE; NE]	1,90	[0,65; 6,25]	0,2455
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	1,9 [1,1; NE]	10	4 (40,0)	1,9 [0,9; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	14,7 [1,0; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	6 (75,0)	4,6 [1,0; NE]	13	4 (30,8)	NE [NE; NE]	1,40	[0,39; 5,53]	0,6056
Nein	5	3 (60,0)	9,3 [1,1; NE]	5	1 (20,0)	NE [NE; NE]	3,23	[0,39; 66,83]	0,2847
Interaktion p-Wert									0,5180
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	9 (69,2)	4,6 [1,1;16,7]	18	5 (27,8)	NE [NE; NE]	1,90	[0,65; 6,25]	0,2455

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	3,3 [1,0;14,7]	18	5 (27,8)	NE [NE; NE]	2,06	[0,68; 6,86]	0,2010
1	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	4,6 [1,1;14,7]	11	4 (36,4)	NE [NE; NE]	1,38	[0,39; 5,41]	0,6168
ER+/PR-	2	2 (100)	8,8 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	6,0 [1,9; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	8 (66,7)	7,4 [1,0;16,7]	18	5 (27,8)	NE [NE; NE]	1,78	[0,58; 5,97]	0,3131
Bilaterale Ovarektomie	1	1 (100)	1,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.9 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	10 (76,9)	2,8 [1,0; 7,4]	17	7 (41,2)	10,2 [1,0; NE]	1,81	[0,67; 5,13]	0,2433
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	5,5 [1,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	7 (70,0)	2,3 [0,9; 7,4]	15	7 (46,7)	1,9 [1,0; NE]	1,58	[0,52; 4,90]	0,4127
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	3,3 [0,9; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	4 (57,1)	5,6 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	4,6 [1,9; NE]	4	1 (25,0)	1,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	5 (71,4)	5,5 [1,0; NE]	7	3 (42,9)	1,9 [0,9; NE]	NC	[NC]	NC
>=65	6	5 (83,3)	1,9 [0,9; NE]	11	4 (36,4)	10,2 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	3,3 [0,9; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	4,6 [1,1; NE]	10	5 (50,0)	1,9 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.9 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	4 (80,0)	2,8 [0,9; NE]	4	3 (75,0)	1,4 [0,9; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	1,1 [1,0; NE]	12	3 (25,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	3,7 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	10 (76,9)	2,8 [1,0; 7,4]	18	7 (38,9)	10,2 [1,0; NE]	1,81	[0,67; 5,13]	0,2433
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	9 (75,0)	2,3 [0,9; 5,5]	18	7 (38,9)	10,2 [1,0; NE]	2,29	[0,82; 6,85]	0,1118
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	10 (76,9)	2,8 [1,0; 7,4]	18	7 (38,9)	10,2 [1,0; NE]	1,81	[0,67; 5,13]	0,2433
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	3,3 [1,1; NE]	10	4 (40,0)	10,2 [1,0; NE]	NC	[NC]	NC
Sekundär	5	5 (100)	1,0 [0,9; NE]	8	3 (37,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	6 (75,0)	2,8 [1,0; 7,4]	13	5 (38,5)	1,9 [0,9; NE]	1,39	[0,41; 4,91]	0,5931
Nein	5	4 (80,0)	2,4 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	2,83	[0,47; 21,65]	0,2497
Interaktion p-Wert									0,5142
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	10 (76,9)	2,8 [1,0; 7,4]	18	7 (38,9)	10,2 [1,0; NE]	1,81	[0,67; 5,13]	0,2433

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.9 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	9 (75,0)	2,3 [0,9; 5,5]	18	7 (38,9)	10,2 [1,0; NE]	2,29	[0,82; 6,85]	0,1118
1	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	8 (72,7)	2,8 [0,9; 7,4]	11	5 (45,5)	10,2 [0,9; NE]	2,13	[0,66; 8,10]	0,2093
ER+/PR-	2	2 (100)	8,8 [1,0; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,3 [1,0; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	8,8 [0,9; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	9 (75,0)	3,3 [0,9; 7,4]	18	7 (38,9)	10,2 [1,0; NE]	1,76	[0,62; 5,08]	0,2811
Bilaterale Ovarektomie	1	1 (100)	1,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.10 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	9,2 [1,0; NE]	17	8 (47,1)	1,9 [1,0; NE]	1,07	[0,39; 2,92]	0,8887
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	12,1 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	9,2 [1,0; NE]	15	7 (46,7)	1,9 [0,9; NE]	0,82	[0,24; 2,58]	0,7380
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	10,6 [1,0; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	3 (42,9)	1,9 [1,0; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	2 (50,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	12,1 [1,0; NE]	7	4 (57,1)	2,8 [0,9; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	9,2 [1,0; NE]	11	4 (36,4)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	10,6 [1,0; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	4 (40,0)	1,9 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	1 (100)	1,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.10 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	16,5 [1,0; NE]	4	2 (50,0)	1,9 [1,0; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	12,1 [1,0; NE]	12	5 (41,7)	2,8 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	9,2 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	1,07	[0,39; 2,92]	0,8887
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	12,1 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	7 (58,3)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	1,06	[0,37; 2,95]	0,9157
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	1,07	[0,39; 2,92]	0,8887
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	9,2 [1,0; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Sekundär	5	5 (100)	12,1 [1,0; NE]	8	3 (37,5)	1,0 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	1,9 [1,0; NE]	13	5 (38,5)	2,8 [0,9; NE]	1,24	[0,34; 4,46]	0,7384
Nein	5	3 (60,0)	12,1 [9,2; NE]	5	3 (60,0)	1,0 [1,0; NE]	0,91	[0,17; 4,93]	0,9073
Interaktion p-Wert									0,7670
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	1,07	[0,39; 2,92]	0,8887

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.10 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	7 (58,3)	9,2 [1,0; NE]	18	8 (44,4)	1,9 [1,0; NE]	1,06	[0,37; 2,95]	0,9157
1	1	1 (100)	12,1 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	9,2 [1,0; NE]	11	4 (36,4)	NE [NE; NE]	1,11	[0,29; 4,49]	0,8821
ER+/PR-	2	2 (100)	6,5 [1,0; NE]	6	3 (50,0)	1,0 [0,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	5,6 [1,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	14,3 [12,1; NE]	7	4 (57,1)	2,8 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	8 (66,7)	9,2 [1,0;14,1]	18	8 (44,4)	1,9 [1,0; NE]	1,19	[0,44; 3,25]	0,7238
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.11 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	9 (69,2)	3,7 [1,0;16,7]	17	8 (47,1)	6,5 [1,9; NE]	1,53	[0,58; 4,08]	0,3866
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	15,6 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	2,8 [1,0; NE]	15	7 (46,7)	6,5 [1,0; NE]	1,47	[0,47; 4,43]	0,4968
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	9,7 [1,9; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	1,0 [1,0; NE]	7	5 (71,4)	3,7 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	15,6 [3,7; NE]	7	2 (28,6)	NE [NE; NE]	1,60	[0,31; 11,56]	0,5824
>=65	6	5 (83,3)	1,5 [1,0; NE]	11	6 (54,5)	5,6 [1,0; NE]	2,02	[0,57; 6,94]	0,2661
Interaktion p-Wert									0,8263
Ethnie									
Asiatisch	7	5 (71,4)	9,7 [1,9; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	2,4 [1,0; NE]	10	5 (50,0)	3,7 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	1 (100)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.11 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	3,7 [1,0; NE]	4	4 (100)	1,4 [0,9; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	3,7 [1,0; NE]	12	3 (25,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	2	1 (50,0)	6,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	9 (69,2)	3,7 [1,0;16,7]	18	8 (44,4)	6,5 [1,9; NE]	1,53	[0,58; 4,08]	0,3866
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	2,8 [1,0;15,6]	18	8 (44,4)	6,5 [1,9; NE]	1,67	[0,61; 4,56]	0,3090
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	9 (69,2)	3,7 [1,0;16,7]	18	8 (44,4)	6,5 [1,9; NE]	1,53	[0,58; 4,08]	0,3866
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	1,9 [1,0; NE]	10	4 (40,0)	8,3 [1,0; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	15,6 [1,0; NE]	8	4 (50,0)	4,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	6 (75,0)	3,7 [1,0; NE]	13	4 (30,8)	6,5 [0,9; NE]	2,25	[0,64; 8,84]	0,2060
Nein	5	3 (60,0)	9,3 [1,1; NE]	5	4 (80,0)	4,6 [1,9; NE]	0,88	[0,17; 4,09]	0,8722
Interaktion p-Wert									0,3543
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	9 (69,2)	3,7 [1,0;16,7]	18	8 (44,4)	6,5 [1,9; NE]	1,53	[0,58; 4,08]	0,3866

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.11 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	2,8 [1,0;15,6]	18	8 (44,4)	6,5 [1,9; NE]	1,67	[0,61; 4,56]	0,3090
1	1	1 (100)	16,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	3,7 [1,0;15,6]	11	6 (54,5)	6,5 [0,9; NE]	1,27	[0,42; 3,99]	0,6740
ER+/PR-	2	2 (100)	8,8 [1,0; NE]	6	2 (33,3)	3,7 [3,7; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	2,8 [1,9; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	4 (57,1)	8,3 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	9 (75,0)	2,8 [1,0;15,6]	18	8 (44,4)	6,5 [1,9; NE]	1,79	[0,68; 4,80]	0,2360
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.12 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	2,8 [1,0;16,6]	17	6 (35,3)	NE [NE; NE]	1,58	[0,54; 4,83]	0,3982
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	8,3 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	2,3 [1,0; NE]	15	5 (33,3)	NE [NE; NE]	1,30	[0,36; 4,67]	0,6829
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	5,5 [1,0; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	3 (42,9)	1,9 [1,0; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	8,3 [1,0; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	2,3 [1,0; NE]	11	3 (27,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	5 (71,4)	5,5 [1,0; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	3 (30,0)	1,9 [1,0; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.12 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	2 (50,0)	1,9 [1,9; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	1,1 [1,0; NE]	12	3 (25,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	2,8 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	2,8 [1,0;16,6]	18	6 (33,3)	NE [NE; NE]	1,58	[0,54; 4,83]	0,3982
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	8,3 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	7 (58,3)	2,3 [1,0; NE]	18	6 (33,3)	NE [NE; NE]	1,58	[0,52; 4,96]	0,4135
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	2,8 [1,0;16,6]	18	6 (33,3)	NE [NE; NE]	1,58	[0,54; 4,83]	0,3982
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	2,3 [1,0; NE]	10	6 (60,0)	1,9 [0,9; NE]	0,70	[0,17; 2,49]	0,5781
Sekundär	5	4 (80,0)	8,3 [1,0; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	1,9 [1,0; NE]	13	4 (30,8)	NE [NE; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	5,5 [1,1; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	2,8 [1,0;16,6]	18	6 (33,3)	NE [NE; NE]	1,58	[0,54; 4,83]	0,3982

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.12 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	7 (58,3)	2,3 [1,0; NE]	18	6 (33,3)	NE [NE; NE]	1,58	[0,52; 4,96]	0,4135
1	1	1 (100)	8,3 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	2,8 [1,0; NE]	11	4 (36,4)	NE [NE; NE]	1,09	[0,29; 4,43]	0,8938
ER+/PR-	2	2 (100)	4,6 [1,0; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	2,3 [1,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	7 (58,3)	5,5 [1,0; NE]	18	6 (33,3)	NE [NE; NE]	1,40	[0,46; 4,38]	0,5488
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.13 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	4 (30,8)	16,6 [7,4; NE]	17	4 (23,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	12,8 [1,0; NE]	15	4 (26,7)	12,9 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	3 (42,9)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	16,6 [7,4; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
>=65	6	1 (16,7)	NE [NE; NE]	11	2 (18,2)	12,9 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	3 (42,9)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.13 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	2 (50,0)	2,8 [1,0; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	16,6 [12,8; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	4 (30,8)	16,6 [7,4; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	4 (33,3)	16,6 [1,0; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	4 (30,8)	16,6 [7,4; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	2 (25,0)	12,9 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	16,6 [7,4; NE]	13	3 (23,1)	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	1 (20,0)	12,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	4 (30,8)	16,6 [7,4; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.13 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	4 (33,3)	16,6 [1,0; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	4 (36,4)	16,6 [1,0; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	3 (50,0)	7,9 [1,9; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	14,7 [1,0; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	4 (33,3)	16,6 [1,0; NE]	18	4 (22,2)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.14 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	10 (76,9)	2,8 [1,0; 3,7]	17	6 (35,3)	12,8 [1,9; NE]	4,02	[1,39; 13,27]	0,0102*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	2,9 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	7 (70,0)	1,9 [1,0; 3,7]	15	5 (33,3)	12,8 [1,0; NE]	3,59	[1,05; 14,16]	0,0421*
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	3,3 [1,9; NE]	7	4 (57,1)	12,8 [0,9; NE]	2,92	[0,74; 14,21]	0,1256
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,9 [1,0; NE]	7	1 (14,3)	NE [NE; NE]	16,73	[1,31;428,61]	0,0311*
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	1,4 [1,0; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,2343
Alter bei Randomisierung (Jahre)									
<65	7	5 (71,4)	2,8 [1,0; NE]	7	3 (42,9)	12,8 [0,9; NE]	NC	[NC]	NC
>=65	6	5 (83,3)	1,9 [1,0; NE]	11	3 (27,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	3,3 [1,9; NE]	7	4 (57,1)	12,8 [0,9; NE]	2,97	[0,76; 14,40]	0,1178
Weiß	4	3 (75,0)	1,9 [1,0; NE]	10	2 (20,0)	NE [NE; NE]	11,10	[1,45;113,74]	0,0210*
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,2914
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.14 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	5 (100)	1,9 [1,0; NE]	4	3 (75,0)	1,9 [1,0; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	2,9 [1,0; NE]	12	2 (16,7)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	3,7 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	10 (76,9)	2,8 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	4,02	[1,39; 13,27]	0,0102*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	7,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	9 (75,0)	1,9 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	4,43	[1,46; 15,05]	0,0086*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	10 (76,9)	2,8 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	4,02	[1,39; 13,27]	0,0102*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	1,9 [1,0; NE]	10	4 (40,0)	12,8 [0,9; NE]	NC	[NC]	NC
Sekundär	5	5 (100)	2,9 [1,0; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	7 (87,5)	1,9 [1,0; 2,8]	13	5 (38,5)	5,5 [0,9; NE]	7,27	[1,72; 40,89]	0,0063*
Nein	5	3 (60,0)	6,4 [3,7; NE]	5	1 (20,0)	NE [NE; NE]	5,31	[0,67;108,45]	0,1169
Interaktion p-Wert									0,8209
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	10 (76,9)	2,8 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	4,02	[1,39; 13,27]	0,0102*

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.1.14 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Diarrhö
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	9 (75,0)	1,9 [1,0; 3,7]	18	6 (33,3)	12,8 [1,9; NE]	4,43	[1,46; 15,05]	0,0086*
1	1	1 (100)	7,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	8 (72,7)	2,8 [1,0; 3,7]	11	4 (36,4)	12,8 [1,0; NE]	4,88	[1,32; 23,55]	0,0167*
ER+/PR-	2	2 (100)	4,2 [1,0; NE]	6	2 (33,3)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	2,8 [1,9; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	6,9 [6,4; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	9 (75,0)	2,8 [1,0; 6,4]	18	6 (33,3)	12,8 [1,9; NE]	3,77	[1,27; 12,62]	0,0172*
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	6 (46,2)	4,6 [1,9; NE]	17	7 (41,2)	10,2 [1,9; NE]	1,04	[0,33; 3,12]	0,9504
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	2,8 [1,0; 4,6]	15	6 (40,0)	10,2 [1,9; NE]	1,87	[0,58; 6,02]	0,2837
Interaktion p-Wert									NC
Region									
Asien	7	3 (42,9)	NE [NE; NE]	7	4 (57,1)	10,3 [1,8; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	3 (42,9)	6,5 [1,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	2,3 [1,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	2,8 [1,0; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	4,6 [2,7; NE]	11	5 (45,5)	10,2 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	3 (42,9)	NE [NE; NE]	7	4 (57,1)	10,3 [1,8; NE]	NC	[NC]	NC
Weiß	4	3 (75,0)	2,8 [1,9; NE]	10	3 (30,0)	6,5 [1,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	5 (100)	2,8 [1,9; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	5 (41,7)	10,2 [1,8; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	6 (46,2)	4,6 [1,9; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,04	[0,33; 3,12]	0,9504
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	3,7 [1,0; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,25	[0,40; 3,76]	0,6935
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	6 (46,2)	4,6 [1,9; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,04	[0,33; 3,12]	0,9504
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	3,7 [1,9; NE]	10	5 (50,0)	2,8 [1,8; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	2 (25,0)	10,3 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	3,7 [1,0; NE]	13	5 (38,5)	2,8 [1,8; NE]	0,64	[0,17; 2,43]	0,5051
Nein	5	1 (20,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	0,96	[0,04; 10,04]	0,9725
Interaktion p-Wert									0,7773
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	6 (46,2)	4,6 [1,9; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,04	[0,33; 3,12]	0,9504

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	3,7 [1,0; NE]	18	7 (38,9)	10,2 [1,9; NE]	1,25	[0,40; 3,76]	0,6935
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	3,7 [1,0; NE]	11	6 (54,5)	2,8 [1,8; NE]	0,96	[0,30; 3,09]	0,9475
ER+/PR-	2	0	NE [NE; NE]	6	1 (16,7)	10,3 [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	2 (100)	2,3 [1,9; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	4 (57,1)	10,3 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	4,6 [1,0; NE]	18	7 (38,9)	10,2 [1,9; NE]	0,93	[0,27; 2,93]	0,9032
Bilaterale Ovarektomie	1	1 (100)	2,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	1 (5,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	2 (20,0)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	2,8 [1,9; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	3,7 [1,9; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	3,7 [1,9; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.2 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	2 (16,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	3,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.3 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Freude an Sex
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	8 (47,1)	6,5 [1,0; NE]	0,41	[0,09; 1,42]	0,1636
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	2 (20,0)	NE [NE; NE]	15	8 (53,3)	4,6 [0,9; NE]	0,27	[0,04; 1,12]	0,0734
Interaktion p-Wert									NC
Region									
Asien	7	1 (14,3)	NE [NE; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,9 [1,1; NE]	7	4 (57,1)	2,8 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	4 (57,1)	6,5 [0,9; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	NE [NE; NE]	11	4 (36,4)	7,4 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	1 (14,3)	NE [NE; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	NE [NE; NE]	12	5 (41,7)	6,5 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	7,4 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,41	[0,09; 1,42]	0,1636
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,46	[0,10; 1,59]	0,2268
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,41	[0,09; 1,42]	0,1636
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	1 (12,5)	NE [NE; NE]	10	6 (60,0)	6,5 [0,9; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	1 (12,5)	NE [NE; NE]	13	6 (46,2)	6,5 [0,9; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,41	[0,09; 1,42]	0,1636

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.4 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,46	[0,10; 1,59]	0,2268
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	2 (18,2)	NE [NE; NE]	11	6 (54,5)	6,5 [0,9; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	4 (57,1)	6,5 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	3 (25,0)	NE [NE; NE]	18	8 (44,4)	6,5 [1,0; NE]	0,46	[0,10; 1,59]	0,2268
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	8 (61,5)	4,6 [1,1; NE]	17	8 (47,1)	9,1 [1,9; NE]	1,35	[0,49; 3,71]	0,5493
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	16,6 [1,0; NE]	3	2 (66,7)	7,3 [5,6; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	3,7 [1,1; NE]	15	6 (40,0)	10,2 [1,9; NE]	2,23	[0,64; 8,73]	0,2079
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	5,0 [1,9; NE]	7	4 (57,1)	12,0 [1,9; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,1 [1,0; NE]	7	3 (42,9)	10,2 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	3,7 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	16,6 [1,9; NE]	7	2 (28,6)	NE [NE; NE]	1,22	[0,20; 9,39]	0,8248
>=65	6	5 (83,3)	3,3 [1,0; NE]	11	6 (54,5)	9,1 [1,9; NE]	2,10	[0,58; 7,46]	0,2495
Interaktion p-Wert									0,6343
Ethnie									
Asiatisch	7	5 (71,4)	5,0 [1,9; NE]	7	4 (57,1)	12,0 [1,9; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	4 (40,0)	3,7 [0,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	5,5 [1,9; NE]	4	4 (100)	1,9 [0,9; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	2,8 [1,0; NE]	12	4 (33,3)	11,1 [5,6; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	4,6 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	8 (61,5)	4,6 [1,1; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,35	[0,49; 3,71]	0,5493
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	3,7 [1,0; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,76	[0,64; 4,84]	0,2671
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	8 (61,5)	4,6 [1,1; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,35	[0,49; 3,71]	0,5493
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	3,3 [1,1; NE]	10	3 (30,0)	10,2 [1,9; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	5,5 [1,0; NE]	8	5 (62,5)	5,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	2,8 [1,0; NE]	13	4 (30,8)	9,1 [0,9; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	5,0 [1,1; NE]	5	4 (80,0)	10,2 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	8 (61,5)	4,6 [1,1; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,35	[0,49; 3,71]	0,5493

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.5 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	3,7 [1,0; NE]	18	8 (44,4)	9,1 [1,9; NE]	1,76	[0,64; 4,84]	0,2671
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	4,6 [1,1; NE]	11	6 (54,5)	9,1 [0,9; NE]	1,43	[0,47; 4,53]	0,5247
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	2 (33,3)	12,0 [3,7; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,7 [1,9; NE]	2	1 (50,0)	9,1 [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	4 (57,1)	12,0 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	8 (66,7)	3,7 [1,0;16,6]	18	8 (44,4)	9,1 [1,9; NE]	1,56	[0,57; 4,28]	0,3827
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	5 (38,5)	13,0 [1,9; NE]	17	2 (11,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	4 (40,0)	12,9 [1,0; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	3 (42,9)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	13,0 [1,9; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	3 (42,9)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	1,9 [1,0; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	13,0 [5,6; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	12,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	5 (38,5)	13,0 [1,9; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	13,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	4 (33,3)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	5 (38,5)	13,0 [1,9; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	12,9 [1,0; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	13,0 [12,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	5 (38,5)	13,0 [1,9; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.6 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	4 (33,3)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
1	1	1 (100)	13,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	4 (36,4)	12,9 [1,0; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	13,0 [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	13,0 [1,0; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	7 (53,8)	4,7 [1,0; NE]	17	8 (47,1)	9,2 [1,0; NE]	1,33	[0,45; 3,90]	0,5947
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	1,9 [1,0; NE]	3	2 (66,7)	5,6 [1,9; NE]	NC	[NC]	NC
Nein	10	4 (40,0)	12,9 [0,9; NE]	15	6 (40,0)	16,5 [1,0; NE]	1,18	[0,29; 4,48]	0,8044
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	2,3 [0,9; NE]	7	5 (71,4)	9,2 [1,0; NE]	2,31	[0,66; 9,10]	0,1913
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	2 (28,6)	NE [NE; NE]	1,14	[0,05; 11,95]	0,9182
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,6011
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	4,7 [1,0; NE]	7	4 (57,1)	16,5 [0,9; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	2,8 [0,9; NE]	11	4 (36,4)	9,2 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	2,3 [0,9; NE]	7	5 (71,4)	9,2 [1,0; NE]	2,35	[0,67; 9,29]	0,1824
Weiß	4	0	NE [NE; NE]	10	3 (30,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	4 (100)	1,0 [0,9; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	1,9 [1,0; NE]	12	4 (33,3)	16,5 [1,0; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	12,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	7 (53,8)	4,7 [1,0; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,33	[0,45; 3,90]	0,5947
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	1,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	4,7 [0,9; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,24	[0,40; 3,74]	0,7023
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	7 (53,8)	4,7 [1,0; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,33	[0,45; 3,90]	0,5947
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	12,9 [2,8; NE]	10	4 (40,0)	16,5 [1,0; NE]	NC	[NC]	NC
Sekundär	5	5 (100)	1,0 [0,9; NE]	8	4 (50,0)	5,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	4,7 [1,0; NE]	13	6 (46,2)	1,9 [0,9; NE]	0,76	[0,19; 2,83]	0,6835
Nein	5	3 (60,0)	1,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	3,42	[0,55; 26,73]	0,1809
Interaktion p-Wert									0,1839
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	7 (53,8)	4,7 [1,0; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,33	[0,45; 3,90]	0,5947

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.7 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	4,7 [0,9; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,24	[0,40; 3,74]	0,7023
1	1	1 (100)	1,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	5 (45,5)	12,9 [0,9; NE]	11	7 (63,6)	1,9 [0,9; NE]	0,76	[0,22; 2,51]	0,6436
ER+/PR-	2	2 (100)	1,4 [1,0; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,8 [1,0; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	1,4 [0,9; NE]	7	4 (57,1)	16,5 [1,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	7 (58,3)	2,8 [0,9; NE]	18	8 (44,4)	9,2 [1,0; NE]	1,54	[0,53; 4,51]	0,4201
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	1 (7,7)	NE [NE; NE]	17	1 (5,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	1 (10,0)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	1 (14,3)	0,9 [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	1,9 [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	1,9 [NE; NE]	7	1 (14,3)	0,9 [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	1 (14,3)	0,9 [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	1 (8,3)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	1 (12,5)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	1 (12,5)	NE [NE; NE]	13	1 (7,7)	0,9 [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	1 (7,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.2.8 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Belastung durch Haarausfall
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	1 (8,3)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	1 (9,1)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	1 (16,7)	0,9 [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	1 (8,3)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	6 (46,2)	11,9 [1,0; NE]	17	7 (41,2)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	1,9 [1,0; NE]	15	6 (40,0)	10,2 [1,9; NE]	1,67	[0,48; 5,60]	0,4036
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	8,7 [1,0; NE]	7	2 (28,6)	16,5 [1,9; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	4 (57,1)	5,6 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	1,4 [1,0; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	5,5 [1,0; NE]	7	3 (42,9)	16,5 [0,9; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	4 (36,4)	10,2 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	4 (57,1)	8,7 [1,0; NE]	7	2 (28,6)	16,5 [1,9; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	1,9 [1,0; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	1,9 [1,0; NE]	4	3 (75,0)	2,3 [0,9; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	11,9 [5,5; NE]	12	3 (25,0)	16,5 [1,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	2	1 (50,0)	5,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	5,5 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,56	[0,50; 4,73]	0,4287
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	1,9 [1,0; NE]	10	4 (40,0)	16,5 [1,9; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	3 (37,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	5,5 [1,0; NE]	13	6 (46,2)	5,6 [0,9; NE]	1,23	[0,35; 4,23]	0,7356
Nein	5	1 (20,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	1,40	[0,05; 36,17]	0,8126
Interaktion p-Wert									0,9342
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	5,5 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,56	[0,50; 4,73]	0,4287
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	5,5 [1,0; NE]	11	6 (54,5)	10,2 [0,9; NE]	1,38	[0,43; 4,47]	0,5804
ER+/PR-	2	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,7 [1,0; NE]	2	2 (100)	3,7 [1,9; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	2 (28,6)	16,5 [10,2; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,06	[0,31; 3,32]	0,9268
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.4.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	6 (46,2)	11,9 [1,0; NE]	17	7 (41,2)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	1,9 [1,0; NE]	15	6 (40,0)	10,2 [1,9; NE]	1,67	[0,48; 5,60]	0,4036
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	8,7 [1,0; NE]	7	2 (28,6)	16,5 [1,9; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	4 (57,1)	5,6 [0,9; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	1,4 [1,0; NE]	4	1 (25,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	5,5 [1,0; NE]	7	3 (42,9)	16,5 [0,9; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	4 (36,4)	10,2 [1,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	4 (57,1)	8,7 [1,0; NE]	7	2 (28,6)	16,5 [1,9; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	1,9 [1,0; NE]	10	5 (50,0)	2,8 [0,9; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.4.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	1,9 [1,0; NE]	4	3 (75,0)	2,3 [0,9; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	11,9 [5,5; NE]	12	3 (25,0)	16,5 [1,9; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	1,9 [NE; NE]	2	1 (50,0)	5,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	5,5 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,56	[0,50; 4,73]	0,4287
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	4 (50,0)	1,9 [1,0; NE]	10	4 (40,0)	16,5 [1,9; NE]	NC	[NC]	NC
Sekundär	5	2 (40,0)	NE [NE; NE]	8	3 (37,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	5,5 [1,0; NE]	13	6 (46,2)	5,6 [0,9; NE]	1,23	[0,35; 4,23]	0,7356
Nein	5	1 (20,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	1,40	[0,05; 36,17]	0,8126
Interaktion p-Wert									0,9342
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	6 (46,2)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,24	[0,40; 3,76]	0,6965

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.3.4.1 CAPItello-291 (Global A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala (Sensitivitätsanalyse)
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	5,5 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,56	[0,50; 4,73]	0,4287
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	5,5 [1,0; NE]	11	6 (54,5)	10,2 [0,9; NE]	1,38	[0,43; 4,47]	0,5804
ER+/PR-	2	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	3,7 [1,0; NE]	2	2 (100)	3,7 [1,9; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	2 (28,6)	16,5 [10,2; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	11,9 [1,0; NE]	18	7 (38,9)	13,4 [1,9; NE]	1,06	[0,31; 3,32]	0,9268
Bilaterale Ovarektomie	1	1 (100)	1,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	4,2 [1,0; NE]	3	2 (66,7)	1,8 [0,9; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	1,0 [0,9; NE]	3	2 (66,7)	3,6 [0,9; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	2 (100)	2,2 [0,9; NE]	NC	[NC]	NC
Nein	3	3 (100)	1,0 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	4,2 [1,0; NE]	4	3 (75,0)	2,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	1,0 [0,9; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	1,0 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	2 (100)	2,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	2 (100)	3,2 [2,8; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Allgemeine Lebensqualität/Gesundheitsszustand
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	1,0 [NE; NE]	3	2 (66,7)	2,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	4,2 [1,0; NE]	5	3 (60,0)	2,8 [0,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	1,8 [NE; NE]	2	2 (100)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	6,4 [1,8; NE]	3	2 (66,7)	6,4 [1,8; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	6,4 [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	6,4 [1,8; NE]	3	2 (66,7)	1,8 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	2 (50,0)	6,4 [1,8; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	1,8 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	6,4 [1,8; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	6,4 [1,8; NE]	3	2 (66,7)	1,8 [1,8; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	6,4 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	2 (100)	4,1 [1,8; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	4,1 [1,8; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Körper
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	6,4 [NE; NE]	3	1 (33,3)	6,4 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	3 (60,0)	4,1 [1,8; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	2,7 [NE; NE]	2	2 (100)	1,3 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	2,7 [2,7; NE]	3	2 (66,7)	1,8 [0,9; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	2,7 [2,7; NE]	3	2 (66,7)	1,8 [1,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	2,7 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	2,7 [2,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	2,7 [2,7; NE]	3	2 (66,7)	1,8 [1,8; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	2,7 [NE; NE]	2	2 (100)	1,3 [0,9; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Rolle
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	3 (60,0)	1,8 [0,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	2,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	2 (66,7)	1,3 [0,9; NE]	NC	[NC]	NC
Nein	1	1 (100)	1,8 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	1,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	1,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	1,8 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	1,8 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Kognition
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	6,4 [6,4; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	6,4 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	6,4 [6,4; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	6,4 [6,4; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	6,4 [6,4; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	6,4 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	6,4 [6,4; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	6,5 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	6,4 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Emotionalität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	6,4 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	6,4 [6,4; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	6,4 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,9 [0,9; NE]	3	2 (66,7)	1,3 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	1 (100)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,9 [0,9; NE]	3	2 (66,7)	1,3 [0,9; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30
Funktionsskala: Sozial
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	1,8 [0,9; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	0,9 [0,9; NE]	3	2 (66,7)	0,9 [0,9; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,9 [0,9; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	1,8 [0,9; NE]	4	2 (50,0)	0,9 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	0,9 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	0,9 [0,9; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	1,8 [0,9; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Fatigue
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	2,7 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	1,8 [0,9; NE]	5	3 (60,0)	0,9 [0,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	4,2 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	7,5 [1,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	7,5 [1,0; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	4,2 [1,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	7,5 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	7,5 [1,0; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Übelkeit und Erbrechen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	1,0 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	4,2 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.9 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	6,9 [6,4; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	6,4 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.9 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	6,4 [0,9; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	6,9 [6,4; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	6,4 [0,9; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	6,4 [0,9; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	2 (100)	1,3 [0,9; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	3,6 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.9 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schmerzen
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	6,4 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	6,9 [6,4; NE]	5	2 (40,0)	1,8 [0,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.10 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	3,7 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	3,7 [1,8; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.10 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	3,7 [1,8; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	3,7 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	3,7 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	3,7 [1,8; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	1,8 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.10 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Dyspnoe
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	3,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.11 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	1,8 [1,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	1,0 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.11 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	1,0 [0,9; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	1,8 [1,0; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	1,0 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	1,0 [0,9; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	2,7 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	0,9 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.11 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Appetitverlust
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	1,0 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	1,8 [1,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.12 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	6,9 [5,5; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	1 (50,0)	8,2 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	8,3 [5,5; NE]	3	2 (66,7)	5,5 [2,8; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.12 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	2 (100)	5,5 [2,8; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	8,3 [5,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	6,9 [5,5; NE]	4	2 (50,0)	5,5 [2,8; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	8,3 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	8,3 [5,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	2 (100)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	8,3 [NE; NE]	2	1 (50,0)	8,2 [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.12 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Schlaflosigkeit
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	5,5 [NE; NE]	3	2 (66,7)	5,5 [2,8; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	6,9 [5,5; NE]	5	2 (40,0)	5,5 [2,8; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.13 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	7,5 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	2,7 [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	7,5 [2,7; NE]	3	2 (66,7)	3,6 [0,9; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.13 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	2 (100)	2,2 [0,9; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	7,5 [2,7; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	7,5 [NE; NE]	4	2 (50,0)	3,6 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	2,7 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	7,5 [2,7; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	7,5 [2,7; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	2 (100)	2,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	1 (50,0)	3,6 [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.13 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Verstopfung
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	2 (66,7)	2,2 [0,9; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	7,5 [NE; NE]	5	2 (40,0)	3,6 [0,9; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	2,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.14 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	2,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.14 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	2,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	2,7 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	2,7 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	2,7 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.1.14 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-C30 Diarrhö
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	8,3 [NE; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	8,3 [NE; NE]	4	2 (50,0)	0,9 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	4,6 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	4,6 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	8,3 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	0,9 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Körperbild
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	8,3 [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	8,2 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	8,2 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	1 (33,3)	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	1 (33,3)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	2 (100)	1,3 [0,9; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	8,2 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.2 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Sexuelle Aktivität
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	8,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.3 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Freude an Sex
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	0,9 [NE; NE]	3	2 (66,7)	0,9 [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	0,9 [NE; NE]	4	2 (50,0)	0,9 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,9 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,9 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	0,9 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.4 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Zukunftsperspektiven
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	0,9 [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	2,7 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	1,8 [0,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	1,8 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	2,7 [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	1,8 [0,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	1,8 [0,9; NE]	3	1 (33,3)	2,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	2,7 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.5 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Nebenwirkungen der systemischen Therapie
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	2,7 [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	9,3 [NE; NE]	3	2 (66,7)	1,3 [0,9; NE]	NC	[NC]	NC
Nein	1	1 (100)	3,7 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	6,5 [3,7; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	6,5 [3,7; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	9,3 [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	3,7 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	6,5 [3,7; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	6,5 [3,7; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	9,3 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	3,7 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.6 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Brustbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	9,3 [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	3,7 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	7,5 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,9 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	4,2 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	0,9 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	4,2 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	7,5 [NE; NE]	4	2 (50,0)	1,8 [0,9; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,9 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	4,2 [0,9; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	4,2 [0,9; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	2 (100)	1,3 [0,9; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.7 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23 Symptome im Armbereich
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	7,5 [NE; NE]	5	2 (40,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,9 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.2.8 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EORTC QLQ-BR23
Belastung durch Haarausfall
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.3.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	7,5 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	1,8 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	4,6 [1,8; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.3.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	4,6 [1,8; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	7,5 [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	1,8 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	4,6 [1,8; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	4,6 [1,8; NE]	3	1 (33,3)	1,8 [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	7,5 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	1,8 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.2.4.3.1 CAPItello-291 (China A2): Summary of subgroup analysis of Zeit bis zur ersten Verschlechterung - EQ-5D-5L Visuelle Analogskala
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	7,5 [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data are censored at Day 1. Analysis is performed if there are >= 10 patients at each subgroup level and >= 10 events in at least one subgroup level combined for both arms. [a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached). [b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation.

Table 4.3.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Nein	13	13 (100)	0,1 [0,0; 0,5]	17	14 (82,4)	0,5 [0,3; 3,9]	3,79	[1,59; 9,42]	0,0027*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	0,5 [0,1; NE]	3	2 (66,7)	1,4 [0,0; NE]	NC	[NC]	NC
Nein	10	10 (100)	0,1 [0,0; 0,3]	15	13 (86,7)	0,5 [0,2; 1,7]	3,57	[1,39; 9,30]	0,0086*
Interaktion p-Wert									NC
Region									
Asien	7	7 (100)	0,3 [0,0; 0,7]	7	5 (71,4)	3,9 [0,5; NE]	19,77	[3,24;385,40]	0,0005*
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	0,0 [0,0; NE]	7	7 (100)	0,2 [0,0; 0,5]	4,07	[0,76; 19,37]	0,0948
Lateinamerika, Osteuropa und Russland	3	3 (100)	0,3 [0,1; NE]	4	3 (75,0)	0,5 [0,3; NE]	NC	[NC]	NC
Interaktion p-Wert									0,1940
Alter bei Randomisierung (Jahre)									
<65	7	7 (100)	0,5 [0,1; 0,7]	7	6 (85,7)	0,5 [0,0; NE]	2,08	[0,63; 7,55]	0,2301
>=65	6	6 (100)	0,0 [0,0; NE]	11	9 (81,8)	1,0 [0,2; 3,9]	15,16	[3,71; 70,53]	0,0002*
Interaktion p-Wert									0,0305*
Ethnie									
Asiatisch	7	7 (100)	0,3 [0,0; 0,7]	7	5 (71,4)	3,9 [0,5; NE]	11,91	[2,60; 87,16]	0,0010*
Weiß	4	4 (100)	0,2 [0,0; NE]	10	9 (90,0)	0,5 [0,0; 0,5]	2,62	[0,68; 8,76]	0,1512
Andere	2	2 (100)	0,1 [0,1; NE]	1	1 (100)	0,2 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									0,1174
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	5 (100)	0,1 [0,0; NE]	4	4 (100)	0,4 [0,0; NE]	NC	[NC]	NC
Viszeral	6	6 (100)	0,3 [0,0; NE]	12	10 (83,3)	0,5 [0,0; 3,9]	2,41	[0,77; 7,33]	0,1271
Andere	2	2 (100)	0,2 [0,1; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	13 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,33	[1,43; 7,98]	0,0056*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	12 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,31	[1,40; 8,02]	0,0070*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	13 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,33	[1,43; 7,98]	0,0056*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	8 (100)	0,1 [0,0; 0,3]	10	9 (90,0)	0,5 [0,0; 1,7]	4,98	[1,62; 15,83]	0,0054*
Sekundär	5	5 (100)	0,5 [0,0; NE]	8	6 (75,0)	0,9 [0,0; NE]	2,39	[0,66; 8,53]	0,1776
Interaktion p-Wert									0,3672
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	8 (100)	0,2 [0,0; 0,7]	13	11 (84,6)	0,5 [0,0; 1,4]	2,47	[0,90; 6,69]	0,0771
Nein	5	5 (100)	0,1 [0,0; NE]	5	4 (80,0)	1,7 [0,2; NE]	7,43	[1,72; 35,20]	0,0079*
Interaktion p-Wert									0,1924
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	13 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,33	[1,43; 7,98]	0,0056*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	12 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,31	[1,40; 8,02]	0,0070*
1	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	11 (100)	0,1 [0,0; 0,5]	11	10 (90,9)	0,5 [0,0; 1,7]	3,44	[1,27; 10,24]	0,0147*
ER+/PR-	2	2 (100)	0,3 [0,1; NE]	6	4 (66,7)	2,1 [0,0; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	5 (100)	0,1 [0,1; NE]	2	2 (100)	1,2 [1,0; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,3 [0,0; NE]	7	6 (85,7)	1,7 [0,2; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	12 (100)	0,1 [0,0; 0,5]	18	15 (83,3)	0,5 [0,3; 1,7]	3,43	[1,44; 8,34]	0,0057*
Bilaterale Ovarektomie	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	5 (38,5)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	0,7 [0,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	2,8 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	1,6 [0,1; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	4 (57,1)	2,8 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	5 (38,5)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	5 (41,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	5 (38,5)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	3 (60,0)	0,7 [0,1; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	5 (38,5)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Ausschlag makulo-papuloes
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	5 (41,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	4 (36,4)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	2,8 [0,4; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	1 (100)	0,9 [NE; NE]	NC	[NC]	NC
Nein	13	11 (84,6)	0,5 [0,1; 3,8]	17	4 (23,5)	NE [NE; NE]	5,46	[1,86; 19,77]	0,0017*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	3,8 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	8 (80,0)	0,4 [0,0; 1,8]	15	5 (33,3)	NE [NE; NE]	3,87	[1,28; 12,89]	0,0167*
Interaktion p-Wert									NC
Region									
Asien	7	7 (100)	0,9 [0,0; 3,8]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	0,1 [0,1; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	5 (71,4)	3,8 [0,1; NE]	7	3 (42,9)	NE [NE; NE]	NC	[NC]	NC
>=65	6	6 (100)	0,1 [0,0; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	7 (100)	0,9 [0,0; 3,8]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	4 (40,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	5	3 (60,0)	1,8 [0,0; NE]	4	3 (75,0)	1,0 [0,2; NE]	NC	[NC]	NC
Viszeral	6	6 (100)	0,5 [0,1; NE]	12	2 (16,7)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	11 (84,6)	0,5 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	4,59	[1,66; 14,62]	0,0031*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	10 (83,3)	0,4 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	4,90	[1,73; 15,81]	0,0027*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	11 (84,6)	0,5 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	4,59	[1,66; 14,62]	0,0031*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	6 (75,0)	0,4 [0,1; NE]	10	3 (30,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	5 (100)	0,9 [0,0; NE]	8	2 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	6 (75,0)	1,3 [0,1; NE]	13	4 (30,8)	NE [NE; NE]	2,86	[0,82; 11,20]	0,0994
Nein	5	5 (100)	0,1 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	13,33	[2,11;257,42]	0,0046*
Interaktion p-Wert									0,1970

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	11 (84,6)	0,5 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	4,59	[1,66; 14,62]	0,0031*
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	10 (83,3)	0,4 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	4,90	[1,73; 15,81]	0,0027*
1	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	9 (81,8)	0,5 [0,1; 3,8]	11	3 (27,3)	NE [NE; NE]	4,78	[1,42; 21,67]	0,0108*
ER+/PR-	2	2 (100)	4,7 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	5 (100)	0,9 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,3 [0,0; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	11 (91,7)	0,4 [0,1; 3,8]	18	5 (27,8)	NE [NE; NE]	5,58	[2,01; 17,81]	0,0009*
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	9 (69,2)	1,8 [0,1; NE]	17	2 (11,8)	NE [NE; NE]	7,87	[2,02; 51,71]	0,0021*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	8,4 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	1,1 [0,0; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	1,8 [0,0; 9,2]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	0,1 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	9,2 [0,1; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
>=65	6	5 (83,3)	0,1 [0,0; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	1,8 [0,0; 9,2]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	4,3 [0,1; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	1,1 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,44	[2,10; 56,09]	0,0019*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	1,1 [0,1; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	8,4 [0,0; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	8,4 [0,1; NE]	13	2 (15,4)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,1 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Diarrhoe
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	1,1 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,44	[2,10; 56,09]	0,0019*
1	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	1,8 [0,1; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	4,7 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	1,8 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,3 [0,0; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	9 (75,0)	1,1 [0,1; 9,2]	18	2 (11,1)	NE [NE; NE]	9,65	[2,47; 63,51]	0,0007*
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	4 (30,8)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	8,3 [1,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	2 (20,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,9 [0,9; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	4 (30,8)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	4 (33,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	4 (30,8)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	1 (12,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	3 (60,0)	8,3 [0,4; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	4 (30,8)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first PT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	4 (33,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	4 (33,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.6 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	6 (46,2)	17,0 [0,5; NE]	17	1 (5,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	5 (50,0)	17,0 [0,1; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	4 (57,1)	17,0 [0,1; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	2 (66,7)	1,0 [0,5; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	14,6 [0,5; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	4 (57,1)	17,0 [0,1; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.6 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	14,6 [1,0; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	8,5 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	6 (46,2)	17,0 [0,5; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	14,6 [0,1; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	6 (46,2)	17,0 [0,5; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	9,0 [0,1; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	14,6 [0,1; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.3.6 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SOC: Infektionen und parasitaere Erkrankungen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	6 (46,2)	17,0 [0,5; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	14,6 [0,1; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	6 (54,5)	14,6 [0,1; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	1,0 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	17,0 [0,1; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	0,0 [NE; NE]	3	2 (66,7)	1,8 [0,0; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,0 [NE; NE]	2	2 (100)	0,3 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	0,0 [NE; NE]	3	3 (100)	0,0 [0,0; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	2 (100)	0,3 [0,0; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,0 [NE; NE]	3	2 (66,7)	1,8 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	0,0 [NE; NE]	4	3 (75,0)	1,2 [0,0; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,0 [NE; NE]	1	1 (100)	0,0 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	0,0 [NE; NE]	3	2 (66,7)	1,8 [0,0; NE]	NC	[NC]	NC
1	0	0	NE	2	2 (100)	0,3 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,0 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	0,0 [NE; NE]	3	3 (100)	0,0 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	0,0 [NE; NE]	3	3 (100)	0,5 [0,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	0,0 [NE; NE]	5	4 (80,0)	0,5 [0,0; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,3 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,3 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Erkrankungen der Haut und des Unterhautgewebes
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
ER+/PR-	2	2 (100)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,3 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	2 (100)	0,8 [0,6; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,0 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	3 (100)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,6 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	2 (100)	0,8 [0,6; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	3 (100)	0,6 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	3 (100)	0,6 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,6 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SOC: Stoffwechsel- und Ernaehrungsstoerungen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
ER+/PR-	2	2 (100)	0,5 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Nein	1	1 (100)	0,9 [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	2 (100)	0,8 [0,6; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,0 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,6 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.1.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first PT: Hyperglykaemie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	2 (15,4)	NE [NE; NE]	17	2 (11,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	2 (20,0)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	NE [NE; NE]	7	1 (14,3)	16,0 [NE; NE]	NC	[NC]	NC
>=65	6	1 (16,7)	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	2 (16,7)	16,0 [16,0; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	2 (15,4)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	2 (16,7)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	2 (15,4)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	1 (12,5)	NE [NE; NE]	13	2 (15,4)	16,0 [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	2 (15,4)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	2 (16,7)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	2 (18,2)	NE [NE; NE]	11	2 (18,2)	16,0 [16,0; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	2 (16,7)	NE [NE; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	1,5 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	1,5 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.2.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	1,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	1 (7,7)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	1 (10,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	1 (16,7)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	1 (8,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	1 (12,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	1 (7,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	1 (8,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	1 (9,1)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	1 (8,3)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.3.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first Therapieabbruch aufgrund von UE
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.4.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	6 (46,2)	NE [NE; NE]	17	2 (11,8)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	14,6 [0,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	4 (40,0)	NE [NE; NE]	15	2 (13,3)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	3 (42,9)	NE [NE; NE]	7	2 (28,6)	17,5 [14,0; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	0,8 [0,5; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	3 (42,9)	NE [NE; NE]	7	2 (28,6)	17,5 [14,0; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	4 (66,7)	12,5 [0,5; NE]	12	2 (16,7)	17,5 [14,0; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	6 (46,2)	NE [NE; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	14,6 [0,8; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	6 (46,2)	NE [NE; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	3 (60,0)	14,6 [0,5; NE]	8	1 (12,5)	17,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	5 (62,5)	10,4 [0,5; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	6 (46,2)	NE [NE; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	14,6 [0,8; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	5 (45,5)	14,6 [1,8; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	1 (16,7)	17,5 [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	14,6 [1,8; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	2 (28,6)	17,5 [14,0; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	6 (50,0)	14,6 [0,8; NE]	18	2 (11,1)	17,5 [14,0; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	2 (20,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	1,0 [0,8; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	3 (50,0)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Metastasenlokalisation									
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	2 (33,3)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first G>=3 SOC: Erkrankungen des Gastrointestinaltrakts
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	2 (18,2)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	3 (25,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.4.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UE mit CTCAE Grad >=3
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	0,9 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms. Analysis done for SOC and PT only if main effect for that SOC or PT is statistically significant at 5% level. [a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached. [b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable. * p<0.05.

Table 4.3.5.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	7 (53,8)	2,8 [0,4; NE]	17	2 (11,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	0,5 [0,5; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	4 (40,0)	NE [NE; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	5 (71,4)	0,7 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	2 (28,6)	12,4 [0,5; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	3 (42,9)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	1,6 [0,1; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	5 (71,4)	0,7 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	2 (20,0)	12,4 [0,5; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	3 (60,0)	2,8 [0,1; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	3 (50,0)	NE [NE; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	7 (53,8)	2,8 [0,4; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	6 (50,0)	2,8 [0,3; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	7 (53,8)	2,8 [0,4; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	0,5 [0,1; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Nein	5	3 (60,0)	0,5 [0,1; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	7 (53,8)	2,8 [0,4; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	6 (50,0)	2,8 [0,3; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
1	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	5 (45,5)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	0,5 [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	3 (60,0)	2,8 [0,4; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,5 [0,1; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	7 (58,3)	1,8 [0,3; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	3 (23,1)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	1 (20,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	3 (23,1)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	2 (16,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,5 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	4 (30,8)	22,1 [12,1; NE]	17	2 (11,8)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	22,1 [0,0; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	22,1 [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	2 (28,6)	22,1 [2,8; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	22,1 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	3 (50,0)	22,1 [0,0; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	4 (30,8)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	2,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	3 (25,0)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	4 (30,8)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	3 (37,5)	22,1 [0,0; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	2 (25,0)	22,1 [12,1; NE]	13	2 (15,4)	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	4 (30,8)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	3 (25,0)	22,1 [12,1; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
1	1	1 (100)	2,8 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	3 (27,3)	22,1 [12,1; NE]	11	2 (18,2)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	2 (40,0)	22,1 [12,1; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	4 (33,3)	22,1 [2,8; NE]	18	2 (11,1)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	9 (69,2)	1,8 [0,1; NE]	17	2 (11,8)	NE [NE; NE]	7,87	[2,02; 51,71]	0,0021*
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	3 (100)	8,4 [0,1; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	6 (60,0)	1,1 [0,0; NE]	15	2 (13,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	6 (85,7)	1,8 [0,0; 9,2]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	2 (66,7)	0,1 [0,1; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	1 (33,3)	NE [NE; NE]	4	2 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	4 (57,1)	9,2 [0,1; NE]	7	2 (28,6)	NE [NE; NE]	NC	[NC]	NC
>=65	6	5 (83,3)	0,1 [0,0; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	6 (85,7)	1,8 [0,0; 9,2]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	1 (25,0)	NE [NE; NE]	10	2 (20,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,1 [0,1; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	5 (83,3)	4,3 [0,1; NE]	12	1 (8,3)	NE [NE; NE]	NC	[NC]	NC
Andere	2	2 (100)	0,2 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	8 (66,7)	1,1 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,44	[2,10; 56,09]	0,0019*
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	5 (62,5)	1,1 [0,1; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	4 (80,0)	8,4 [0,0; NE]	8	1 (12,5)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	4 (50,0)	8,4 [0,1; NE]	13	2 (15,4)	NE [NE; NE]	NC	[NC]	NC
Nein	5	5 (100)	0,1 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	9 (69,2)	1,8 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,27	[2,12; 54,36]	0,0016*

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	8 (66,7)	1,1 [0,1; NE]	18	2 (11,1)	NE [NE; NE]	8,44	[2,10; 56,09]	0,0019*
1	1	1 (100)	9,2 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	7 (63,6)	1,8 [0,1; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	4,7 [0,1; NE]	6	1 (16,7)	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	1 (100)	0,5 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	4 (80,0)	1,8 [0,1; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	3 (100)	0,3 [0,0; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	9 (75,0)	1,1 [0,1; 9,2]	18	2 (11,1)	NE [NE; NE]	9,65	[2,47; 63,51]	0,0007*
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	5 (38,5)	NE [NE; NE]	17	1 (5,9)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	2 (66,7)	8,3 [1,9; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	3 (30,0)	NE [NE; NE]	15	1 (6,7)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	3 (100)	0,9 [0,1; NE]	7	1 (14,3)	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	4 (66,7)	1,4 [0,1; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	2 (28,6)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	2 (50,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	2 (40,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	3 (50,0)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	1 (50,0)	7,2 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	5 (38,5)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	5 (41,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	5 (38,5)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	2 (25,0)	NE [NE; NE]	10	1 (10,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	3 (60,0)	8,3 [0,4; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	3 (37,5)	NE [NE; NE]	13	1 (7,7)	NE [NE; NE]	NC	[NC]	NC
Nein	5	2 (40,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	5 (38,5)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	5 (41,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	4 (36,4)	NE [NE; NE]	11	1 (9,1)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	5 (41,7)	NE [NE; NE]	18	1 (5,6)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,3 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,3 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,3 [0,3; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	2 (100)	0,3 [0,3; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	0,3 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,3 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,0 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,0 [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,6 [0,0; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,6 [0,0; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,6 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	1 (100)	0,0 [NE; NE]	2	1 (50,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	2 (66,7)	0,0 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	2 (66,7)	0,0 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	1 (100)	0,0 [NE; NE]	1	1 (100)	0,8 [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	2 (66,7)	0,0 [0,0; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	2 (66,7)	0,0 [0,0; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	1 (100)	0,0 [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	1 (33,3)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	1 (100)	0,0 [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	1 (50,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	1 (33,3)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.5.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	1 (100)	0,0 [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	1 (50,0)	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	2 (15,4)	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	1 (33,3)	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	1 (10,0)	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	1 (33,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	2 (33,3)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	1 (14,3)	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	1 (50,0)	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	1 (20,0)	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	1 (16,7)	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	2 (16,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	1 (12,5)	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	1 (20,0)	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	2 (25,0)	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	2 (15,4)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	2 (16,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	1 (9,1)	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	1 (50,0)	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	1 (20,0)	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	2 (16,7)	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.6.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first UESI G>=3 GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.1 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.2 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.3 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.4 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Ja	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Nein	13	0	NE [NE; NE]	17	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	10	0	NE [NE; NE]	15	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
USA, Kanada, Westeuropa, Australien, Israel	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Lateinamerika, Osteuropa und Russland	3	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
>=65	6	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	7	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Weiß	4	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Nur Knochen	5	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Viszeral	6	0	NE [NE; NE]	12	0	NE [NE; NE]	NC	[NC]	NC
Andere	2	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									
Ja	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Nein	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	8	0	NE [NE; NE]	10	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	5	0	NE [NE; NE]	8	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	8	0	NE [NE; NE]	13	0	NE [NE; NE]	NC	[NC]	NC
Nein	5	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	13	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.3.5 CAPItello-291 (Global A2): Summary of subgroup analysis of time to first SUESI GT: Stomatitis
Altered Safety Analysis Set, DCO 27MAR2023

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
1	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	11	0	NE [NE; NE]	11	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	6	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR unbekannt	0	0	NE	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Raucherstatus									
Ja	5	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	7	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	12	0	NE [NE; NE]	18	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment. Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.1 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Ausschlag
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.2 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Harnwegsinfektionen
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.3 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Hyperglykämie
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.4 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: Nichtinfektiöse Diarrhö
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Vorherige Therapie mit CDK4/6-Inhibitor									
Nein	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Lebermetastasen									
Ja	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Nein	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Region									
Asien	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Alter bei Randomisierung (Jahre)									
<65	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
>=65	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Ethnie									
Asiatisch	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Metastasenlokalisation									
Viszeral	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Krankheitsstadium bei Studieneinschluss									
Metastasiert	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Chemotherapie im lokal fortgeschrittenen (inoperablen) oder metastasierten Setting									

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Ja	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Nein	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Menopausenstatus									
Postmenopausal (nur Frauen)	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Endokrine Resistenz									
Primär	2	0	NE [NE; NE]	4	0	NE [NE; NE]	NC	[NC]	NC
Sekundär	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige (neo-)adjuvante Chemotherapie									
Ja	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige endokrine Therapielinien im lokal fortgeschrittenen oder metastasierten Setting									
Keine	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Vorherige Therapielinien im lokal fortgeschrittenen oder metastasierten Setting (Endo. oder Chemo.)									
Keine	3	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
1	0	0	NE	2	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Hormonrezeptorstatus									
ER+/PR+	1	0	NE [NE; NE]	2	0	NE [NE; NE]	NC	[NC]	NC
ER+/PR-	2	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

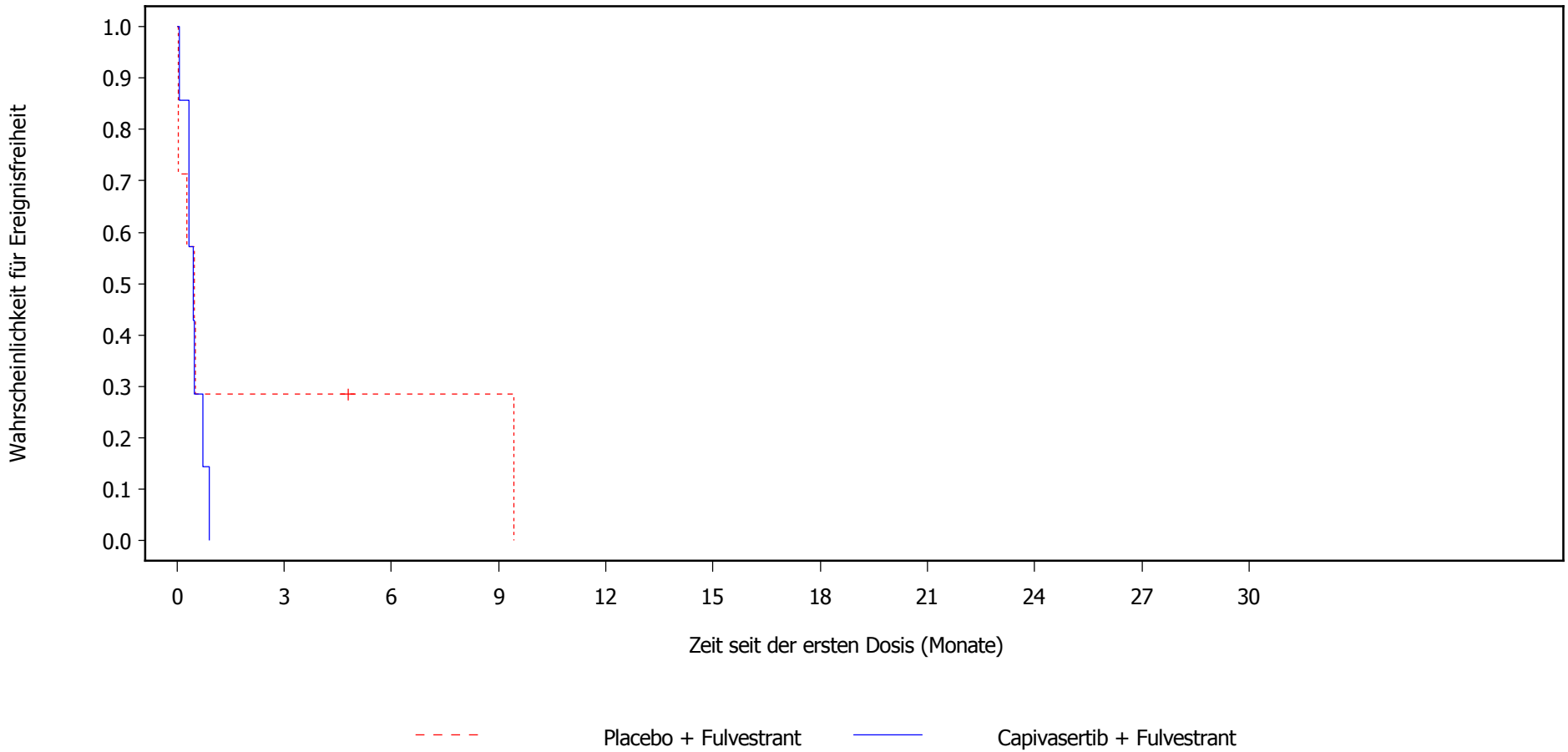
Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Table 4.3.7.4.5 CAPItello-291 (China A2): Summary of subgroup analysis of time to first SUESI GT: QT-Verlängerung
Altered Safety Analysis Set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Raucherstatus									
Nein	1	0	NE [NE; NE]	3	0	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	2	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	0	0	NE	NC	[NC]	NC
Interaktion p-Wert									NC

Time to event of AE is defined as the time from first dose of study treatment to first onset of the respective AE or the time to censoring if the AE has not occurred by 28 days following discontinuation of study treatment, before administration of subsequent cancer therapy or death, whichever comes first. All AEs are coded using MedDRA version 25.0. Includes AEs with onset date on or after the date of first dose and up to and including 28 days following discontinuation of study treatment.
Analysis done if >=10 patients at each subgroup level and >=10 events in at least one subgroup level combined for both arms.
[a] Median time to event based on the Kaplan Meier estimate. NE = Not estimable as median (or 95% CLs) is not reached.
[b] Estimated from main effects of unstratified Cox proportional hazard model including trt., subgroup and subgroup-by-trt. interaction. Ties handled using Efron method and 95% CI derived from profile likelihood estimation. NC = Not calculable.
* p<0.05.

Figure 4.4.1.3.1 CAPItello-291 (Global A2) Subgroup Analysis: Kaplan-Meier plot of UE for Alter bei Randomisierung (Jahre)=<65
Altered Safety Analysis Set, DCO 27MAR2023

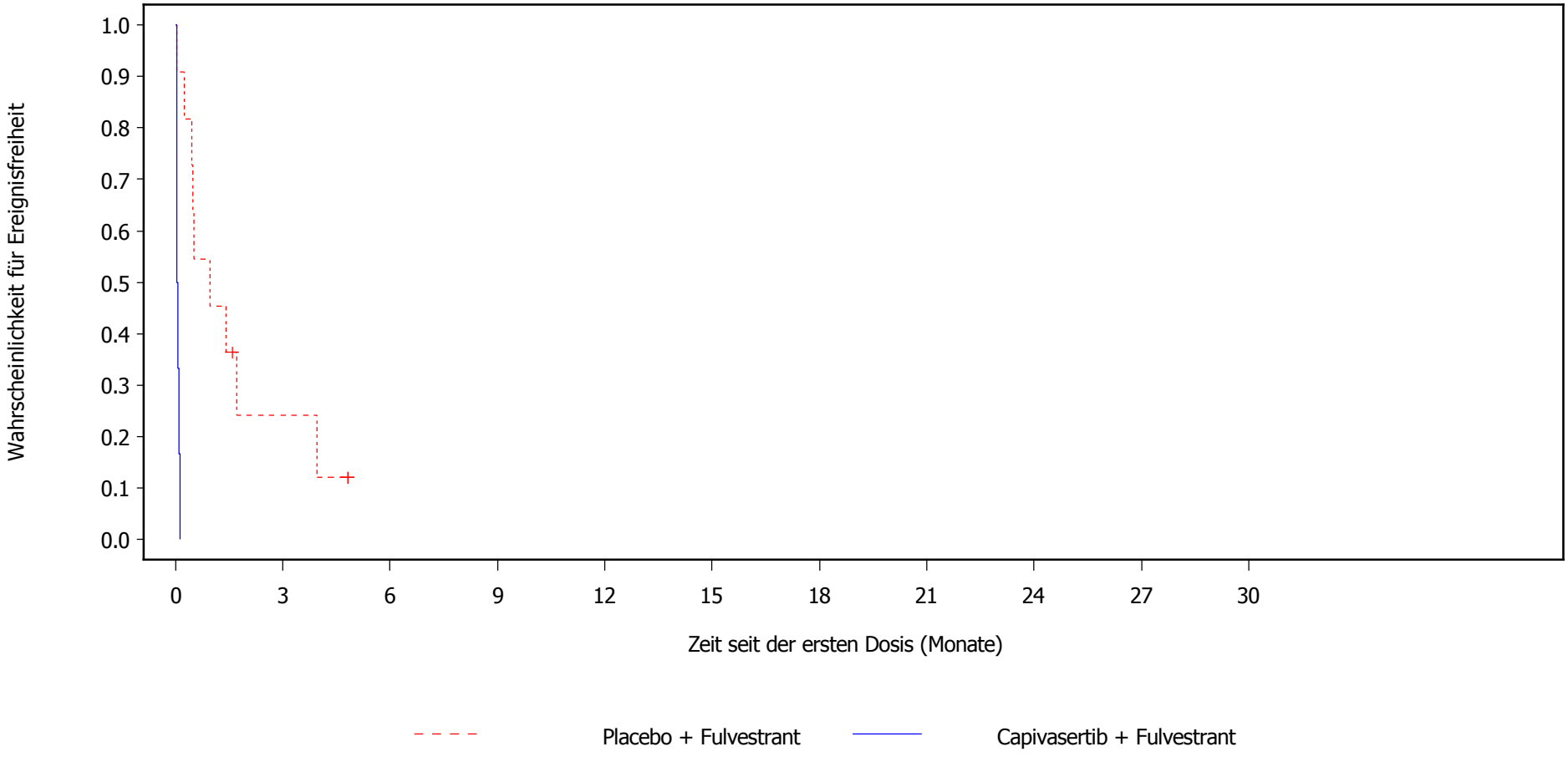


Anzahl an Patienten unter Risiko:

7	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
7	2	1	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Figure 4.4.1.3.2 CAPItello-291 (Global A2) Subgroup Analysis: Kaplan-Meier plot of UE for Alter bei Randomisierung (Jahre)=>=65
Altered Safety Analysis Set, DCO 27MAR2023



Anzahl an Patienten unter Risiko:

6	0	0	0	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
11	2	0	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Kaplan-Meier plot is presented only if the interaction term in Cox regression model with treatment, subgroup and treatment-by-subgroup interaction is statistically significant at 5% level.

Inhaltsverzeichnis

Table 5.1.1 CAPItello-291 (Global B2): Demographic characteristics
Altered full analysis set, DCO 15AUG2022

Demographic characteristic		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Age (years)	n	117	87	204
	Mean	60,5	62,5	61,3
	SD	9,36	10,03	9,68
	Median	61,0	62,0	61,5
	Min	36	39	36
	Max	84	90	90
Age group (years) n (%)	<50	11 (9,4)	9 (10,3)	20 (9,8)
	>=50-<65	67 (57,3)	44 (50,6)	111 (54,4)
	>=65-<75	33 (28,2)	23 (26,4)	56 (27,5)
	>=75	6 (5,1)	11 (12,6)	17 (8,3)
	Total	117	87	204
Sex n (%)	Female	117 (100)	87 (100)	204 (100)
	Total	117	87	204
Race n (%)	Black or African American	1 (0,9)	1 (1,1)	2 (1,0)
	American Indian or Alaska Native	1 (0,9)	1 (1,1)	2 (1,0)
	Asian	33 (28,2)	20 (23,0)	53 (26,0)
	White	61 (52,1)	49 (56,3)	110 (53,9)
	Other	21 (17,9)	16 (18,4)	37 (18,1)
	Total	117	87	204
Ethnic group n (%)	Hispanic or Latino	10 (8,5)	6 (6,9)	16 (7,8)
	Not Hispanic or Latino	107 (91,5)	81 (93,1)	188 (92,2)
	Total	117	87	204

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
Race data for France, Hungary, Belgium are not allowed to be collected.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.1.2 CAPItello-291 (China B2): Demographic characteristics
Altered full analysis set DCO 08MAY2023

Demographic characteristic		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Age (years)	n	11	6	17
	Mean	56,0	59,3	57,2
	SD	7,47	11,89	9,04
	Median	56,0	60,0	56,0
	Min	45	46	45
	Max	73	71	73
Age group (years) n (%)	<50	2 (18,2)	2 (33,3)	4 (23,5)
	>=50-<65	8 (72,7)	1 (16,7)	9 (52,9)
	>=65-<75	1 (9,1)	3 (50,0)	4 (23,5)
	Total	11	6	17
Sex n (%)	Female	11 (100)	6 (100)	17 (100)
	Total	11	6	17
Race n (%)	Asian	11 (100)	6 (100)	17 (100)
	Total	11	6	17
Ethnic group n (%)	Not Hispanic or Latino	11 (100)	6 (100)	17 (100)
	Total	11	6	17

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
Race data for France, Hungary, Belgium are not allowed to be collected.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.1.3 CAPItello-291 (Global A2): Demographic characteristics
Altered full analysis set, DCO 15AUG2022

Demographic characteristic		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Age (years)	n	13	18	31
	Mean	63,8	68,8	66,7
	SD	10,34	8,69	9,59
	Median	62,0	67,5	65,0
	Min	44	55	44
	Max	81	86	86
Age group (years) n (%)	<50	1 (7,7)	0	1 (3,2)
	>=50-<65	6 (46,2)	7 (38,9)	13 (41,9)
	>=65-<75	4 (30,8)	5 (27,8)	9 (29,0)
	>=75	2 (15,4)	6 (33,3)	8 (25,8)
	Total	13	18	31
Sex n (%)	Female	13 (100)	18 (100)	31 (100)
	Total	13	18	31
Race n (%)	Asian	7 (53,8)	7 (38,9)	14 (45,2)
	White	4 (30,8)	10 (55,6)	14 (45,2)
	Other	2 (15,4)	1 (5,6)	3 (9,7)
	Total	13	18	31
Ethnic group n (%)	Hispanic or Latino	1 (7,7)	0	1 (3,2)
	Not Hispanic or Latino	12 (92,3)	18 (100)	30 (96,8)
	Total	13	18	31

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
Race data for France, Hungary, Belgium are not allowed to be collected.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.1.4 CAPItello-291 (China A2): Demographic characteristics
Altered full analysis set DCO 08MAY2023

Demographic characteristic		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Age (years)	n	3	5	8
	Mean	53,0	65,0	60,5
	SD	9,85	4,69	8,88
	Median	56,0	64,0	61,5
	Min	42	60	42
	Max	61	72	72
Age group (years) n (%)	<50	1 (33,3)	0	1 (12,5)
	>=50-<65	2 (66,7)	3 (60,0)	5 (62,5)
	>=65-<75	0	2 (40,0)	2 (25,0)
	Total	3	5	8
Sex n (%)	Female	3 (100)	5 (100)	8 (100)
	Total	3	5	8
Race n (%)	Asian	3 (100)	5 (100)	8 (100)
	Total	3	5	8
Ethnic group n (%)	Not Hispanic or Latino	3 (100)	5 (100)	8 (100)
	Total	3	5	8

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
Race data for France, Hungary, Belgium are not allowed to be collected.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.1 CAPItello-291 (Global B2): Patient characteristics at screening
Altered full analysis set DCO 15AUG2022

Patient characteristic		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Height (cm)	n	116	86	202
	Mean	160,0	161,0	160,4
	SD	6,66	6,86	6,75
	Median	159,5	161,0	160,0
	Min	147	146	146
	Max	180	175	180
Weight (kg)	n	116	86	202
	Mean	67,5	69,8	68,5
	SD	13,97	15,73	14,75
	Median	65,3	68,4	66,6
	Min	44	41	41
	Max	115	110	115
Weight group (kg) n (%)	n	116	86	202
	<50	9 (7,8)	6 (7,0)	15 (7,4)
	>=50-<70	63 (54,3)	39 (45,3)	102 (50,5)
	>=70-<90	36 (31,0)	32 (37,2)	68 (33,7)
	>=90	8 (6,9)	9 (10,5)	17 (8,4)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.1 CAPItello-291 (Global B2): Patient characteristics at screening
Altered full analysis set DCO 15AUG2022

Patient characteristic		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Body Mass Index (kg/m2)	n	116	86	202
	Mean	26,3	26,9	26,5
	SD	4,72	5,69	5,15
	Median	25,7	26,2	26,1
	Min	17,1	17,7	17,1
	Max	42,2	45,9	45,9
Body Mass Index (kg/m2)	n	116	86	202
	Underweight [<18.5]	2 (1,7)	2 (2,3)	4 (2,0)
	Normal [18.5 - <25.0]	51 (44,0)	33 (38,4)	84 (41,6)
	Overweight [25.0 - <30.0]	38 (32,8)	31 (36,0)	69 (34,2)
	Obese [>= 30.0]	25 (21,6)	20 (23,3)	45 (22,3)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.2 CAPItello-291 (China B2): Patient characteristics at screening
Altered full analysis set DCO 08MAY2023

Patient characteristic		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Height (cm)	n	10	5	15
	Mean	155,8	155,6	155,7
	SD	5,88	7,37	6,15
	Median	157,5	155,0	155,0
	Min	145	150	145
	Max	164	168	168
Weight (kg)	n	10	5	15
	Mean	55,5	60,5	57,2
	SD	7,30	9,64	8,17
	Median	56,4	63,0	59,0
	Min	39	44	39
	Max	65	69	69
Weight group (kg) n (%)	n	10	5	15
	<50	1 (10,0)	1 (20,0)	2 (13,3)
	>=50-<70	9 (90,0)	4 (80,0)	13 (86,7)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.2 CAPItello-291 (China B2): Patient characteristics at screening
Altered full analysis set DCO 08MAY2023

Patient characteristic		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Body Mass Index (kg/m2)	n	10	5	15
	Mean	22,9	25,2	23,7
	SD	3,35	4,98	3,93
	Median	22,8	25,6	23,7
	Min	16,9	18,3	16,9
	Max	29,0	30,7	30,7
Body Mass Index (kg/m2)	n	10	5	15
	Underweight [<18.5]	1 (10,0)	1 (20,0)	2 (13,3)
	Normal [18.5 - <25.0]	6 (60,0)	1 (20,0)	7 (46,7)
	Overweight [25.0 - <30.0]	3 (30,0)	2 (40,0)	5 (33,3)
	Obese [>= 30.0]	0	1 (20,0)	1 (6,7)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.3 CAPItello-291 (Global A2): Patient characteristics at screening
Altered safety analysis set DCO 15AUG2022

Patient characteristic		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Height (cm)	n	13	18	31
	Mean	157,8	159,0	158,5
	SD	4,42	7,36	6,23
	Median	157,3	157,8	157,6
	Min	150	148	148
	Max	165	172	172
Weight (kg)	n	13	18	31
	Mean	71,1	63,4	66,7
	SD	12,84	17,54	15,97
	Median	74,0	61,9	65,0
	Min	48	37	37
	Max	95	106	106
Weight group (kg) n (%)	n	13	18	31
	<50	1 (7,7)	4 (22,2)	5 (16,1)
	>=50-<70	5 (38,5)	9 (50,0)	14 (45,2)
	>=70-<90	6 (46,2)	3 (16,7)	9 (29,0)
	>=90	1 (7,7)	2 (11,1)	3 (9,7)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.3 CAPItello-291 (Global A2): Patient characteristics at screening
Altered safety analysis set DCO 15AUG2022

Patient characteristic		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Body Mass Index (kg/m2)	n	13	18	31
	Mean	28,7	24,9	26,5
	SD	5,90	5,64	5,97
	Median	27,2	23,6	26,4
	Min	19,5	14,8	14,8
	Max	39,2	36,7	39,2
Body Mass Index (kg/m2)	n	13	18	31
	Underweight [<18.5]	0	2 (11,1)	2 (6,5)
	Normal [18.5 - <25.0]	3 (23,1)	9 (50,0)	12 (38,7)
	Overweight [25.0 - <30.0]	6 (46,2)	3 (16,7)	9 (29,0)
	Obese [>= 30.0]	4 (30,8)	4 (22,2)	8 (25,8)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.4 CAPItello-291 (China A2): Patient characteristics at screening
Altered safety analysis set DCO 08MAY2023

Patient characteristic		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Height (cm)	n	3	5	8
	Mean	162,0	155,0	157,6
	SD	4,58	7,04	6,89
	Median	161,0	157,0	159,0
	Min	158	143	143
	Max	167	160	167
Weight (kg)	n	3	5	8
	Mean	72,7	64,5	67,6
	SD	13,01	13,13	12,83
	Median	72,0	63,0	66,5
	Min	60	47	47
	Max	86	83	86
Weight group (kg) n (%)	n	3	5	8
	<50	0	1 (20,0)	1 (12,5)
	>=50-<70	1 (33,3)	2 (40,0)	3 (37,5)
	>=70-<90	2 (66,7)	2 (40,0)	4 (50,0)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.2.4 CAPItello-291 (China A2): Patient characteristics at screening
Altered safety analysis set DCO 08MAY2023

Patient characteristic		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Body Mass Index (kg/m2)	n	3	5	8
	Mean	27,8	26,7	27,1
	SD	5,90	3,89	4,35
	Median	28,8	24,6	26,7
	Min	21,5	22,8	21,5
	Max	33,2	32,2	33,2
Body Mass Index (kg/m2)	n	3	5	8
	Normal [18.5 - <25.0]	1 (33,3)	3 (60,0)	4 (50,0)
	Overweight [25.0 - <30.0]	1 (33,3)	1 (20,0)	2 (25,0)
	Obese [>= 30.0]	1 (33,3)	1 (20,0)	2 (25,0)

N = Number of patients in treatment group. n = Number of patients in category or analysis.
SD = Standard deviation. Min = Minimum. Max = Maximum.
The number of subjects with data will be used as the denominator for calculating percentages.

Table 5.3.1 CAPItello-291 (Global B2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
WHO / ECOG performance status			
(0) Normal activity	68 (58,1)	61 (70,1)	129 (63,2)
(1) Restricted activity	49 (41,9)	25 (28,7)	74 (36,3)
(2) In bed less than or equal to 50% of the time	0	1 (1,1)	1 (0,5)
Primary tumour location			
Breast	117 (100)	87 (100)	204 (100)
Histology type			
Ductal carcinoma in situ	6 (5,1)	7 (8,0)	13 (6,4)
Lobular carcinoma in situ	1 (0,9)	4 (4,6)	5 (2,5)
Invasive carcinoma (NOS)	22 (18,8)	13 (14,9)	35 (17,2)
Invasive ductal	51 (43,6)	42 (48,3)	93 (45,6)
Invasive ductal carcinoma with extensive intraductal component	3 (2,6)	0	3 (1,5)
Invasive lobular	11 (9,4)	11 (12,6)	22 (10,8)
Tubular	0	1 (1,1)	1 (0,5)
Cribriform	0	1 (1,1)	1 (0,5)
Inflammatory	0	1 (1,1)	1 (0,5)
Non-Invasive Carcinoma (NOS)	4 (3,4)	1 (1,1)	5 (2,5)
Other	19 (16,2)	6 (6,9)	25 (12,3)
Tumour grade			
Well Differentiated (G1)	13 (11,1)	8 (9,2)	21 (10,3)
Mod. Differentiated (G2)	53 (45,3)	43 (49,4)	96 (47,1)
Poorly Differentiated (G3)	32 (27,4)	19 (21,8)	51 (25,0)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.1 CAPItello-291 (Global B2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Unassessable (GX)	14 (12,0)	12 (13,8)	26 (12,7)
High Grade	3 (2,6)	3 (3,4)	6 (2,9)
Low Grade	1 (0,9)	0	1 (0,5)
Missing	1 (0,9)	2 (2,3)	3 (1,5)
AJCC staging [a]			
Stage 0	1 (0,9)	1 (1,1)	2 (1,0)
Stage IA	13 (11,1)	9 (10,3)	22 (10,8)
Stage IB	1 (0,9)	1 (1,1)	2 (1,0)
Stage IIA	21 (17,9)	12 (13,8)	33 (16,2)
Stage IIB	13 (11,1)	11 (12,6)	24 (11,8)
Stage IIIA	19 (16,2)	7 (8,0)	26 (12,7)
Stage IIIB	1 (0,9)	2 (2,3)	3 (1,5)
Stage IIIC	5 (4,3)	6 (6,9)	11 (5,4)
Stage IV	38 (32,5)	31 (35,6)	69 (33,8)
Missing	5 (4,3)	7 (8,0)	12 (5,9)
Overall disease classification			
Metastatic [b]	117 (100)	85 (97,7)	202 (99,0)
Locally advanced [c]	0	2 (2,3)	2 (1,0)
Historical BRCA status			
BRCA2	3 (2,6)	1 (1,1)	4 (2,0)
BRCA1 and BRCA2	1 (0,9)	0	1 (0,5)
Unknown	113 (96,6)	86 (98,9)	199 (97,5)
Menopausal status (females only)			

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.1 CAPItello-291 (Global B2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Post menopausal	117 (100)	87 (100)	204 (100)
Type of endocrine resistance			
Primary	42 (35,9)	36 (41,4)	78 (38,2)
Secondary	75 (64,1)	51 (58,6)	126 (61,8)
Diabetic status			
Diabetes	15 (12,8)	4 (4,6)	19 (9,3)
No Diabetes	102 (87,2)	83 (95,4)	185 (90,7)
Estrogen receptor status			
Positive	117 (100)	87 (100)	204 (100)
Progesteron receptor status			
Positive	88 (75,2)	65 (74,7)	153 (75,0)
Negative	26 (22,2)	22 (25,3)	48 (23,5)
Unknown	3 (2,6)	0	3 (1,5)
Receptor status			
ER+/PR+	88 (75,2)	65 (74,7)	153 (75,0)
ER+/PR-	26 (22,2)	22 (25,3)	48 (23,5)
ER+/PR unknown	3 (2,6)	0	3 (1,5)
HER2 receptor status			
Negative	117 (100)	87 (100)	204 (100)
Prior CDK4/6 inhibitors			

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.1 CAPItello-291 (Global B2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Yes	92 (78,6)	71 (81,6)	163 (79,9)
Locally advanced (inoperable) / metastatic treatment	92 (78,6)	71 (81,6)	163 (79,9)
No	25 (21,4)	16 (18,4)	41 (20,1)
Reason prior CDK4/6 treatment not taken			
Treatment not approved	4 (16,0)	3 (18,8)	7 (17,1)
Treatment not affordable or not reimbursed	8 (32,0)	3 (18,8)	11 (26,8)
Patient's preference	5 (20,0)	3 (18,8)	8 (19,5)
Healthcare provider's preference	7 (28,0)	7 (43,8)	14 (34,1)
Other	1 (4,0)	0	1 (2,4)
Prior chemotherapy			
(Neo)adjuvant treatment only	43 (36,8)	33 (37,9)	76 (37,3)
Locally advanced (inoperable) / metastatic treatment	26 (22,2)	19 (21,8)	45 (22,1)
Prior (neo)adjuvant chemotherapy			
Yes	58 (49,6)	39 (44,8)	97 (47,5)
No	59 (50,4)	48 (55,2)	107 (52,5)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease			
1	109 (93,2)	74 (85,1)	183 (89,7)
2	8 (6,8)	13 (14,9)	21 (10,3)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease - AI containing regimens			
0	2 (1,7)	1 (1,1)	3 (1,5)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.1 CAPItello-291 (Global B2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
1	111 (94,9)	76 (87,4)	187 (91,7)
2	4 (3,4)	10 (11,5)	14 (6,9)
Prior lines of therapy for locally advanced (inoperable) or metastatic disease (includes endocrine or chemotherapy)			
1	87 (74,4)	60 (69,0)	147 (72,1)
2	25 (21,4)	22 (25,3)	47 (23,0)
3	5 (4,3)	5 (5,7)	10 (4,9)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.2 CAPItello-291 (China B2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
WHO / ECOG performance status			
(0) Normal activity	5 (45,5)	1 (16,7)	6 (35,3)
(1) Restricted activity	6 (54,5)	5 (83,3)	11 (64,7)
Primary tumour location			
Breast	11 (100)	6 (100)	17 (100)
Histology type			
Invasive carcinoma (NOS)	9 (81,8)	4 (66,7)	13 (76,5)
Invasive ductal	1 (9,1)	2 (33,3)	3 (17,6)
Paget's disease of the nipple with invasive carcinoma	1 (9,1)	0	1 (5,9)
Tumour grade			
Mod. Differentiated (G2)	7 (63,6)	1 (16,7)	8 (47,1)
Poorly Differentiated (G3)	1 (9,1)	0	1 (5,9)
Unassessable (GX)	3 (27,3)	4 (66,7)	7 (41,2)
Missing	0	1 (16,7)	1 (5,9)
AJCC staging [a]			
Stage IA	2 (18,2)	2 (33,3)	4 (23,5)
Stage IIA	3 (27,3)	1 (16,7)	4 (23,5)
Stage IIB	0	1 (16,7)	1 (5,9)
Stage IIIA	1 (9,1)	0	1 (5,9)
Stage IIIC	2 (18,2)	1 (16,7)	3 (17,6)
Stage IV	3 (27,3)	1 (16,7)	4 (23,5)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.2 CAPItello-291 (China B2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Overall disease classification			
Metastatic [b]	11 (100)	6 (100)	17 (100)
Historical BRCA status			
Unknown	11 (100)	6 (100)	17 (100)
Menopausal status (females only)			
Post menopausal	11 (100)	6 (100)	17 (100)
Type of endocrine resistance			
Primary	3 (27,3)	3 (50,0)	6 (35,3)
Secondary	8 (72,7)	3 (50,0)	11 (64,7)
Diabetic status			
No Diabetes	11 (100)	6 (100)	17 (100)
Estrogen receptor status			
Positive	11 (100)	6 (100)	17 (100)
Progesteron receptor status			
Positive	8 (72,7)	4 (66,7)	12 (70,6)
Negative	3 (27,3)	2 (33,3)	5 (29,4)
Receptor status			
ER+/PR+	8 (72,7)	4 (66,7)	12 (70,6)
ER+/PR-	3 (27,3)	2 (33,3)	5 (29,4)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.2 CAPItello-291 (China B2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
HER2 receptor status			
Negative	11 (100)	6 (100)	17 (100)
Prior CDK4/6 inhibitors			
Yes	6 (54,5)	3 (50,0)	9 (52,9)
Locally advanced (inoperable) / metastatic treatment	6 (54,5)	3 (50,0)	9 (52,9)
No	5 (45,5)	3 (50,0)	8 (47,1)
Reason prior CDK4/6 treatment not taken			
Treatment not approved	0	2 (66,7)	2 (25,0)
Treatment not affordable or not reimbursed	5 (100)	1 (33,3)	6 (75,0)
Prior chemotherapy			
(Neo)adjuvant treatment only	5 (45,5)	5 (83,3)	10 (58,8)
Locally advanced (inoperable) / metastatic treatment	5 (45,5)	1 (16,7)	6 (35,3)
Prior (neo)adjuvant chemotherapy			
Yes	7 (63,6)	6 (100)	13 (76,5)
No	4 (36,4)	0	4 (23,5)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease			
1	10 (90,9)	5 (83,3)	15 (88,2)
2	1 (9,1)	1 (16,7)	2 (11,8)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease - AI containing regimens			

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.2 CAPItello-291 (China B2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
1	10 (90,9)	5 (83,3)	15 (88,2)
2	1 (9,1)	1 (16,7)	2 (11,8)
Prior lines of therapy for locally advanced (inoperable) or metastatic disease (includes endocrine or chemotherapy)			
1	6 (54,5)	4 (66,7)	10 (58,8)
2	4 (36,4)	2 (33,3)	6 (35,3)
3	1 (9,1)	0	1 (5,9)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.3 CAPItello-291 (Global A2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
WHO / ECOG performance status			
(0) Normal activity	10 (76,9)	13 (72,2)	23 (74,2)
(1) Restricted activity	3 (23,1)	5 (27,8)	8 (25,8)
Primary tumour location			
Breast	13 (100)	18 (100)	31 (100)
Histology type			
Invasive carcinoma (NOS)	2 (15,4)	4 (22,2)	6 (19,4)
Invasive ductal	6 (46,2)	5 (27,8)	11 (35,5)
Invasive ductal carcinoma with extensive intraductal component	0	1 (5,6)	1 (3,2)
Invasive lobular	4 (30,8)	4 (22,2)	8 (25,8)
Non-Invasive Carcinoma (NOS)	0	1 (5,6)	1 (3,2)
Other	1 (7,7)	3 (16,7)	4 (12,9)
Tumour grade			
Well Differentiated (G1)	2 (15,4)	0	2 (6,5)
Mod. Differentiated (G2)	2 (15,4)	10 (55,6)	12 (38,7)
Poorly Differentiated (G3)	4 (30,8)	2 (11,1)	6 (19,4)
Unassessable (GX)	5 (38,5)	4 (22,2)	9 (29,0)
Missing	0	2 (11,1)	2 (6,5)
AJCC staging [a]			
Stage IA	2 (15,4)	4 (22,2)	6 (19,4)
Stage IIA	2 (15,4)	3 (16,7)	5 (16,1)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.3 CAPItello-291 (Global A2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Stage IIB	1 (7,7)	0	1 (3,2)
Stage IIIA	3 (23,1)	4 (22,2)	7 (22,6)
Stage IIIB	2 (15,4)	2 (11,1)	4 (12,9)
Stage IIIC	0	4 (22,2)	4 (12,9)
Stage IV	3 (23,1)	0	3 (9,7)
Missing	0	1 (5,6)	1 (3,2)
Overall disease classification			
Metastatic [b]	13 (100)	18 (100)	31 (100)
Historical BRCA status			
Unknown	13 (100)	18 (100)	31 (100)
Menopausal status (females only)			
Post menopausal	13 (100)	18 (100)	31 (100)
Type of endocrine resistance			
Primary	8 (61,5)	10 (55,6)	18 (58,1)
Secondary	5 (38,5)	8 (44,4)	13 (41,9)
Diabetic status			
Diabetes	2 (15,4)	3 (16,7)	5 (16,1)
No Diabetes	11 (84,6)	15 (83,3)	26 (83,9)
Estrogen receptor status			
Positive	13 (100)	18 (100)	31 (100)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.3 CAPItello-291 (Global A2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Progesteron receptor status			
Positive	11 (84,6)	11 (61,1)	22 (71,0)
Negative	2 (15,4)	6 (33,3)	8 (25,8)
Unknown	0	1 (5,6)	1 (3,2)
Receptor status			
ER+/PR+	11 (84,6)	11 (61,1)	22 (71,0)
ER+/PR-	2 (15,4)	6 (33,3)	8 (25,8)
ER+/PR unknown	0	1 (5,6)	1 (3,2)
HER2 receptor status			
Negative	13 (100)	18 (100)	31 (100)
Prior CDK4/6 inhibitors			
Yes	0	1 (5,6)	1 (3,2)
(Neo)adjuvant treatment only	0	1 (5,6)	1 (3,2)
No	13 (100)	17 (94,4)	30 (96,8)
Reason prior CDK4/6 treatment not taken			
Treatment not approved	5 (38,5)	4 (23,5)	9 (30,0)
Treatment not affordable or not reimbursed	1 (7,7)	2 (11,8)	3 (10,0)
Tolerability concerns			
haematologic	0	1 (5,9)	1 (3,3)
Patient's preference	1 (7,7)	2 (11,8)	3 (10,0)
Healthcare provider's preference	6 (46,2)	8 (47,1)	14 (46,7)
Prior chemotherapy			

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.3 CAPItello-291 (Global A2): Disease characteristics
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
(Neo)adjuvant treatment only	8 (61,5)	13 (72,2)	21 (67,7)
Locally advanced (inoperable) / metastatic treatment	1 (7,7)	0	1 (3,2)
Prior (neo)adjuvant chemotherapy			
Yes	8 (61,5)	13 (72,2)	21 (67,7)
No	5 (38,5)	5 (27,8)	10 (32,3)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease			
0	13 (100)	18 (100)	31 (100)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease - AI containing regimens			
0	13 (100)	18 (100)	31 (100)
Prior lines of therapy for locally advanced (inoperable) or metastatic disease (includes endocrine or chemotherapy)			
0	12 (92,3)	18 (100)	30 (96,8)
1	1 (7,7)	0	1 (3,2)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.4 CAPItello-291 (China A2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
WHO / ECOG performance status			
(0) Normal activity	2 (66,7)	3 (60,0)	5 (62,5)
(1) Restricted activity	1 (33,3)	2 (40,0)	3 (37,5)
Primary tumour location			
Breast	3 (100)	5 (100)	8 (100)
Histology type			
Invasive carcinoma (NOS)	3 (100)	3 (60,0)	6 (75,0)
Invasive ductal	0	1 (20,0)	1 (12,5)
Invasive ductal carcinoma with extensive intraductal component	0	1 (20,0)	1 (12,5)
Tumour grade			
Mod. Differentiated (G2)	0	5 (100)	5 (62,5)
Poorly Differentiated (G3)	1 (33,3)	0	1 (12,5)
Unassessable (GX)	2 (66,7)	0	2 (25,0)
AJCC staging [a]			
Stage IIA	0	2 (40,0)	2 (25,0)
Stage IIB	2 (66,7)	1 (20,0)	3 (37,5)
Stage IIIA	1 (33,3)	1 (20,0)	2 (25,0)
Stage IIIC	0	1 (20,0)	1 (12,5)
Overall disease classification			
Metastatic [b]	3 (100)	5 (100)	8 (100)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.4 CAPItello-291 (China A2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Historical BRCA status			
Unknown	3 (100)	5 (100)	8 (100)
Menopausal status (females only)			
Post menopausal	3 (100)	5 (100)	8 (100)
Type of endocrine resistance			
Primary	2 (66,7)	4 (80,0)	6 (75,0)
Secondary	1 (33,3)	1 (20,0)	2 (25,0)
Diabetic status			
No Diabetes	3 (100)	5 (100)	8 (100)
Estrogen receptor status			
Positive	3 (100)	5 (100)	8 (100)
Progesteron receptor status			
Positive	1 (33,3)	2 (40,0)	3 (37,5)
Negative	2 (66,7)	3 (60,0)	5 (62,5)
Receptor status			
ER+/PR+	1 (33,3)	2 (40,0)	3 (37,5)
ER+/PR-	2 (66,7)	3 (60,0)	5 (62,5)
HER2 receptor status			
Negative	3 (100)	5 (100)	8 (100)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.4 CAPItello-291 (China A2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Prior CDK4/6 inhibitors			
No	3 (100)	5 (100)	8 (100)
Reason prior CDK4/6 treatment not taken			
Treatment not approved	0	2 (40,0)	2 (25,0)
Treatment not affordable or not reimbursed	1 (33,3)	1 (20,0)	2 (25,0)
Patient's preference	1 (33,3)	0	1 (12,5)
Healthcare provider's preference	1 (33,3)	1 (20,0)	2 (25,0)
Other	0	1 (20,0)	1 (12,5)
Prior chemotherapy			
(Neo)adjuvant treatment only	3 (100)	3 (60,0)	6 (75,0)
Locally advanced (inoperable) / metastatic treatment	0	2 (40,0)	2 (25,0)
Prior (neo)adjuvant chemotherapy			
Yes	3 (100)	5 (100)	8 (100)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease			
0	3 (100)	5 (100)	8 (100)
Prior lines of endocrine based therapy for locally advanced (inoperable) or metastatic disease - AI containing regimens			
0	3 (100)	5 (100)	8 (100)
Prior lines of therapy for locally advanced (inoperable) or metastatic disease (includes endocrine or chemotherapy)			

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.3.4 CAPItello-291 (China A2): Disease characteristics
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
0	3 (100)	3 (60,0)	6 (75,0)
1	0	2 (40,0)	2 (25,0)

[a] Stages according to 7th edition of the American Joint Committee on Cancer (AJCC) staging manual. [b] Metastatic disease - patient has any metastatic site of disease. [c] Locally advanced - patient has only locally advanced sites of disease. [d] Due to very limited number of patients expected under this category, patients with different PR status are reported together. [e] Percentages calculated using number of patients not treated with CDK4/6. Diabetes is reported based on medical history records. Patients with no diabetes records orno medical history records are reported as having no diabetes. WHO/ECOG performance status, diabetic status, prior use of CDK4/6, prior chemotherapy collected at screening, receptor status if metastatic biopsy available collected at screening or at primary diagnosis if not, and all other parameters are based at time of initial diagnosis. N = Number of patients in treatment group. WHO = World Health Organisation. ECOG = Eastern Cooperative Oncology Group. BRCA = Breast cancer gene. NOS = Not otherwise specified. Mod = Moderately. AI = Aromatase inhibitor.

Table 5.4.1 CAPItello-291 (Global B2): Summary of PIK3CA/AKT1/PTEN alteration status
Altered full analysis set DCO 15AUG2022

	Number (%) of patients		
	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
PIK3CA/AKT1/PTEN alteration status			
Altered	117 (100)	87 (100)	204 (100)
PIK3CA only [a, b]	82 (70,1)	59 (67,8)	141 (69,1)
AKT1 only [a, b]	14 (12,0)	14 (16,1)	28 (13,7)
PTEN only [a, b]	16 (13,7)	9 (10,3)	25 (12,3)
PIK3CA and AKT1 [a, c]	2 (1,7)	0	2 (1,0)
PIK3CA and PTEN [a, c]	3 (2,6)	5 (5,7)	8 (3,9)
AKT1 and PTEN [a, c]	0	0	0
PIK3CA and AKT1 and PTEN [a]	0	0	0
Non-altered	0	0	0
Confirmed non-altered	0	0	0
Unknown	0	0	0
FFPE not provided	0	0	0
Not done (preanalytical failure)	0	0	0
Not evaluable (post analytical failure)	0	0	0

[a] Mutually exclusive groups.
[b] Patients with co-occurring mutations are excluded from single gene count.
[c] Combinations do not include the third biomarker.
PIK3CA = Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha. AKT1 = Alpha serine/threonine-protein kinase 1.
PTEN = Phosphatase and tensin homolog. FFPE = formalin-fixed paraffin embedded. NGS = Next-generation sequencing.
N = Number of patients in treatment group.

Table 5.4.2 CAPItello-291 (China B2): Summary of PIK3CA/AKT1/PTEN alteration status
Altered full analysis set DCO 08MAY2023

	Number (%) of patients		
	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
PIK3CA/AKT1/PTEN alteration status			
Altered	11 (100)	6 (100)	17 (100)
PIK3CA only [a, b]	7 (63,6)	3 (50,0)	10 (58,8)
AKT1 only [a, b]	2 (18,2)	0	2 (11,8)
PTEN only [a, b]	1 (9,1)	2 (33,3)	3 (17,6)
PIK3CA and AKT1 [a, c]	0	0	0
PIK3CA and PTEN [a, c]	1 (9,1)	1 (16,7)	2 (11,8)
AKT1 and PTEN [a, c]	0	0	0
PIK3CA and AKT1 and PTEN [a]	0	0	0
Non-altered	0	0	0
Confirmed non-altered	0	0	0
Unknown	0	0	0
FFPE not provided	0	0	0
Not done (preanalytical failure)	0	0	0
Not evaluable (post analytical failure)	0	0	0

[a] Mutually exclusive groups.
[b] Patients with co-occurring mutations are excluded from single gene count.
[c] Combinations do not include the third biomarker.
PIK3CA = Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha. AKT1 = Alpha serine/threonine-protein kinase 1.
PTEN = Phosphatase and tensin homolog. FFPE = formalin-fixed paraffin embedded. NGS = Next-generation sequencing.
N = Number of patients in treatment group.

Table 5.4.3 CAPItello-291 (Global A2): Summary of PIK3CA/AKT1/PTEN alteration status
Altered safety analysis set DCO 15AUG2022

	Number (%) of patients		
	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
PIK3CA/AKT1/PTEN alteration status			
Altered	13 (100)	18 (100)	31 (100)
PIK3CA only [a, b]	8 (61,5)	13 (72,2)	21 (67,7)
AKT1 only [a, b]	1 (7,7)	0	1 (3,2)
PTEN only [a, b]	3 (23,1)	3 (16,7)	6 (19,4)
PIK3CA and AKT1 [a, c]	0	0	0
PIK3CA and PTEN [a, c]	1 (7,7)	2 (11,1)	3 (9,7)
AKT1 and PTEN [a, c]	0	0	0
PIK3CA and AKT1 and PTEN [a]	0	0	0
Non-altered	0	0	0
Confirmed non-altered	0	0	0
Unknown	0	0	0
FFPE not provided	0	0	0
Not done (preanalytical failure)	0	0	0
Not evaluable (post analytical failure)	0	0	0

[a] Mutually exclusive groups.
[b] Patients with co-occurring mutations are excluded from single gene count.
[c] Combinations do not include the third biomarker.
PIK3CA = Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha. AKT1 = Alpha serine/threonine-protein kinase 1.
PTEN = Phosphatase and tensin homolog. FFPE = formalin-fixed paraffin embedded. NGS = Next-generation sequencing.
N = Number of patients in treatment group.

Table 5.4.4 CAPItello-291 (China A2): Summary of PIK3CA/AKT1/PTEN alteration status
Altered safety analysis set DCO 08MAY2023

	Number (%) of patients		
	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
PIK3CA/AKT1/PTEN alteration status			
Altered	3 (100)	5 (100)	8 (100)
PIK3CA only [a, b]	2 (66,7)	5 (100)	7 (87,5)
AKT1 only [a, b]	0	0	0
PTEN only [a, b]	1 (33,3)	0	1 (12,5)
PIK3CA and AKT1 [a, c]	0	0	0
PIK3CA and PTEN [a, c]	0	0	0
AKT1 and PTEN [a, c]	0	0	0
PIK3CA and AKT1 and PTEN [a]	0	0	0
Non-altered	0	0	0
Confirmed non-altered	0	0	0
Unknown	0	0	0
FFPE not provided	0	0	0
Not done (preanalytical failure)	0	0	0
Not evaluable (post analytical failure)	0	0	0

[a] Mutually exclusive groups.
[b] Patients with co-occurring mutations are excluded from single gene count.
[c] Combinations do not include the third biomarker.
PIK3CA = Phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha. AKT1 = Alpha serine/threonine-protein kinase 1.
PTEN = Phosphatase and tensin homolog. FFPE = formalin-fixed paraffin embedded. NGS = Next-generation sequencing.
N = Number of patients in treatment group.

Table 5.5.1 CAPItello-291 (Global B2): Extent of disease at screening
Altered full analysis set DCO 15AUG2022

Extent of disease	Site of disease	Number (%) of patients: Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Locally advanced [a]	Total	0	2 (2,3)	2 (1.0)
	Regional lymph nodes	0	2 (2,3)	2 (1.0)
Metastatic [b]	Total	117 (100)	85 (97,7)	202 (99.0)
	Respiratory	1 (0,9)	0	1 (0.5)
	Pleural effusion	6 (5,1)	6 (6,9)	12 (5.9)
	Ascites	1 (0,9)	2 (2,3)	3 (1.5)
	Breast	8 (6,8)	3 (3,4)	11 (5.4)
	Gastrointestinal	1 (0,9)	2 (2,3)	3 (1.5)
	Genitourinary	0	1 (1,1)	1 (0.5)
	Skin/soft tissue	5 (4,3)	5 (5,7)	10 (4.9)
	Bone and locomotor	95 (81,2)	64 (73,6)	159 (77.9)
	Lymph nodes	10 (8,5)	9 (10,3)	19 (9.3)
	Peritoneum	5 (4,3)	5 (5,7)	10 (4.9)
	Pancreas	1 (0,9)	0	1 (0.5)
	Spleen	0	3 (3,4)	3 (1.5)
	Colon	0	2 (2,3)	2 (1.0)
	Liver	54 (46,2)	36 (41,4)	90 (44.1)
	Distant lymph nodes	17 (14,5)	17 (19,5)	34 (16.7)
	Bladder	0	2 (2,3)	2 (1.0)
	Lung	42 (35,9)	26 (29,9)	68 (33.3)
	Skin	1 (0,9)	0	1 (0.5)
	Omentum	0	3 (3,4)	3 (1.5)
	Regional lymph nodes	13 (11,1)	5 (5,7)	18 (8.8)
	Other metastatic sites	13 (11,1)	15 (17,2)	28 (13.7)

[a] Locally advanced disease - patient has any locally advanced site of disease.
[b] Metastatic disease - patient has any metastatic site of disease.
A patient can have one or more sites of disease.
N = Number of patients in treatment group.

Table 5.5.2 CAPItello-291 (China B2): Extent of disease at screening
Altered full analysis set DCO 08MAY2023

Extent of disease	Site of disease	Number (%) of patients: Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Metastatic [b]	Total	11 (100)	6 (100)	17 (100)
	Pleural effusion	3 (27,3)	1 (16,7)	4 (23.5)
	Breast	1 (9,1)	0	1 (5.9)
	Skin/soft tissue	0	2 (33,3)	2 (11.8)
	Bone and locomotor	10 (90,9)	5 (83,3)	15 (88.2)
	Liver	7 (63,6)	2 (33,3)	9 (52.9)
	Distant lymph nodes	2 (18,2)	0	2 (11.8)
	Cervix uteri	1 (9,1)	0	1 (5.9)
	Lung	6 (54,5)	4 (66,7)	10 (58.8)
	Regional lymph nodes	1 (9,1)	0	1 (5.9)
	Other metastatic sites	2 (18,2)	2 (33,3)	4 (23.5)

[a] Locally advanced disease - patient has any locally advanced site of disease.
[b] Metastatic disease - patient has any metastatic site of disease.
A patient can have one or more sites of disease.
N = Number of patients in treatment group.

Table 5.5.3 CAPItello-291 (Global A2): Extent of disease at screening
Altered safety analysis set DCO 15AUG2022

Extent of disease	Site of disease	Number (%) of patients: Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Metastatic [b]	Total	13 (100)	18 (100)	31 (100)
	Pleural effusion	1 (7,7)	3 (16,7)	4 (12.9)
	Respiratory	1 (7,7)	0	1 (3.2)
	Skin/soft tissue	0	1 (5,6)	1 (3.2)
	Bone and locomotor	11 (84,6)	12 (66,7)	23 (74.2)
	Lymph nodes	1 (7,7)	2 (11,1)	3 (9.7)
	Pericardial effusion	1 (7,7)	0	1 (3.2)
	Peritoneum	0	1 (5,6)	1 (3.2)
	Liver	3 (23,1)	3 (16,7)	6 (19.4)
	Distant lymph nodes	3 (23,1)	7 (38,9)	10 (32.3)
	Lung	3 (23,1)	4 (22,2)	7 (22.6)
	Regional lymph nodes	2 (15,4)	1 (5,6)	3 (9.7)
	Other metastatic sites	1 (7,7)	5 (27,8)	6 (19.4)

[a] Locally advanced disease - patient has any locally advanced site of disease.
[b] Metastatic disease - patient has any metastatic site of disease.
A patient can have one or more sites of disease.
N = Number of patients in treatment group.

Table 5.5.4 CAPItello-291 (China A2): Extent of disease at screening
Altered safety analysis set DCO 08MAY2023

Extent of disease	Site of disease	Number (%) of patients		
		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Metastatic [b]	Total	3 (100)	5 (100)	8 (100)
	Bone and locomotor	1 (33,3)	3 (60,0)	4 (50.0)
	Pericardial effusion	0	1 (20,0)	1 (12.5)
	Liver	2 (66,7)	3 (60,0)	5 (62.5)
	Distant lymph nodes	3 (100)	1 (20,0)	4 (50.0)
	Lung	1 (33,3)	3 (60,0)	4 (50.0)
	Regional lymph nodes	2 (66,7)	0	2 (25.0)
	Other metastatic sites	1 (33,3)	1 (20,0)	2 (25.0)

[a] Locally advanced disease - patient has any locally advanced site of disease.
[b] Metastatic disease - patient has any metastatic site of disease.
A patient can have one or more sites of disease.
N = Number of patients in treatment group.

Table 5.6.1 CAPItello-291 (Global B2): Stratification factors recorded at randomisation by IVRS
Altered full analysis set, DCO 15AUG2022

Liver metastases	Prior use of CDK4/6 inhibitors [a]	Geographic location	Number(%) of patients: Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Yes	Yes	Region 1	30 (25,6)	24 (27,6)	54 (26.5)
		Region 2	5 (4,3)	5 (5,7)	10 (4.9)
		Region 3	7 (6,0)	6 (6,9)	13 (6.4)
	No	Region 1	1 (0,9)	1 (1,1)	2 (1.0)
		Region 2	7 (6,0)	0	7 (3.4)
		Region 3	3 (2,6)	1 (1,1)	4 (2.0)
No	Yes	Region 1	30 (25,6)	24 (27,6)	54 (26.5)
		Region 2	9 (7,7)	5 (5,7)	14 (6.9)
		Region 3	12 (10,3)	8 (9,2)	20 (9.8)
	No	Region 1	2 (1,7)	4 (4,6)	6 (2.9)
		Region 2	2 (1,7)	5 (5,7)	7 (3.4)
		Region 3	9 (7,7)	4 (4,6)	13 (6.4)

[a] Patients may have received prior treatment with CDK4/6 inhibitors as part of standard treatment or within clinical trials (in the latter scenario, written confirmation of exposure to the investigational agent rather than placebo is required to allow stratification at randomisation).
Region 1: United States, Canada, Western Europe, Australia, and Israel.
Region 2: Latin America, Eastern Europe and Russia.
Region 3: Asia.
N = Number of patients in treatment group.

Table 5.6.2 CAPItello-291 (China B2): Stratification factors recorded at randomisation by IVRS
Altered full analysis set, DCO 08MAY2023

			Number(%) of patients		
Liver metastases	Prior use of CDK4/6 inhibitors [a]	Geographic location	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Yes	Yes	Region 3	4 (36,4)	2 (33,3)	6 (35.3)
	No	Region 3	3 (27,3)	1 (16,7)	4 (23.5)
No	Yes	Region 3	2 (18,2)	1 (16,7)	3 (17.6)
	No	Region 3	2 (18,2)	2 (33,3)	4 (23.5)

[a] Patients may have received prior treatment with CDK4/6 inhibitors as part of standard treatment or within clinical trials (in the latter scenario, written confirmation of exposure to the investigational agent rather than placebo is required to allow stratification at randomisation).
Region 1: United States, Canada, Western Europe, Australia, and Israel.
Region 2: Latin America, Eastern Europe and Russia.
Region 3: Asia.
N = Number of patients in treatment group.

Table 5.6.3 CAPItello-291 (Global A2): Stratification factors recorded at randomisation by IVRS
Altered full analysis set, DCO 15AUG2022

Liver metastases	Prior use of CDK4/6 inhibitors [a]	Geographic location	Number(%) of patients: Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Yes	Yes	Region 1	0	0	0
		Region 2	0	0	0
		Region 3	0	0	0
	No	Region 1	1 (7,7)	1 (5,6)	2 (6.5)
		Region 2	0	0	0
		Region 3	2 (15,4)	2 (11,1)	4 (12.9)
No	Yes	Region 1	0	1 (5,6)	1 (3.2)
		Region 2	0	0	0
		Region 3	0	0	0
	No	Region 1	2 (15,4)	5 (27,8)	7 (22.6)
		Region 2	3 (23,1)	4 (22,2)	7 (22.6)
		Region 3	5 (38,5)	5 (27,8)	10 (32.3)

[a] Patients may have received prior treatment with CDK4/6 inhibitors as part of standard treatment or within clinical trials (in the latter scenario, written confirmation of exposure to the investigational agent rather than placebo is required to allow stratification at randomisation).
Region 1: United States, Canada, Western Europe, Australia, and Israel.
Region 2: Latin America, Eastern Europe and Russia.
Region 3: Asia.
N = Number of patients in treatment group.

Table 5.6.4 CAPItello-291 (China A2): Stratification factors recorded at randomisation by IVRS
Altered full analysis set, DCO 08MAY2023

			Number(%) of patients		
Liver metastases	Prior use of CDK4/6 inhibitors [a]	Geographic location	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Yes	Yes	Region 3	0	0	0
	No	Region 3	2 (66,7)	3 (60,0)	5 (62.5)
No	Yes	Region 3	0	0	0
	No	Region 3	1 (33,3)	2 (40,0)	3 (37.5)

[a] Patients may have received prior treatment with CDK4/6 inhibitors as part of standard treatment or within clinical trials (in the latter scenario, written confirmation of exposure to the investigational agent rather than placebo is required to allow stratification at randomisation).
Region 1: United States, Canada, Western Europe, Australia, and Israel.
Region 2: Latin America, Eastern Europe and Russia.
Region 3: Asia.
N = Number of patients in treatment group.

Table 5.7.1 CAPItello-291 (Global B2): Summary of duration of exposure
Altered safety analysis set DCO 15AUG2022

Treatment duration (months)		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=86)
Total (intended) treatment duration (months) - Capivasertib/Placebo [a]	n	117	86
	Mean	7,58	4,58
	SD	5,739	4,384
	Median	5,78	2,66
	Min	0,3	0,3
	Max	26,3	18,3
	Total treatment years	73,9	32,8
Total (intended) treatment duration (months) - Fulvestrant [b]	n	117	86
	Mean	8,13	4,87
	SD	5,760	4,374
	Median	6,44	2,83
	Min	0,5	0,5
	Max	26,3	18,4
	Total treatment years	79,2	34,9
Actual treatment duration (months) - Capivasertib/Placebo [c]	n	117	86
	Mean	7,42	4,54
	SD	5,709	4,363
	Median	5,65	2,66
	Min	0,3	0,2
	Max	26,0	18,2
	Total treatment years	72,4	32,5

[a] Total treatment duration = (date of last dose date where dose > 0 - first dose date + 1) / (365.25/12).
[b] Total treatment duration = (min(date of last dose where dose > 0 + D, date of death, date of DCO) – first dose date +1) / (365.25/12), where D is equal to the scheduled number of days between doses minus one.
[c] Actual treatment duration = total treatment duration minus the total duration of dose interruptions.
Total treatment years is calculated as total treatment duration in months summed over patients divided by 12.
N = Number of patients in treatment group. n = number of patients in category or analysis. SD = Standard Deviation.
Min = Minimum. Max = Maximum.

Table 5.7.2 CAPItello-291 (China B2): Summary of duration of exposure
Altered safety analysis set DCO 08MAY2023

Treatment duration (months)		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
Total (intended) treatment duration (months) - Capivasertib/Placebo [a]	n	11	6
	Mean	6,44	5,77
	SD	3,665	6,119
	Median	5,49	1,97
	Min	1,2	1,7
	Max	12,4	14,9
	Total treatment years	5,9	2,9
Total (intended) treatment duration (months) - Fulvestrant [b]	n	11	6
	Mean	7,10	6,07
	SD	3,425	5,901
	Median	6,08	2,79
	Min	1,8	1,8
	Max	13,1	15,0
	Total treatment years	6,5	3,0
Actual treatment duration (months) - Capivasertib/Placebo [c]	n	11	6
	Mean	6,15	5,56
	SD	3,704	5,975
	Median	4,80	1,95
	Min	0,8	1,5
	Max	12,2	14,7
	Total treatment years	5,6	2,8

[a] Total treatment duration = (date of last dose date where dose > 0 - first dose date + 1) / (365.25/12).
[b] Total treatment duration = (min(date of last dose where dose > 0 + D, date of death, date of DCO) – first dose date +1) / (365.25/12), where D is equal to the scheduled number of days between doses minus one.
[c] Actual treatment duration = total treatment duration minus the total duration of dose interruptions.
Total treatment years is calculated as total treatment duration in months summed over patients divided by 12.
N = Number of patients in treatment group. n = number of patients in category or analysis. SD = Standard Deviation.
Min = Minimum. Max = Maximum.

Table 5.7.3 CAPItello-291 (Global A2): Summary of duration of exposure
Altered safety analysis set DCO 15AUG2022

Treatment duration (months)		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
Total (intended) treatment duration (months) - Capivasertib/Placebo [a]	n	13	18
	Mean	12,24	6,40
	SD	6,678	5,718
	Median	11,63	3,66
	Min	0,7	0,4
	Max	21,1	17,6
	Total treatment years	13,3	9,6
Total (intended) treatment duration (months) - Fulvestrant [b]	n	13	18
	Mean	13,28	6,57
	SD	6,142	5,667
	Median	14,09	3,70
	Min	1,9	0,5
	Max	21,1	17,7
	Total treatment years	14,4	9,9
Actual treatment duration (months) - Capivasertib/Placebo [c]	n	13	18
	Mean	12,04	6,32
	SD	6,674	5,592
	Median	11,63	3,65
	Min	0,7	0,4
	Max	20,8	17,1
	Total treatment years	13,0	9,5

[a] Total treatment duration = (date of last dose date where dose > 0 - first dose date + 1) / (365.25/12).
[b] Total treatment duration = (min(date of last dose where dose > 0 + D, date of death, date of DCO) – first dose date +1) / (365.25/12), where D is equal to the scheduled number of days between doses minus one.
[c] Actual treatment duration = total treatment duration minus the total duration of dose interruptions.
Total treatment years is calculated as total treatment duration in months summed over patients divided by 12.
N = Number of patients in treatment group. n = number of patients in category or analysis. SD = Standard Deviation.
Min = Minimum. Max = Maximum.

Table 5.7.4 CAPItello-291 (China A2): Summary of duration of exposure
Altered safety analysis set DCO 08MAY2023

Treatment duration (months)		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
Total (intended) treatment duration (months) - Capivasertib/Placebo [a]	n	3	5
	Mean	6,71	2,56
	SD	1,363	1,164
	Median	6,47	1,97
	Min	5,5	1,7
	Max	8,2	4,5
	Total treatment years	1,7	1,1
Total (intended) treatment duration (months) - Fulvestrant [b]	n	3	5
	Mean	6,91	2,98
	SD	1,235	1,428
	Median	6,57	2,76
	Min	5,9	1,8
	Max	8,3	5,3
	Total treatment years	1,7	1,2
Actual treatment duration (months) - Capivasertib/Placebo [c]	n	3	5
	Mean	6,58	2,54
	SD	1,154	1,135
	Median	6,47	1,97
	Min	5,5	1,7
	Max	7,8	4,4
	Total treatment years	1,6	1,1

[a] Total treatment duration = (date of last dose date where dose > 0 - first dose date + 1) / (365.25/12).
[b] Total treatment duration = (min(date of last dose where dose > 0 + D, date of death, date of DCO) – first dose date +1) / (365.25/12), where D is equal to the scheduled number of days between doses minus one.
[c] Actual treatment duration = total treatment duration minus the total duration of dose interruptions.
Total treatment years is calculated as total treatment duration in months summed over patients divided by 12.
N = Number of patients in treatment group. n = number of patients in category or analysis. SD = Standard Deviation.
Min = Minimum. Max = Maximum.

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Table 5.8.1 CAPItello-291 (Global B2): Post discontinuation disease-related anti-cancer therapy
Altered safety analysis set DCO 15AUG2022

	Number (%) of patients		
Anti-cancer therapy [a]	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)	Total (N=204)
Total number of patients	82 (70,1)	69 (79,3)	151 (74,0)
Immunotherapy	4 (3,4)	0	4 (2,0)
Hormonal therapy	29 (24,8)	28 (32,2)	57 (27,9)
Cytotoxic chemotherapy	71 (60,7)	59 (67,8)	130 (63,7)
Targeted therapy	15 (12,8)	24 (27,6)	39 (19,1)
Antiangiogenic therapy	5 (4,3)	4 (4,6)	9 (4,4)
Radiopharmaceuticals	0	0	0
PARP Inhibitor	2 (1,7)	1 (1,1)	3 (1,5)
Biologic therapy	1 (0,9)	0	1 (0,5)
Experimental therapy	0	0	0
Other	0	2 (2,3)	2 (1,0)

[a] Therapies with onset date after last dose of study therapy.
Patients may have more than one cancer therapy.
N = Number of patients in treatment group.

Table 5.8.2 CAPItello-291 (China B2): Post discontinuation disease-related anti-cancer therapy
Altered safety analysis set DCO 08MAY2023

	Number (%) of patients		
Anti-cancer therapy [a]	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)	Total (N=17)
Total number of patients	6 (54,5)	3 (50,0)	9 (52,9)
Immunotherapy	0	0	0
Hormonal therapy	2 (18,2)	1 (16,7)	3 (17,6)
Cytotoxic chemotherapy	5 (45,5)	3 (50,0)	8 (47,1)
Targeted therapy	3 (27,3)	1 (16,7)	4 (23,5)
Antiangiogenic therapy	0	0	0
Radiopharmaceuticals	0	0	0
PARP Inhibitor	0	0	0
Biologic therapy	0	0	0
Experimental therapy	0	0	0
Other	0	0	0

[a] Therapies with onset date after last dose of study therapy.
Patients may have more than one cancer therapy.
N = Number of patients in treatment group.

Table 5.8.3 CAPItello-291 (Global A2): Post discontinuation disease-related anti-cancer therapy
Altered safety analysis set DCO 15AUG2022

	Number (%) of patients		
Anti-cancer therapy [a]	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)	Total (N=31)
Total number of patients	7 (53,8)	14 (77,8)	21 (67,7)
Immunotherapy	0	0	0
Hormonal therapy	5 (38,5)	9 (50,0)	14 (45,2)
Cytotoxic chemotherapy	5 (38,5)	7 (38,9)	12 (38,7)
Targeted therapy	5 (38,5)	9 (50,0)	14 (45,2)
Antiangiogenic therapy	1 (7,7)	4 (22,2)	5 (16,1)
Radiopharmaceuticals	0	0	0
PARP Inhibitor	0	0	0
Biologic therapy	0	0	0
Experimental therapy	0	0	0
Other	0	0	0

[a] Therapies with onset date after last dose of study therapy.
Patients may have more than one cancer therapy.
N = Number of patients in treatment group.

Table 5.8.4 CAPItello-291 (China A2): Post discontinuation disease-related anti-cancer therapy
Altered safety analysis set DCO 08MAY2023

	Number (%) of patients		
Anti-cancer therapy [a]	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)	Total (N=8)
Total number of patients	3 (100)	5 (100)	8 (100)
Immunotherapy	0	0	0
Hormonal therapy	1 (33,3)	2 (40,0)	3 (37,5)
Cytotoxic chemotherapy	2 (66,7)	3 (60,0)	5 (62,5)
Targeted therapy	2 (66,7)	2 (40,0)	4 (50,0)
Antiangiogenic therapy	2 (66,7)	0	2 (25,0)
Radiopharmaceuticals	0	0	0
PARP Inhibitor	0	0	0
Biologic therapy	0	0	0
Experimental therapy	0	0	0
Other	0	1 (20,0)	1 (12,5)

[a] Therapies with onset date after last dose of study therapy.
Patients may have more than one cancer therapy.
N = Number of patients in treatment group.

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Table 2.1.1.2 CAPItello-291 (Global B2): Summary of observation period (months) for PRO endpoints (PGI-TT, PGIS, PGIC, PRO-CTCAE)
Altered full analysis set DCO 15AUG2022

		Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
PGI-TT	n	117	87
	Mediane	6,37	2,79
	Min	0,0	0,0
	Max	25,8	17,5
PGIC	n	117	87
	Mediane	8,21	2,83
	Min	0,0	0,0
	Max	25,8	24,0
PGIS	n	117	87
	Mediane	8,21	2,83
	Min	0,0	0,0
	Max	25,8	24,0
PRO-CTCAE	n	117	87
	Mediane	6,37	2,79
	Min	0,0	0,0
	Max	25,8	17,5

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.1.2.2 CAPItello-291 (China B2): Summary of observation period (months) for PRO endpoints (PGI-TT, PGIS, PGIC, PRO-CTCAE)
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
PGI-TT	n	11	6
	Mediane	8,21	2,32
	Min	1,8	0,0
	Max	13,2	14,9
PGIC	n	11	6
	Mediane	8,21	5,59
	Min	1,8	0,0
	Max	13,2	14,9
PGIS	n	11	6
	Mediane	8,21	5,59
	Min	1,8	0,0
	Max	13,2	14,9
PRO-CTCAE	n	11	6
	Mediane	8,21	2,32
	Min	2,2	0,0
	Max	13,2	14,9

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.1.3.2 CAPItello-291 (Global A2): Summary of observation period (months) for PRO endpoints (PGI-TT, PGIS, PGIC, PRO-CTCAE)
Altered full analysis set DCO 15AUG2022

		Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
PGI-TT	n	13	18
	Mediane	14,69	4,63
	Min	1,1	0,0
	Max	21,1	17,5
PGIC	n	13	18
	Mediane	17,48	6,26
	Min	1,1	0,0
	Max	22,1	17,5
PGIS	n	13	18
	Mediane	17,48	6,26
	Min	1,1	0,0
	Max	22,1	17,5
PRO-CTCAE	n	13	18
	Mediane	14,69	4,63
	Min	1,1	0,0
	Max	21,1	17,5

Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.

Table 2.1.4.2 CAPItello-291 (China A2): Summary of observation period (months) for PRO endpoints (PGI-TT, PGIS, PGIC, PRO-CTCAE)
Altered full analysis set, DCO 08MAY2023

		Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
PGI-TT	n	3	5
	Mediane	6,60	2,79
	Min	6,5	0,0
	Max	8,2	9,3
PGIC	n	3	5
	Mediane	10,15	2,79
	Min	8,2	0,0
	Max	11,2	9,3
PGIS	n	3	5
	Mediane	10,15	2,79
	Min	8,2	0,0
	Max	11,2	9,3
PRO-CTCAE	n	3	5
	Mediane	6,60	2,79
	Min	6,5	0,0
	Max	8,2	9,3

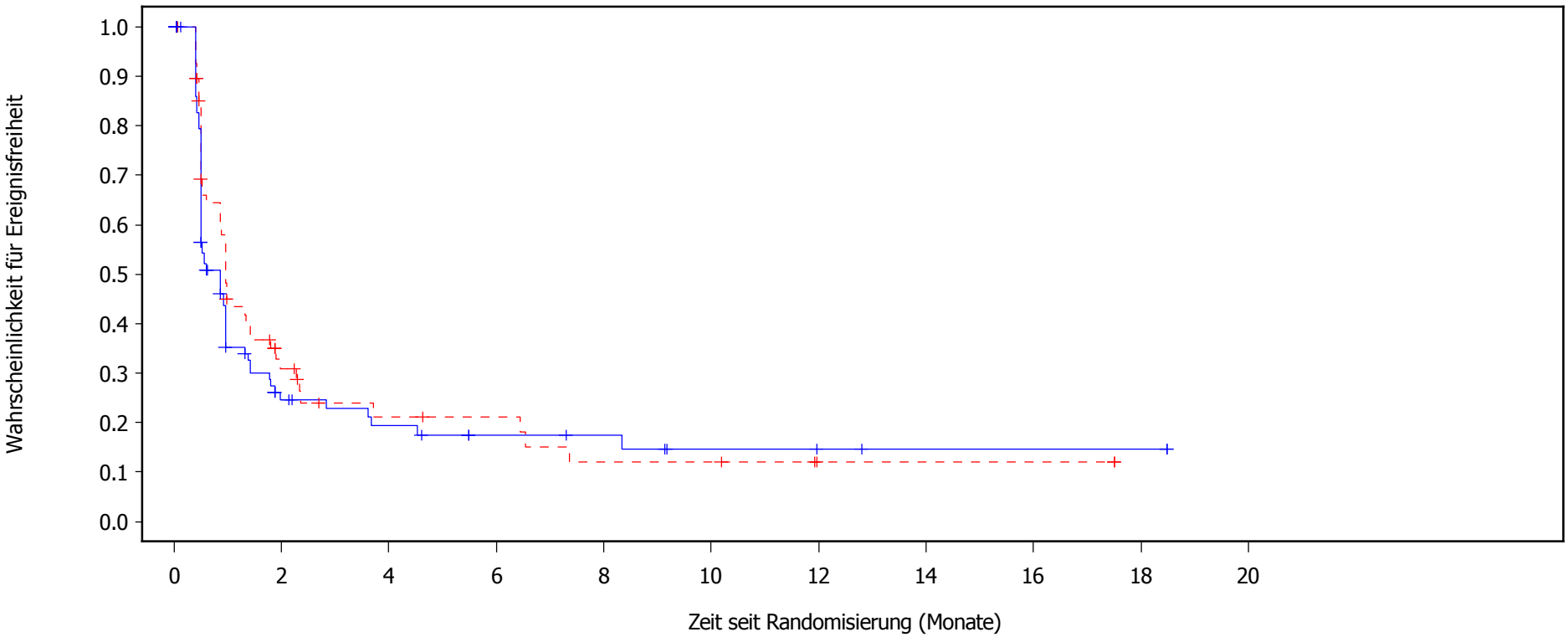
Observation period for PROs is defined as the time from randomisation to the earliest date of the last assessment of questionnaire, death or date of data cut-off (DCO).
Patients without any post baseline measurements are summarised with duration of 1 day.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/obsperpr_pgi.sas gobsperpr_pgid 23SEP2024:10:45

Table 2.2.7.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in PGI-TT questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGI-TT	117	71 (60,7)	0,9 [0,5; 1,0]	87	50 (57,5)	1,0 [0,9; 1,4]	1,22	[0,84; 1,78]	0,3511

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.7.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGI-TT
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	16	11	7	6	3	2	1	1	1	0	Capivasertib + Fulvestrant
87	15	8	7	4	4	1	1	1	0	0	Placebo + Fulvestrant

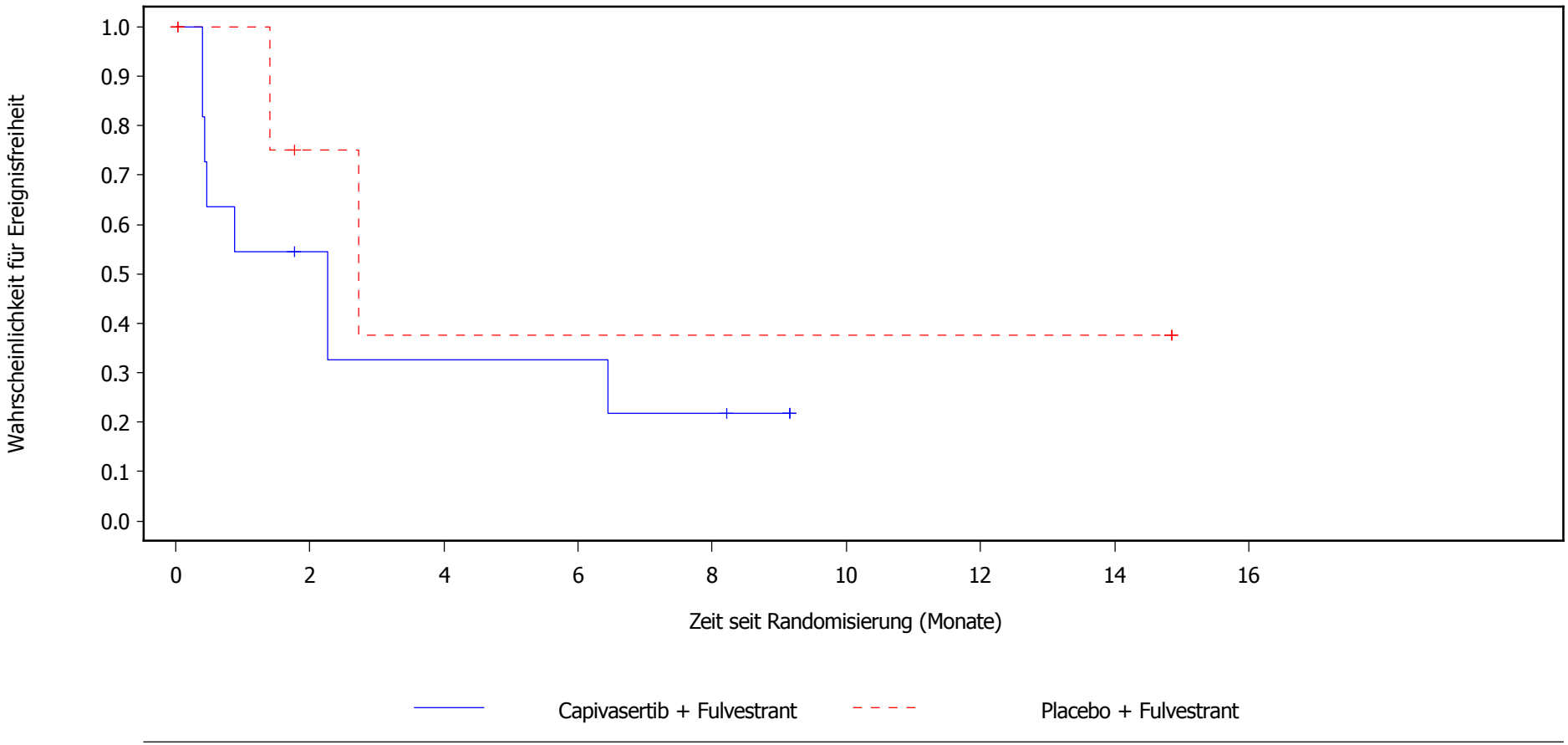
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.8.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in PGI-TT questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGI-TT	11	8 (72,7)	2,3 [0,4; NE]	6	2 (33,3)	2,7 [1,4; NE]	2,84	[0,47; 54,41]	0,3352

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.8.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGI-TT
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	3	3	2	0	0	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	1	1	1	0	Placebo + Fulvestrant

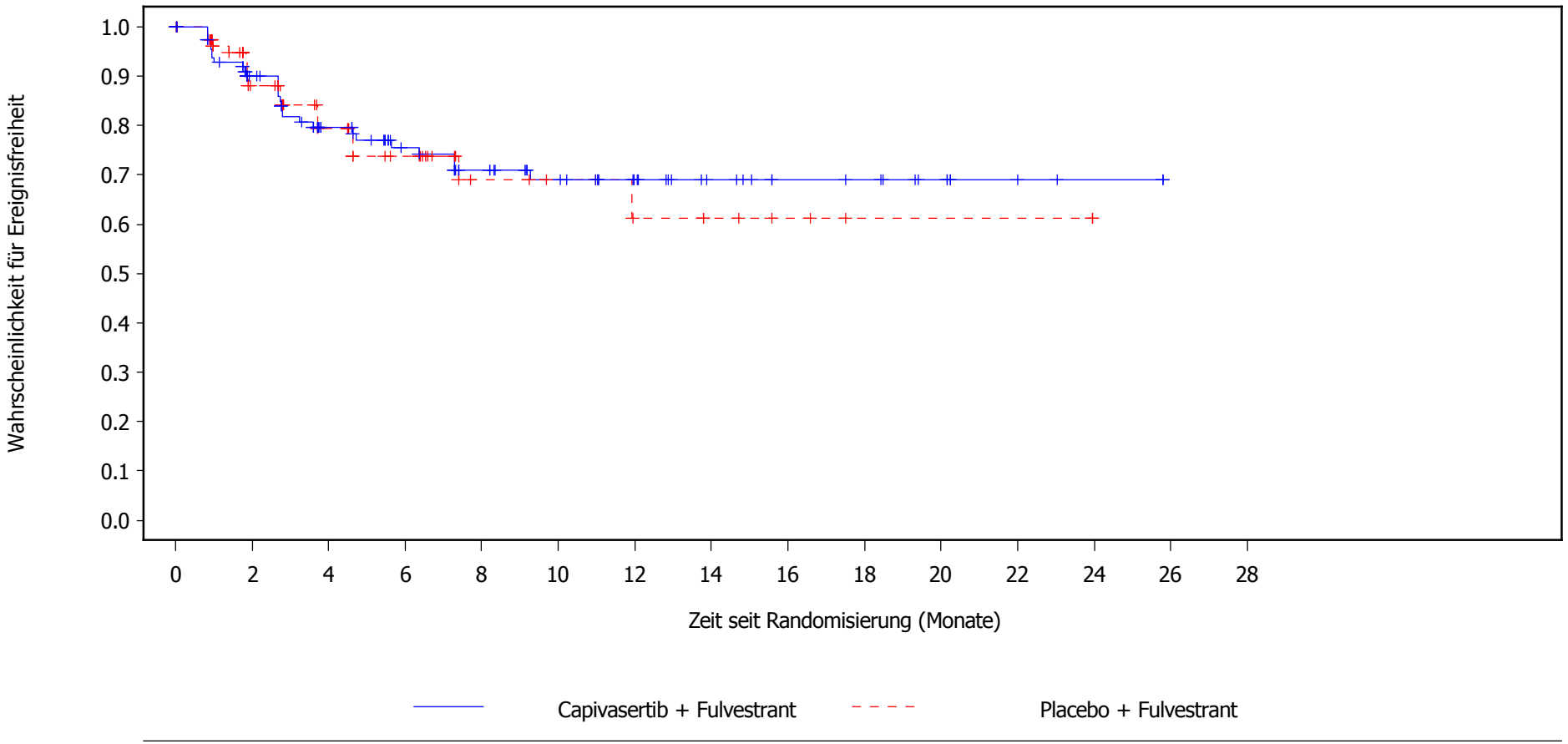
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.9.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in PGIC questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIC	117	28 (23,9)	NE [NE; NE]	87	16 (18,4)	NE [NE; NE]	0,89	[0,47; 1,71]	0,7052

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.9.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIC
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	90	65	50	41	33	24	17	12	11	7	3	1	0	0	Capivasertib + Fulvestrant
87	47	31	23	12	10	7	5	3	1	1	1	0	0	0	Placebo + Fulvestrant

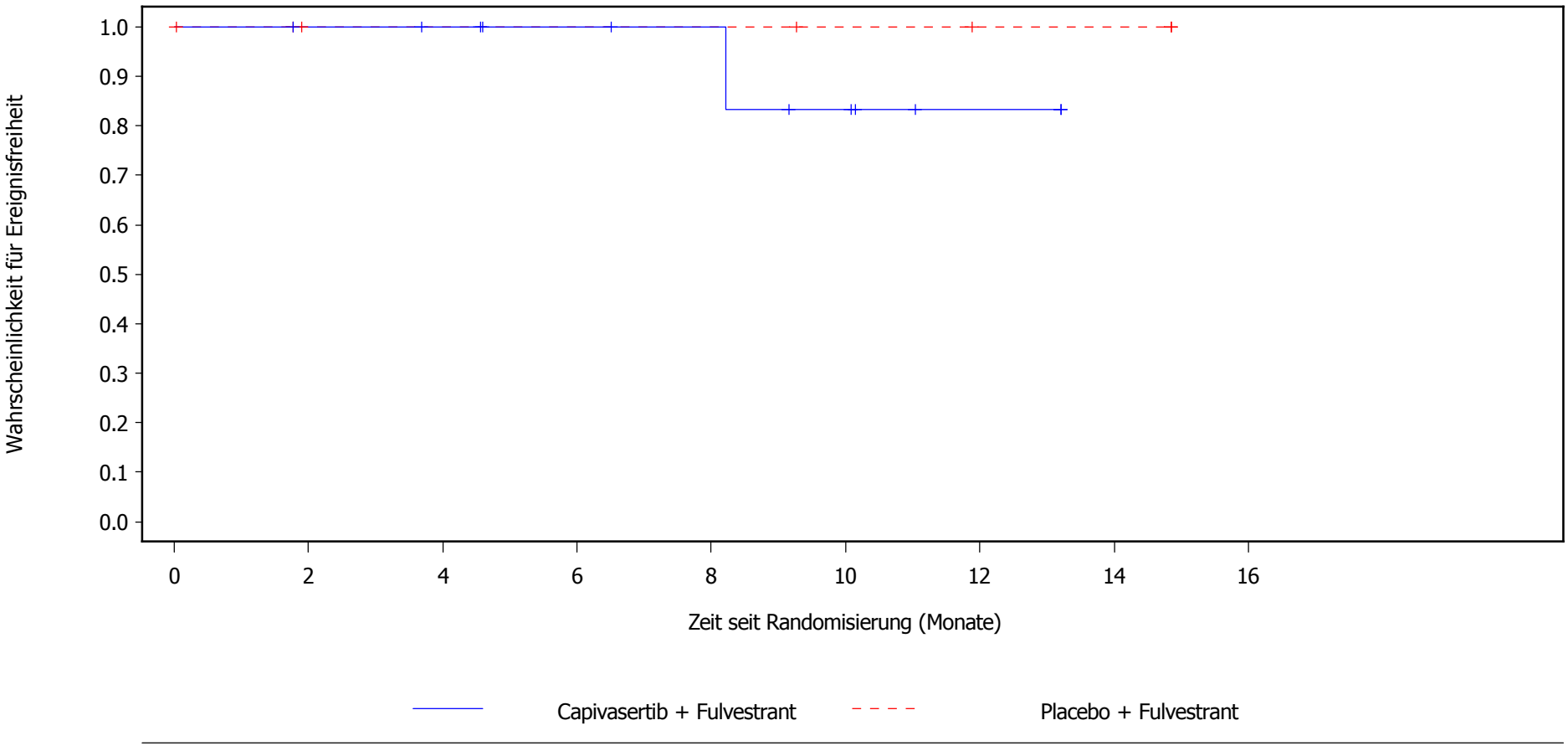
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.10.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in PGIC questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIC	11	1 (9,1)	NE [NE; NE]	6	0	NE [NE; NE]	NC	NC	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.10.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIC
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	10	9	7	6	4	1	0	0	Capivasertib + Fulvestrant
6	3	3	3	3	2	1	1	0	Placebo + Fulvestrant

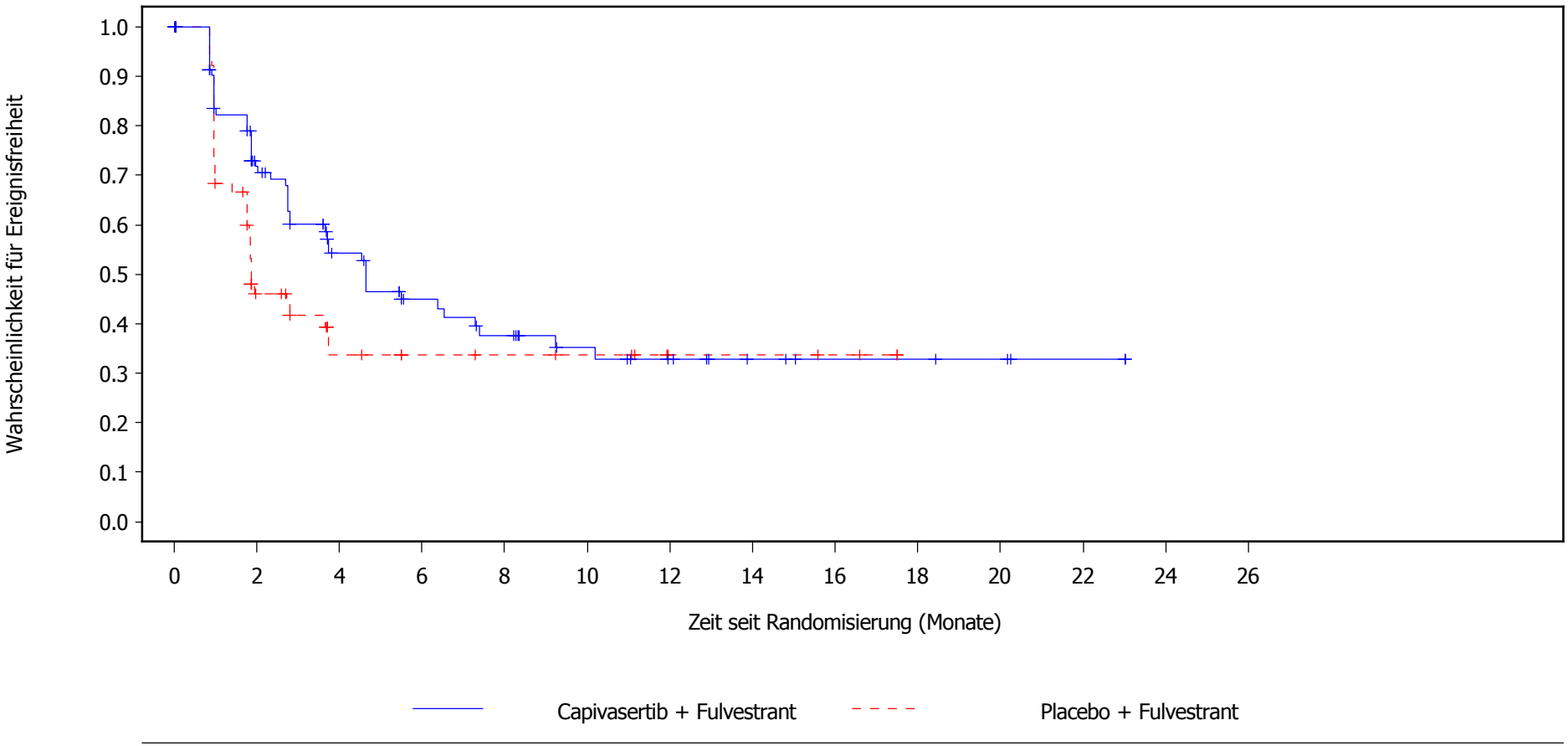
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.11.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in PGIS questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIS	117	50 (42,7)	4,6 [2,8; 7,4]	87	38 (43,7)	1,9 [1,8; 3,7]	0,61	[0,39; 0,95]	0,0307*

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.11.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIS
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	57	36	25	20	14	10	6	4	4	3	1	0	0	Capivasertib + Fulvestrant
87	23	12	9	8	7	3	3	2	0	0	0	0	0	Placebo + Fulvestrant

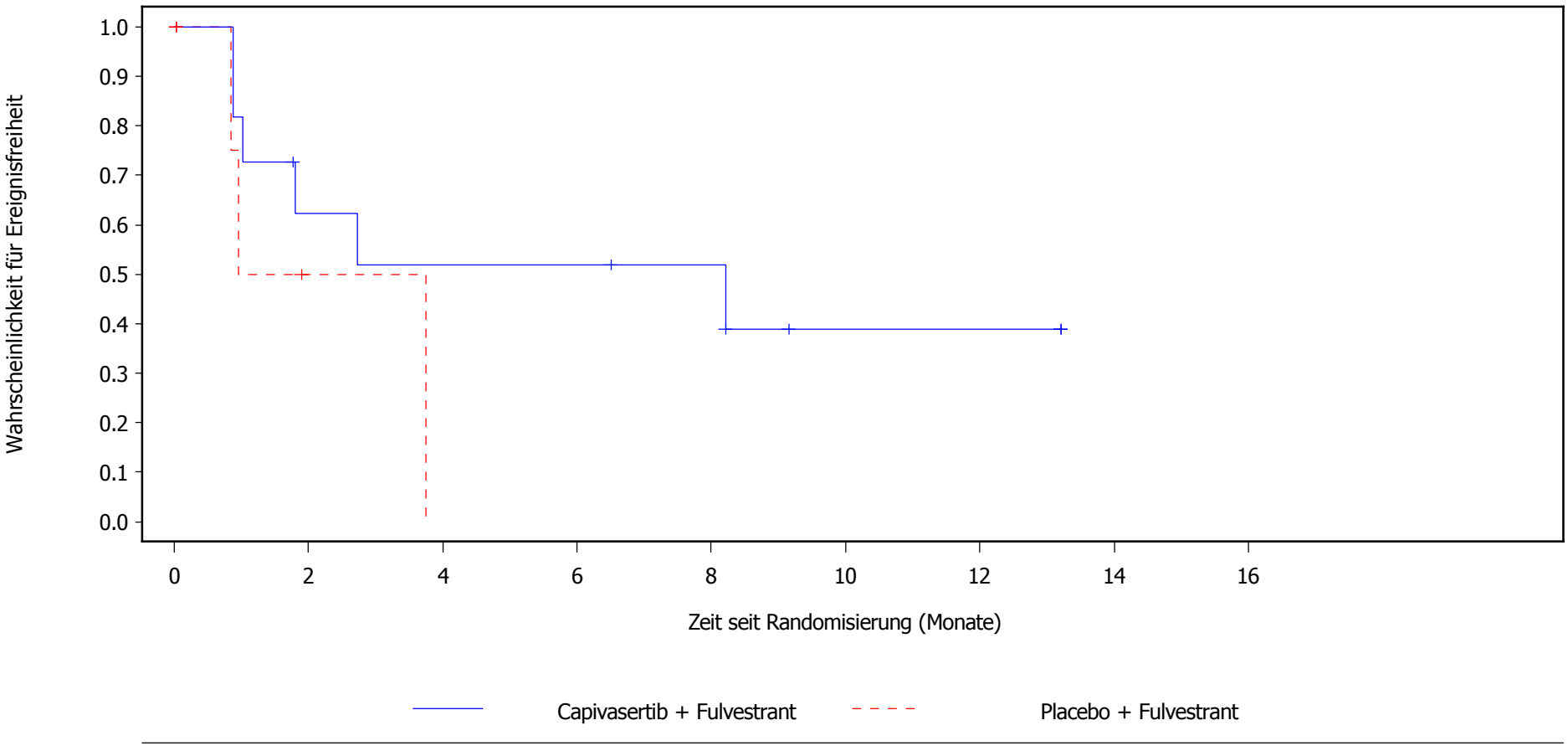
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.12.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in PGIS questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIS	11	6 (54,5)	8,2 [0,9; NE]	6	3 (50,0)	2,3 [0,9; NE]	0,51	[0,09; 2,85]	0,4147

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.12.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIS
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	6	5	5	4	1	1	0	0	Capivasertib + Fulvestrant
6	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

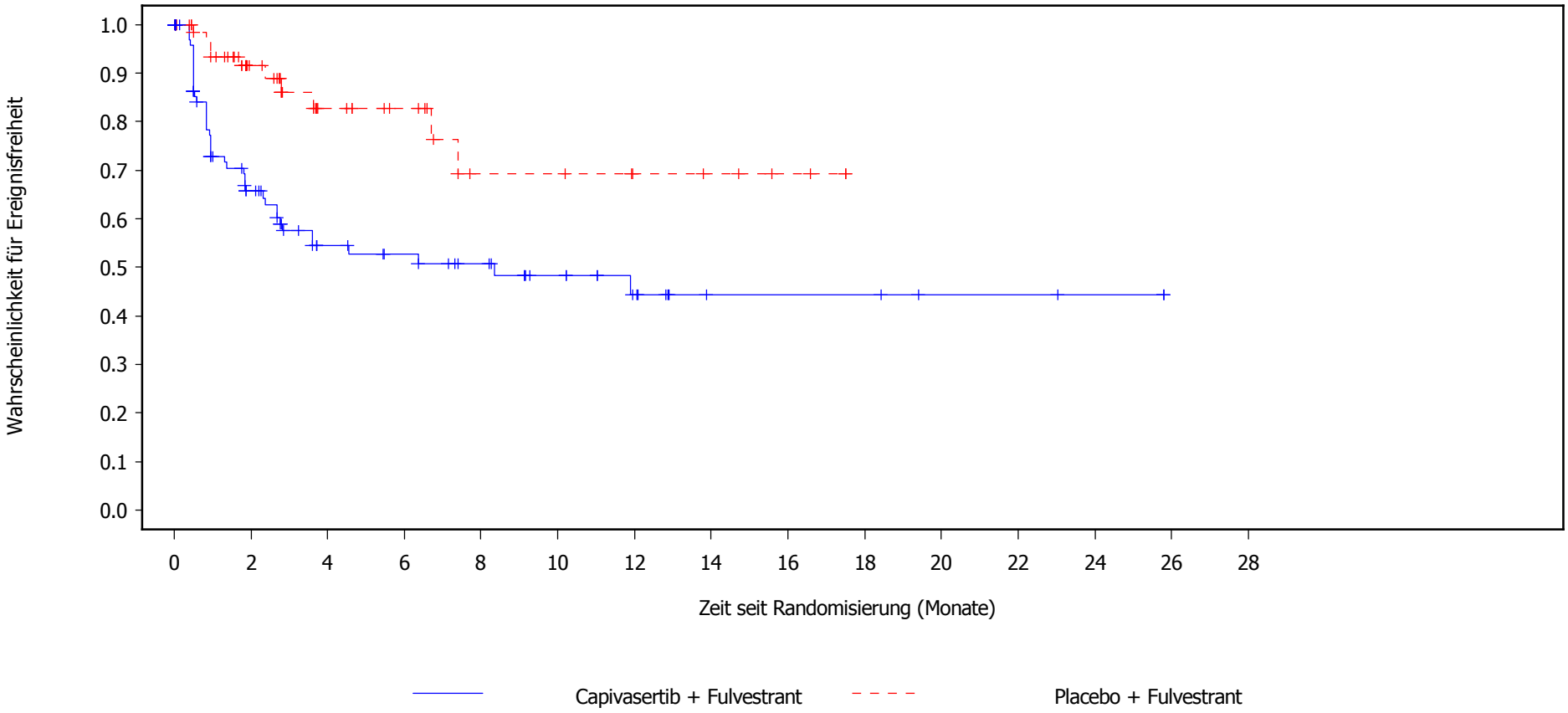
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.13.1 CAPItello-291 (Global B2): Summary of analysis of time to first deterioration in PRO-CTCAE
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=117)			Placebo + Fulvestrant (N=87)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	117	43 (36,8)	8,3 [2,7; NE]	87	10 (11,5)	NE [NE; NE]	3,02	[1,57; 6,41]	0,0013*
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall	117	86 (73,5)	0,5 [0,5; 0,5]	87	39 (44,8)	2,0 [1,1; 6,4]	3,20	[2,14; 4,87]	<0,0001*
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz	117	62 (53,0)	2,2 [1,3; 3,7]	87	34 (39,1)	2,3 [1,4; 5,5]	1,21	[0,79; 1,87]	0,4096
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	117	39 (33,3)	12,9 [4,6; NE]	87	17 (19,5)	NE [NE; NE]	1,32	[0,75; 2,43]	0,3586

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.13.2.1 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals
Altered full analysis set DCO 15AUG2022

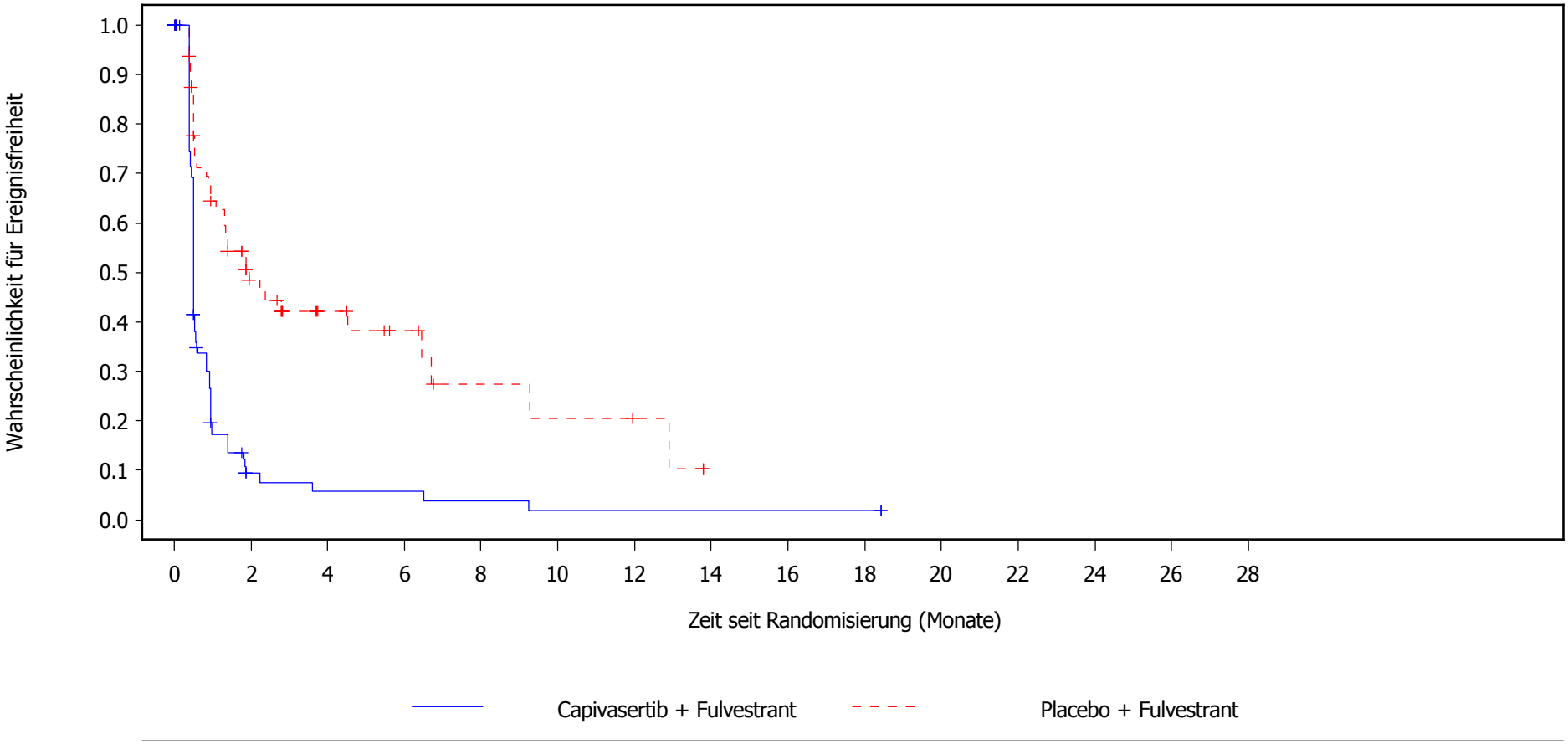


Anzahl an Patienten unter Risiko:

117	52	32	28	23	16	10	4	4	4	2	2	1	0	0	Capivasertib + Fulvestrant
87	37	21	16	8	8	5	4	2	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.13.2.2 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall
Altered full analysis set DCO 15AUG2022

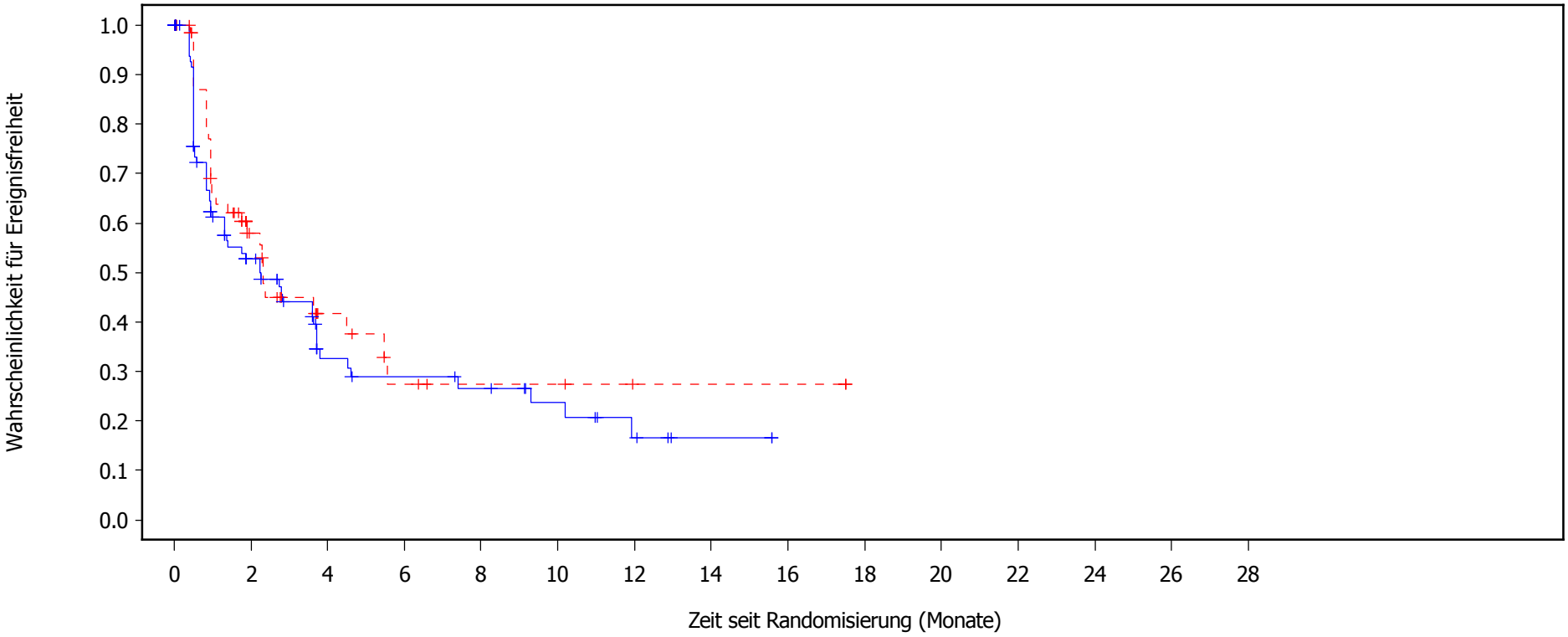


Anzahl an Patienten unter Risiko:

117	5	3	3	2	1	1	1	1	1	0	0	0	0	0	Capivasertib + Fulvestrant
87	23	12	8	4	3	2	0	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.13.2.3 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz
Altered full analysis set DCO 15AUG2022

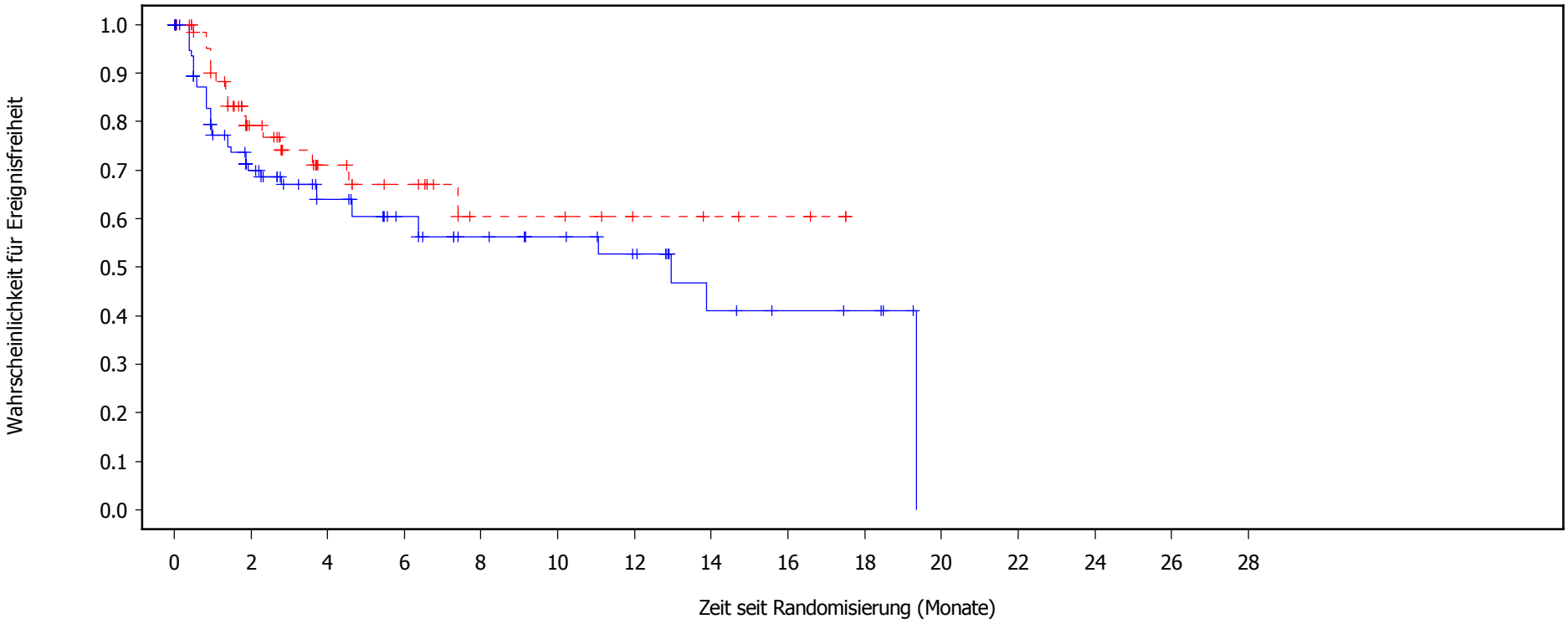


Anzahl an Patienten unter Risiko:

117	40	17	14	12	8	4	1	0	0	0	0	0	0	0	Capivasertib + Fulvestrant
87	23	10	5	3	3	1	1	1	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.13.2.4 CAPItello-291 (Global B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

117	54	38	29	22	18	14	7	5	4	0	0	0	0	0	Capivasertib + Fulvestrant
87	34	19	14	7	7	4	3	2	0	0	0	0	0	0	Placebo + Fulvestrant

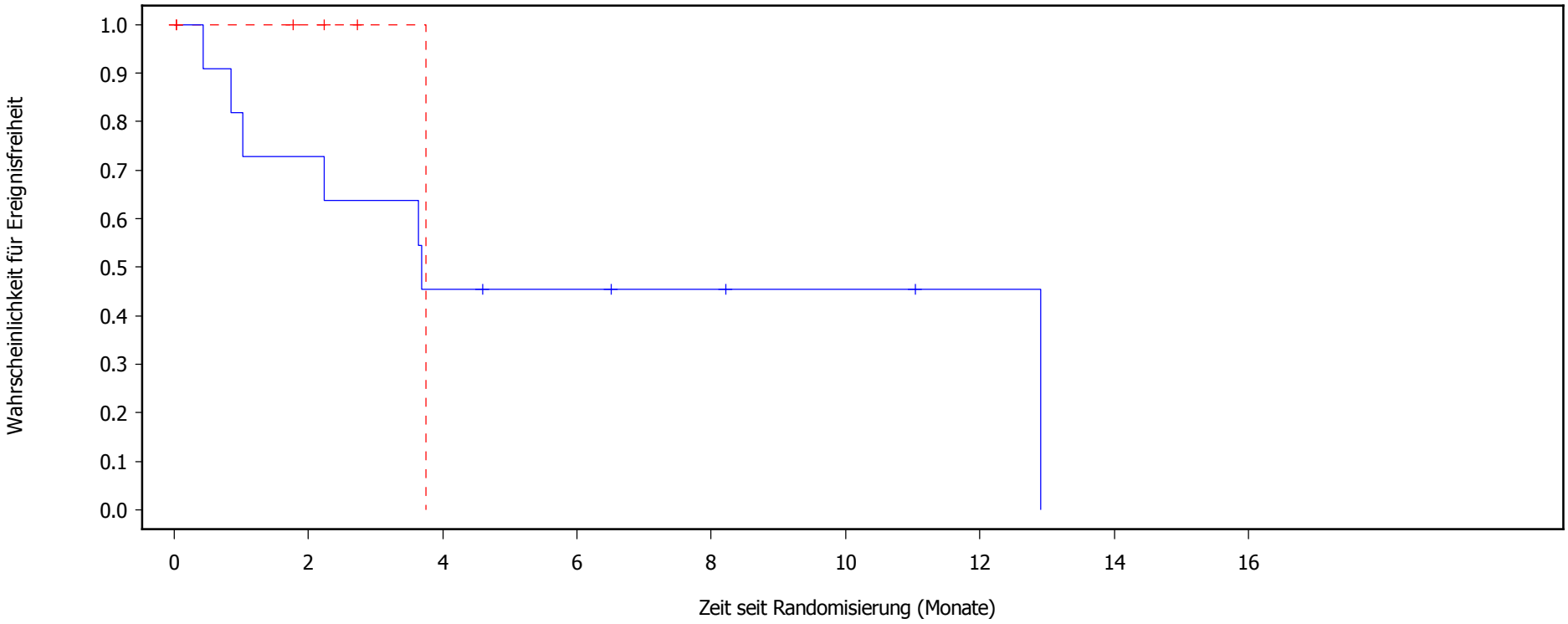
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.2.14.1 CAPItello-291 (China B2): Summary of analysis of time to first deterioration in PRO-CTCAE
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=11)			Placebo + Fulvestrant (N=6)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	11	7 (63,6)	3,7 [0,9; NE]	6	1 (16,7)	3,7 [NE; NE]	1,45	[0,17; 30,30]	0,7543
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall	11	9 (81,8)	0,5 [0,4; 3,7]	6	2 (33,3)	NE [NE; NE]	1,15	[0,24; 8,22]	0,9886
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz	11	10 (90,9)	0,5 [0,4; 4,6]	6	1 (16,7)	3,7 [NE; NE]	3,64	[0,59; 70,00]	0,2227
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	11	7 (63,6)	1,8 [0,4; NE]	6	1 (16,7)	NE [NE; NE]	1,45	[0,17; 30,30]	0,7543

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.2.14.2.1 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals
Altered full analysis set DCO 08MAY2023

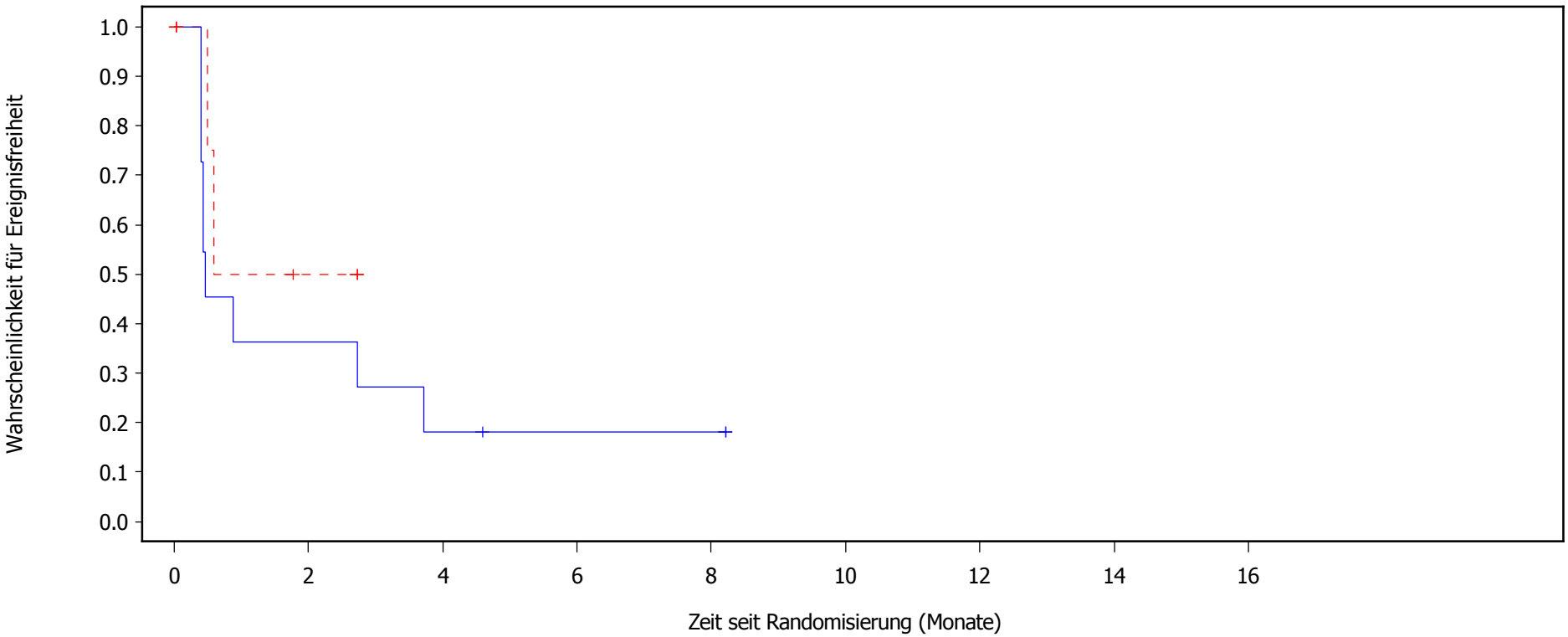


Anzahl an Patienten unter Risiko:

11	8	5	4	3	2	1	0	0	Capivasertib + Fulvestrant
6	3	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.14.2.2 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall
Altered full analysis set DCO 08MAY2023

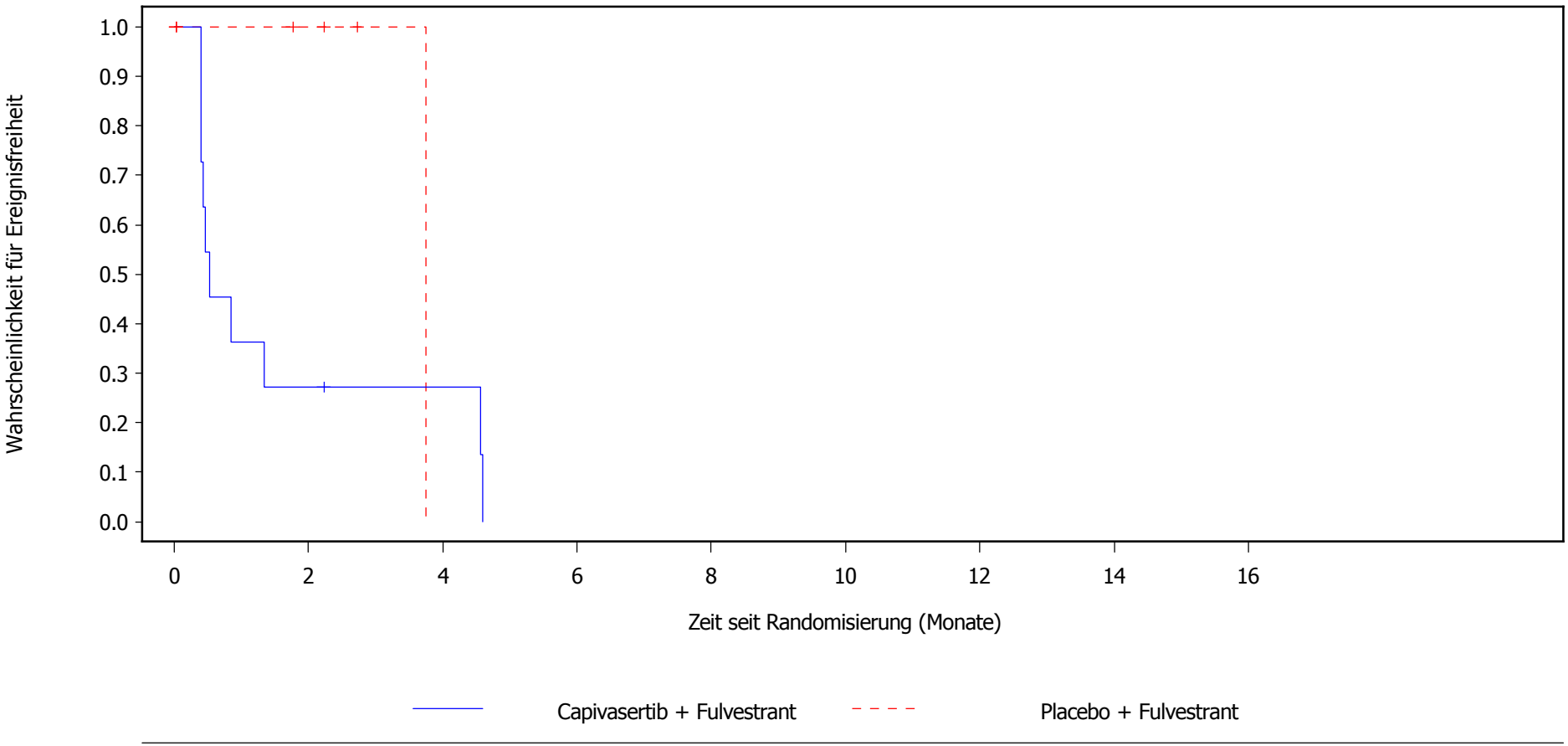


Anzahl an Patienten unter Risiko:

11	4	2	1	1	0	0	0	0	Capivasertib + Fulvestrant
6	1	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.14.2.3 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz
Altered full analysis set DCO 08MAY2023

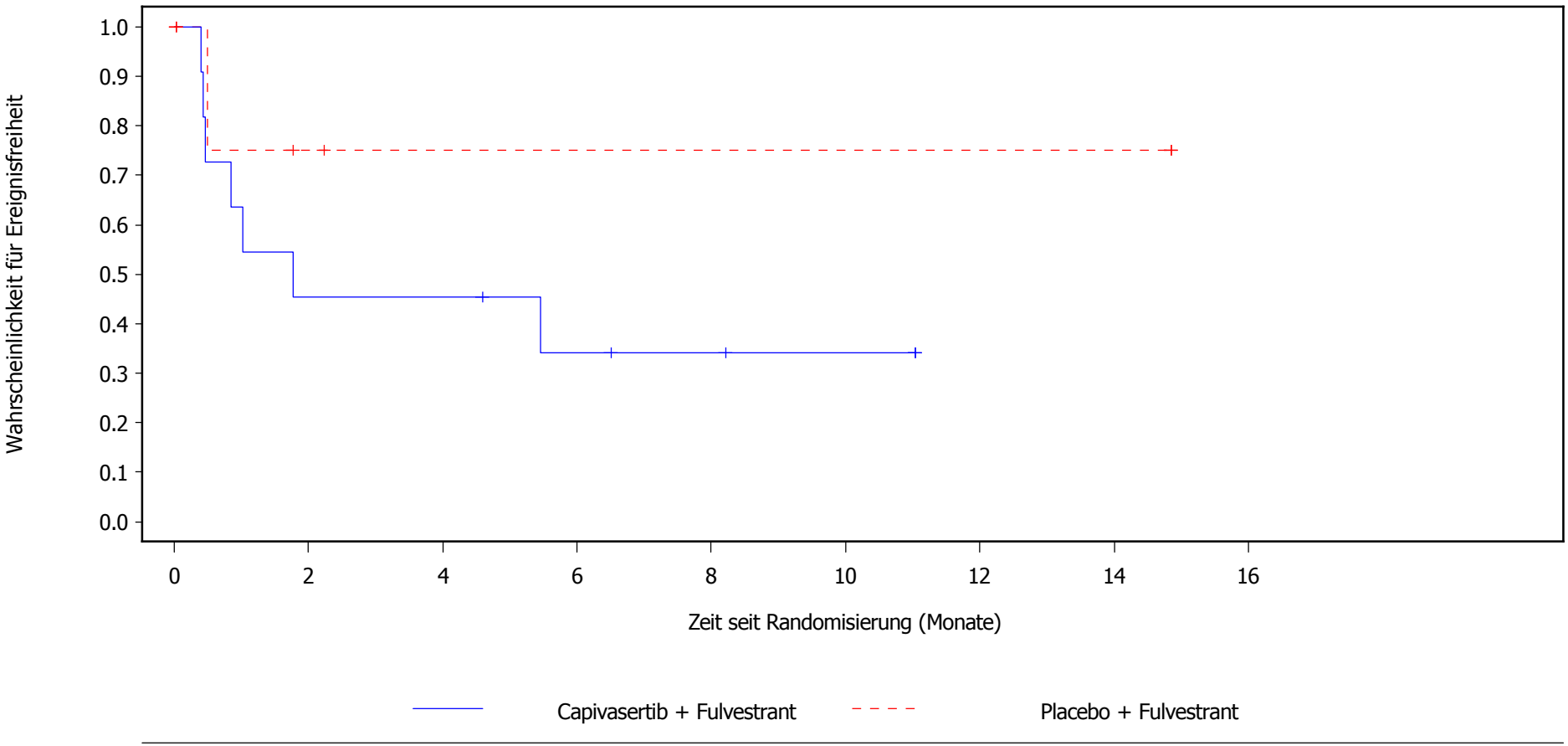


Anzahl an Patienten unter Risiko:

11	3	2	0	0	0	0	0	0	Capivasertib + Fulvestrant
6	3	0	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.2.14.2.4 CAPItello-291 (China B2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

11	5	5	3	2	1	0	0	0	Capivasertib + Fulvestrant
6	2	1	1	1	1	1	1	0	Placebo + Fulvestrant

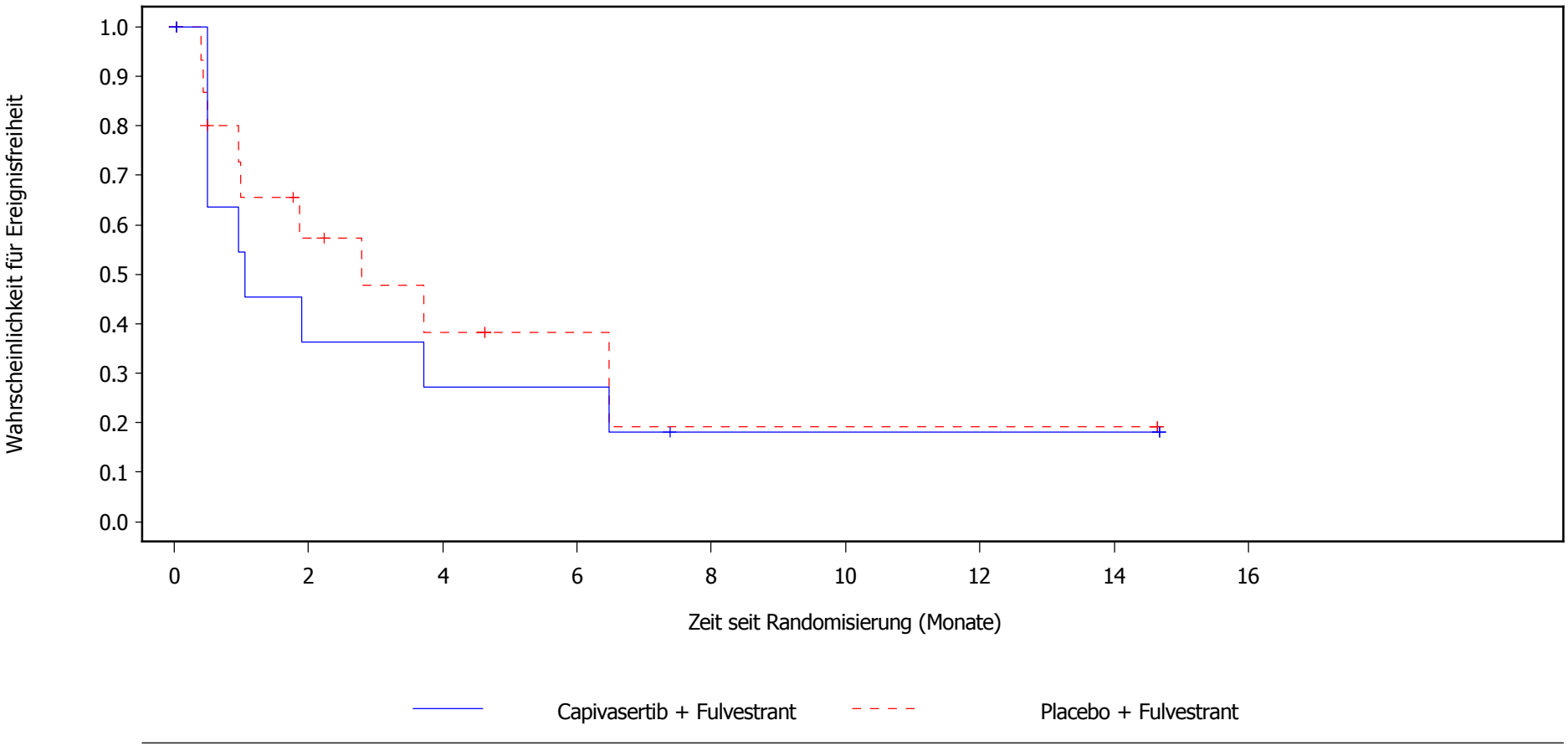
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.7.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in PGI-TT questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGI-TT	13	9 (69,2)	1,1 [0,5; 6,5]	18	9 (50,0)	2,8 [0,5; NE]	1,50	[0,56; 3,95]	0,4523

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.7.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGI-TT
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	4	3	3	1	1	1	1	0	Capivasertib + Fulvestrant
18	7	4	2	1	1	1	1	0	Placebo + Fulvestrant

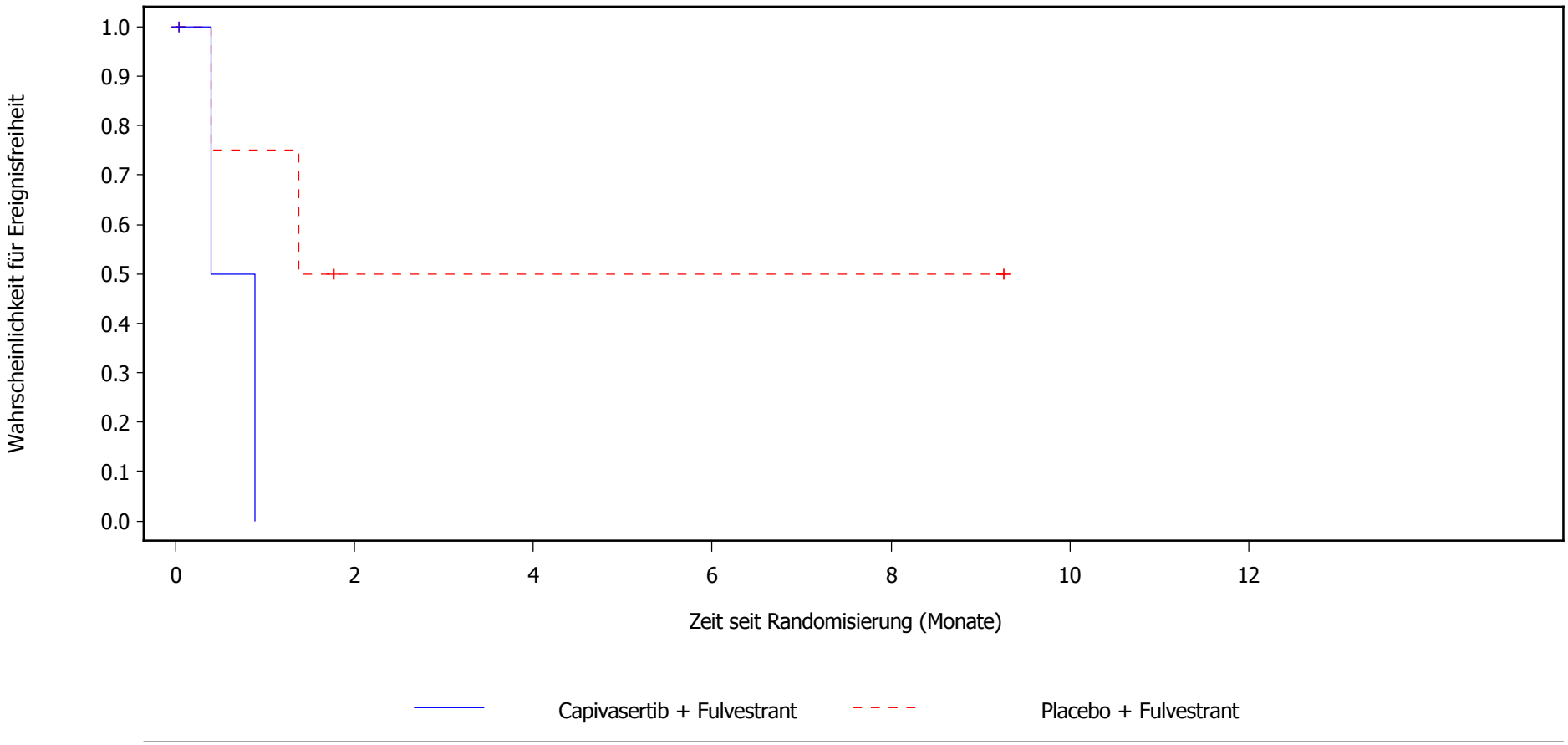
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.8.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in PGI-TT questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGI-TT	3	2 (66,7)	0,6 [0,4; NE]	5	2 (40,0)	NE [NE; NE]	3,24	[0,30; 70,59]	0,3173

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.8.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGI-TT
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	Placebo + Fulvestrant

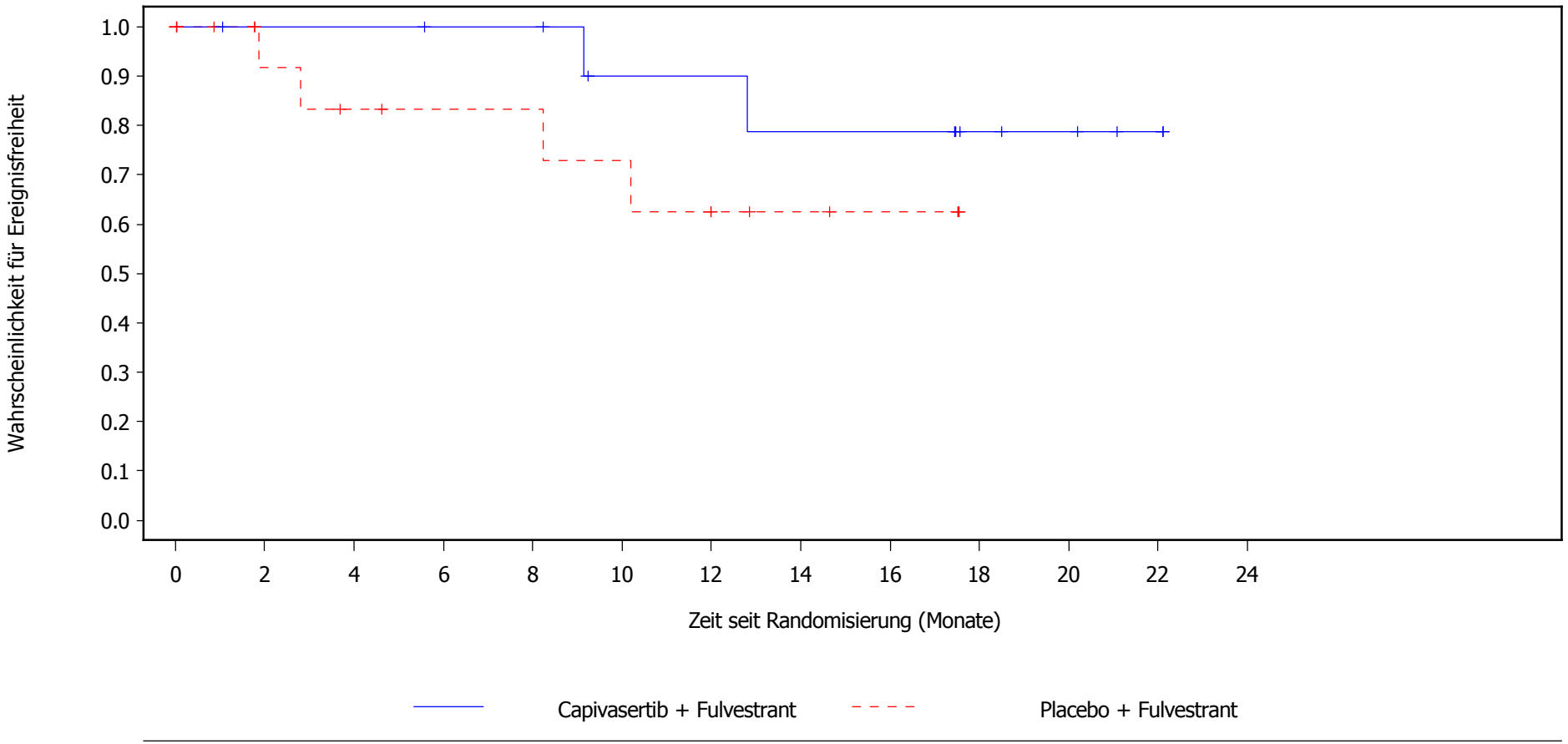
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.9.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in PGIC questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIC	13	2 (15,4)	NE [NE; NE]	18	4 (22,2)	NE [NE; NE]	0,38	[0,05; 1,95]	0,2439

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.9.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIC
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	12	12	11	11	8	8	7	7	4	3	1	0	Capivasertib + Fulvestrant
18	11	9	8	8	7	4	3	2	0	0	0	0	Placebo + Fulvestrant

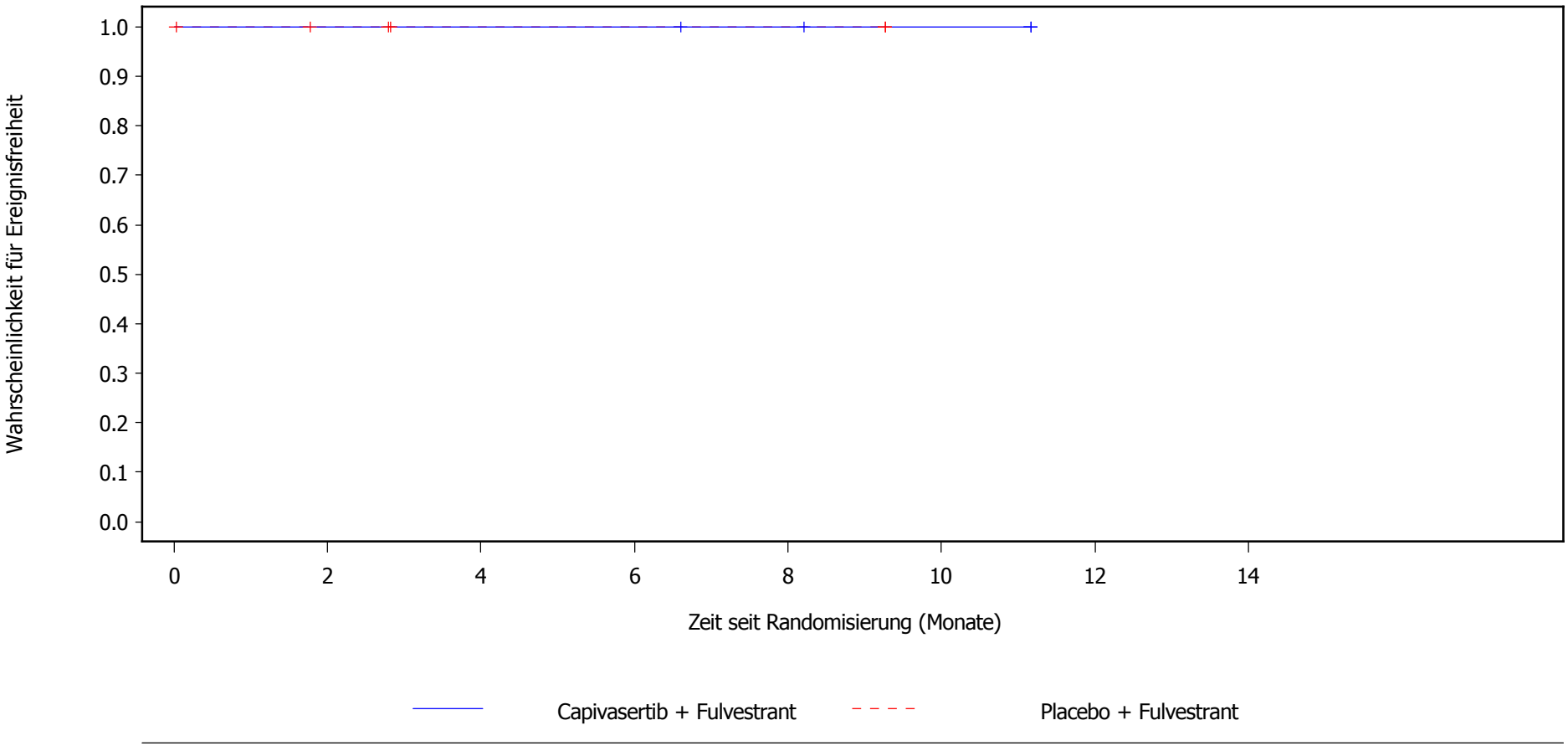
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.10.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in PGIC questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIC	3	0	NE [NE; NE]	5	0	NE [NE; NE]	NC	NC	NC

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.10.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIC
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	3	3	3	2	1	0	0	Capivasertib + Fulvestrant
5	3	1	1	1	0	0	0	Placebo + Fulvestrant

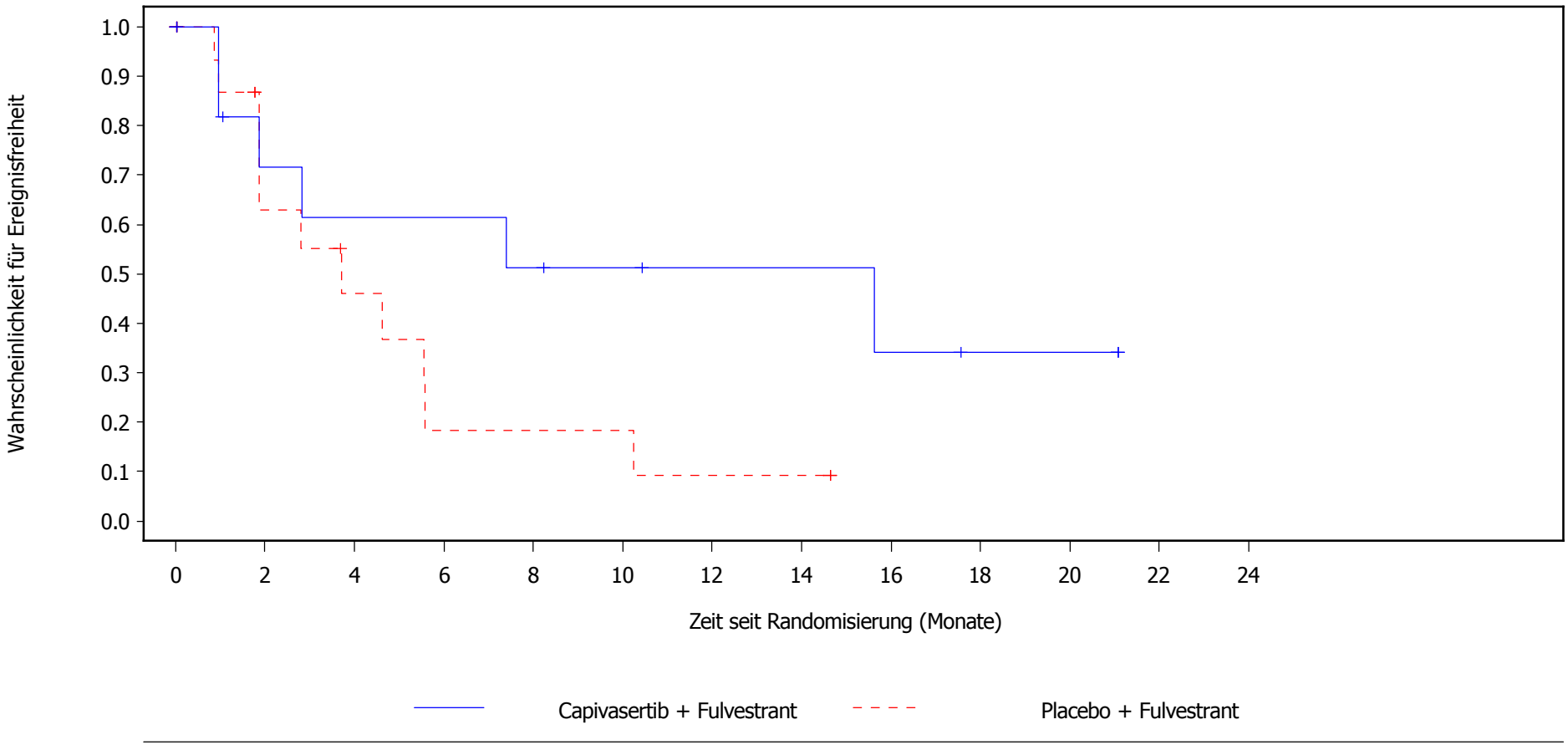
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.11.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in PGIS questionnaire
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIS	13	6 (46,2)	15,6 [1,0; NE]	18	11 (61,1)	3,7 [1,9; 5,6]	0,48	[0,15; 1,33]	0,1787

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.11.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIS
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	7	6	6	5	4	3	3	2	1	1	0	0 Capivasertib + Fulvestrant
18	8	5	2	2	2	1	1	0	0	0	0	0 Placebo + Fulvestrant

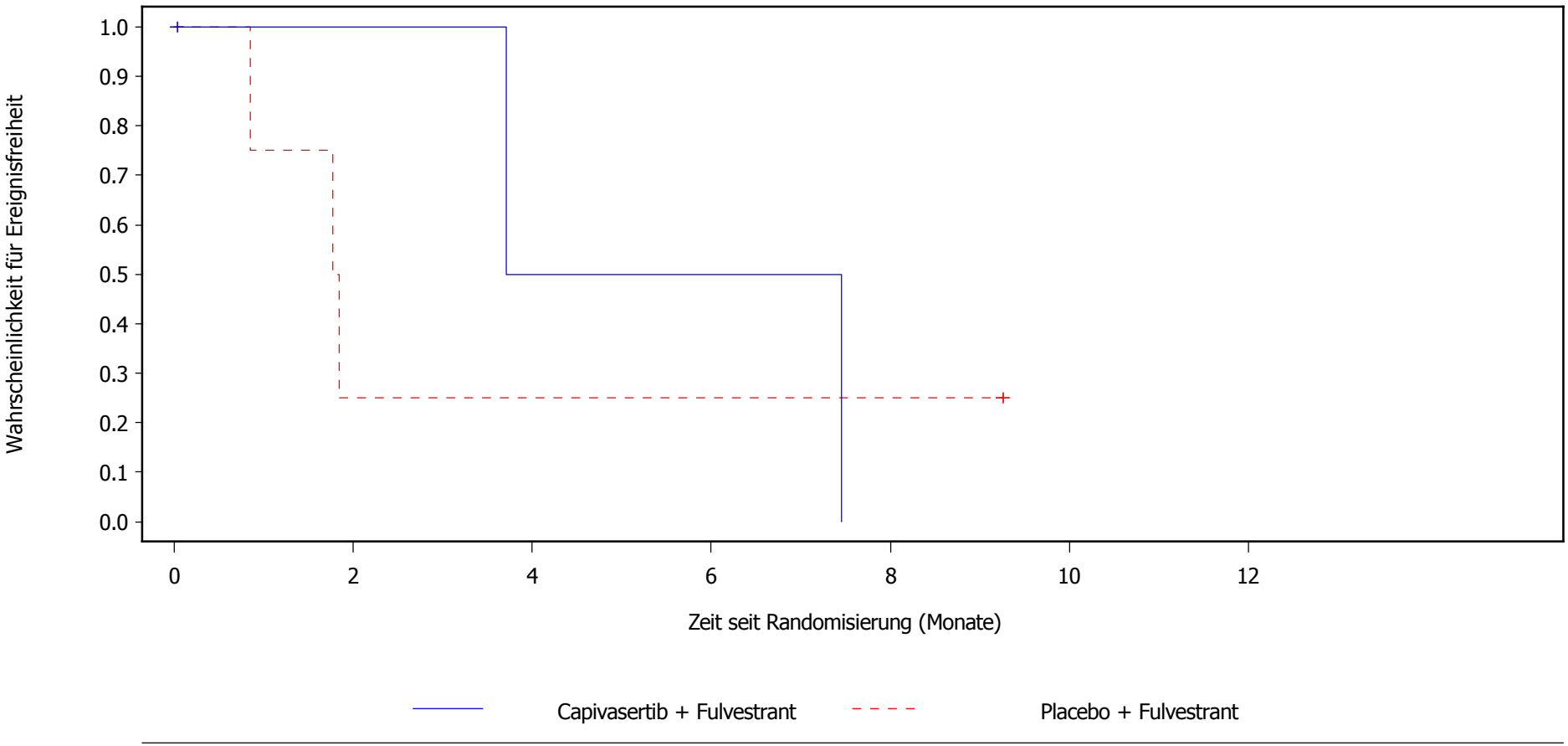
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.12.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in PGIS questionnaire
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PGIS	3	2 (66,7)	5,6 [3,7; NE]	5	3 (60,0)	1,8 [0,9; NE]	0,46	[0,02; 3,67]	0,4927

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.12.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PGIS
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	2	1	1	0	0	0	Capivasertib + Fulvestrant
5	1	1	1	1	0	0	Placebo + Fulvestrant

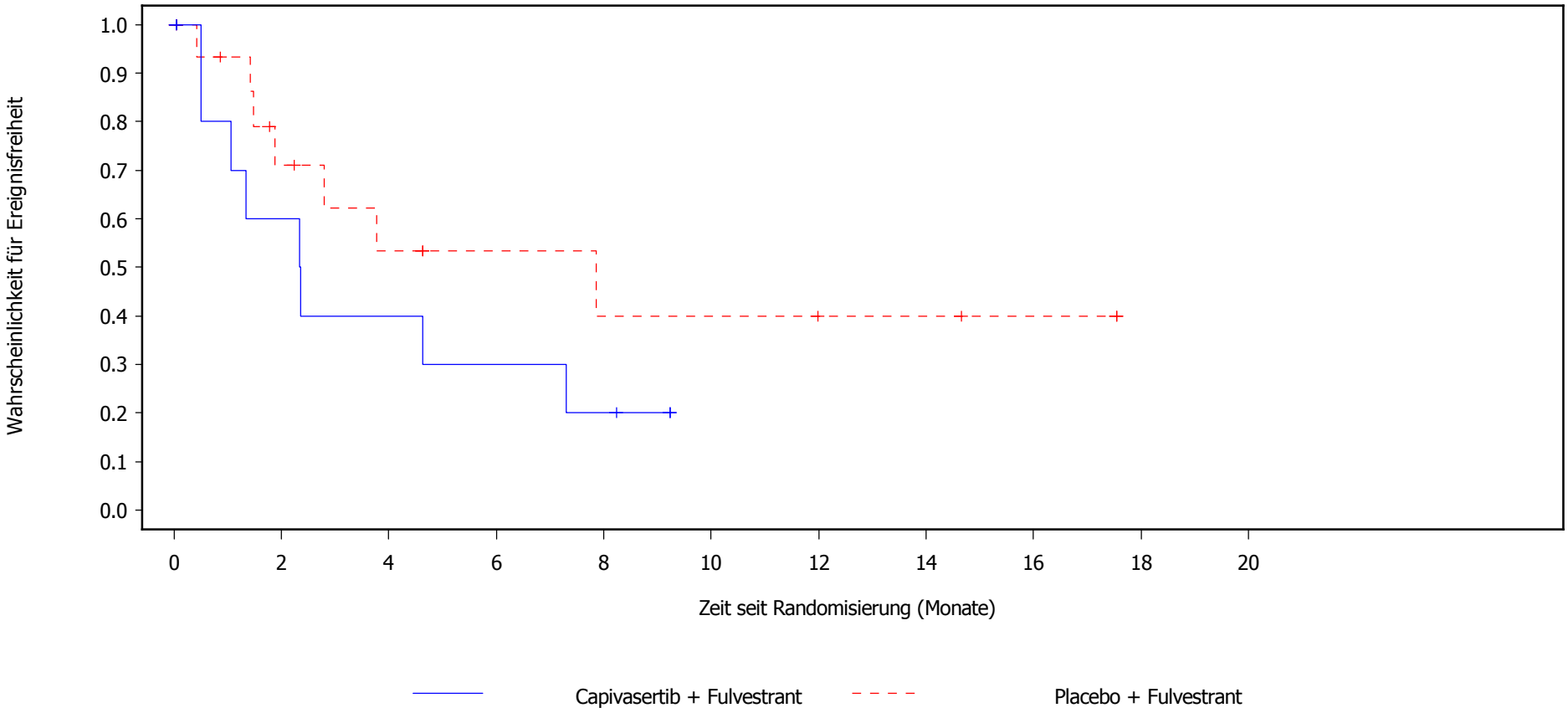
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.13.1 CAPItello-291 (Global A2): Summary of analysis of time to first deterioration in PRO-CTCAE
Altered full analysis set DCO 15AUG2022

	Capivasertib + Fulvestrant (N=13)			Placebo + Fulvestrant (N=18)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	13	8 (61,5)	2,3 [0,5; 7,3]	18	7 (38,9)	7,9 [1,5; NE]	2,19	[0,76; 6,73]	0,1457
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall	13	9 (69,2)	1,4 [0,5; 7,4]	18	10 (55,6)	2,8 [0,5;12,8]	1,53	[0,58; 3,96]	0,4187
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz	13	9 (69,2)	0,7 [0,5; 1,1]	18	9 (50,0)	7,4 [0,5; NE]	2,50	[0,94; 6,81]	0,0816
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	13	7 (53,8)	7,4 [1,0;15,6]	18	6 (33,3)	10,2 [5,6; NE]	2,03	[0,61; 7,08]	0,2395

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.13.2.1 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals
Altered full analysis set DCO 15AUG2022

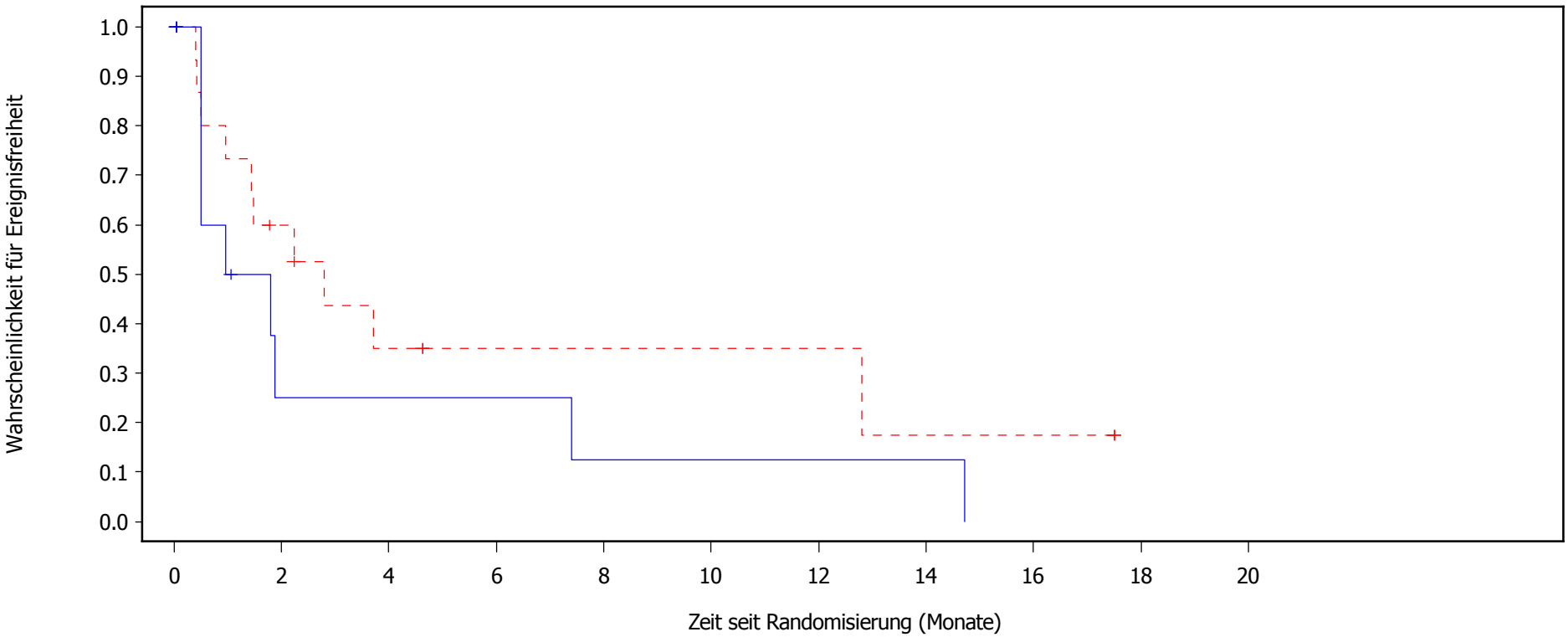


Anzahl an Patienten unter Risiko:

13	6	4	3	2	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	9	6	4	3	3	2	2	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.13.2.2 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall
Altered full analysis set DCO 15AUG2022

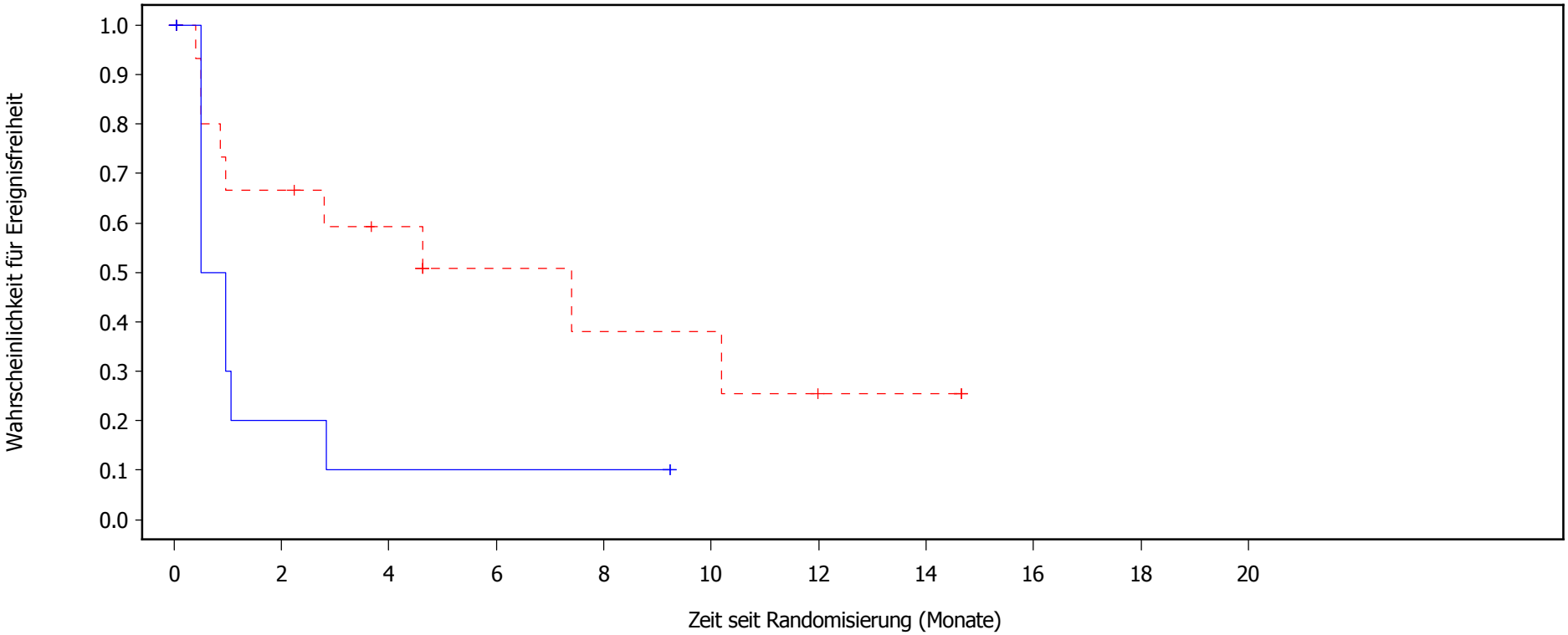


Anzahl an Patienten unter Risiko:

13	2	2	2	1	1	1	1	0	0	0	Capivasertib + Fulvestrant
18	8	4	2	2	2	2	1	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.13.2.3 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz
Altered full analysis set DCO 15AUG2022

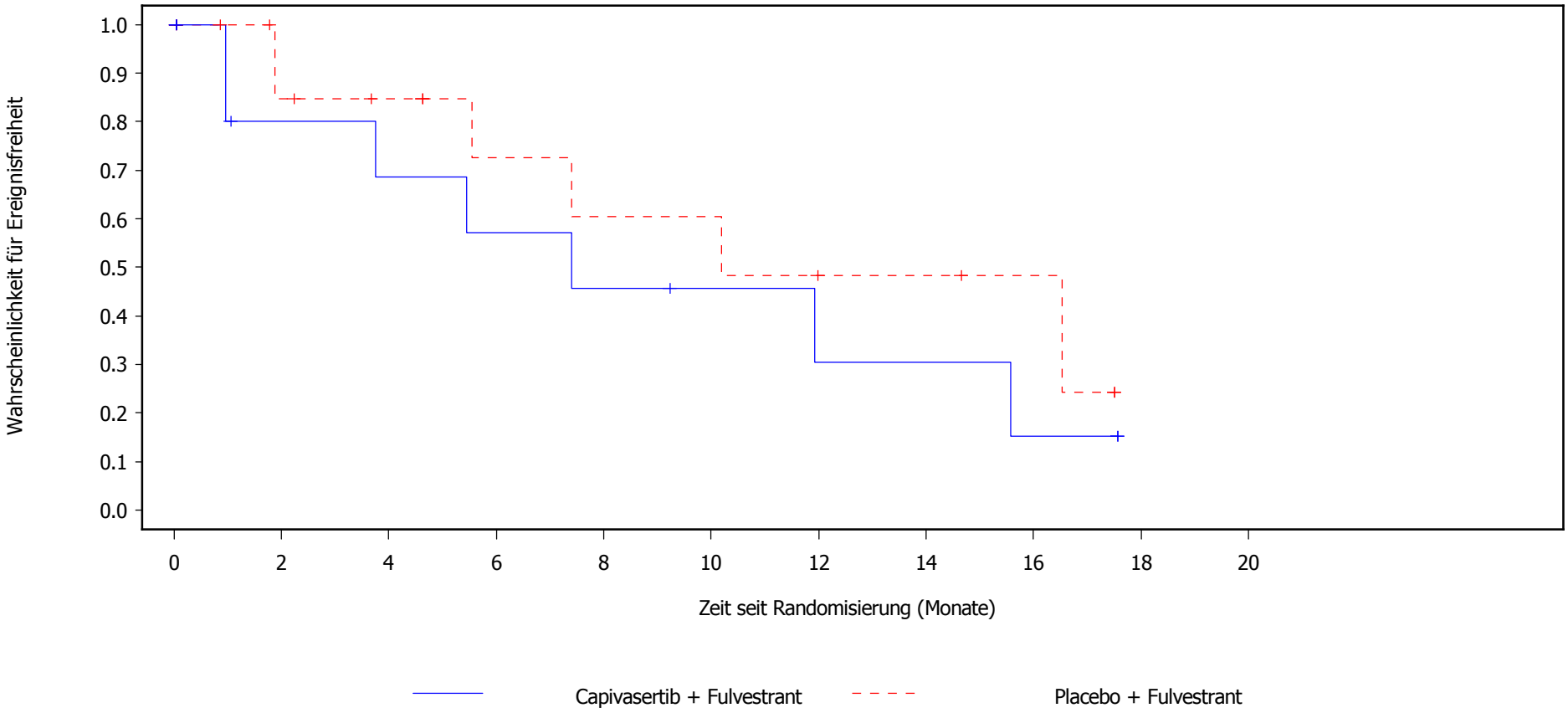


Anzahl an Patienten unter Risiko:

13	2	1	1	1	0	0	0	0	0	0	Capivasertib + Fulvestrant
18	10	7	4	3	3	1	1	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.13.2.4 CAPItello-291 (Global A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen
Altered full analysis set DCO 15AUG2022



Anzahl an Patienten unter Risiko:

13	7	6	5	4	3	2	2	1	0	0	Capivasertib + Fulvestrant
18	11	9	6	5	5	3	3	2	0	0	Placebo + Fulvestrant

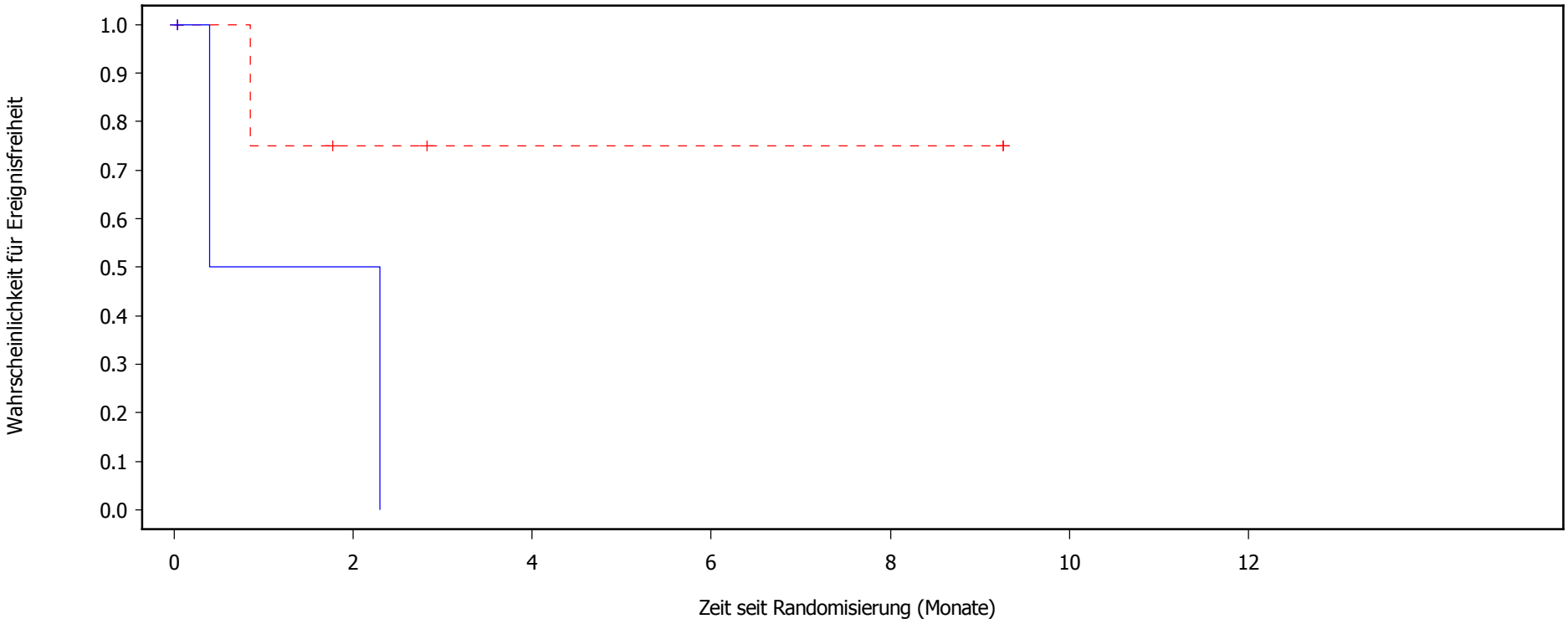
Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.3.14.1 CAPItello-291 (China A2): Summary of analysis of time to first deterioration in PRO-CTCAE
Altered full analysis set DCO 08MAY2023

	Capivasertib + Fulvestrant (N=3)			Placebo + Fulvestrant (N=5)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	3	2 (66,7)	1,3 [0,4; NE]	5	1 (20,0)	NE [NE; NE]	3,24	[0,30; 70,59]	0,3173
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall	3	2 (66,7)	0,4 [0,4; NE]	5	3 (60,0)	0,4 [0,4; NE]	1,87	[0,22; 16,00]	0,6015
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz	3	1 (33,3)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	1,41	[0,05; 36,73]	0,8084
Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	3	1 (33,3)	NE [NE; NE]	5	1 (20,0)	NE [NE; NE]	2,00	[0,08; 50,53]	0,6171

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.
[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Figure 2.3.14.2.1 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals
Altered full analysis set DCO 08MAY2023

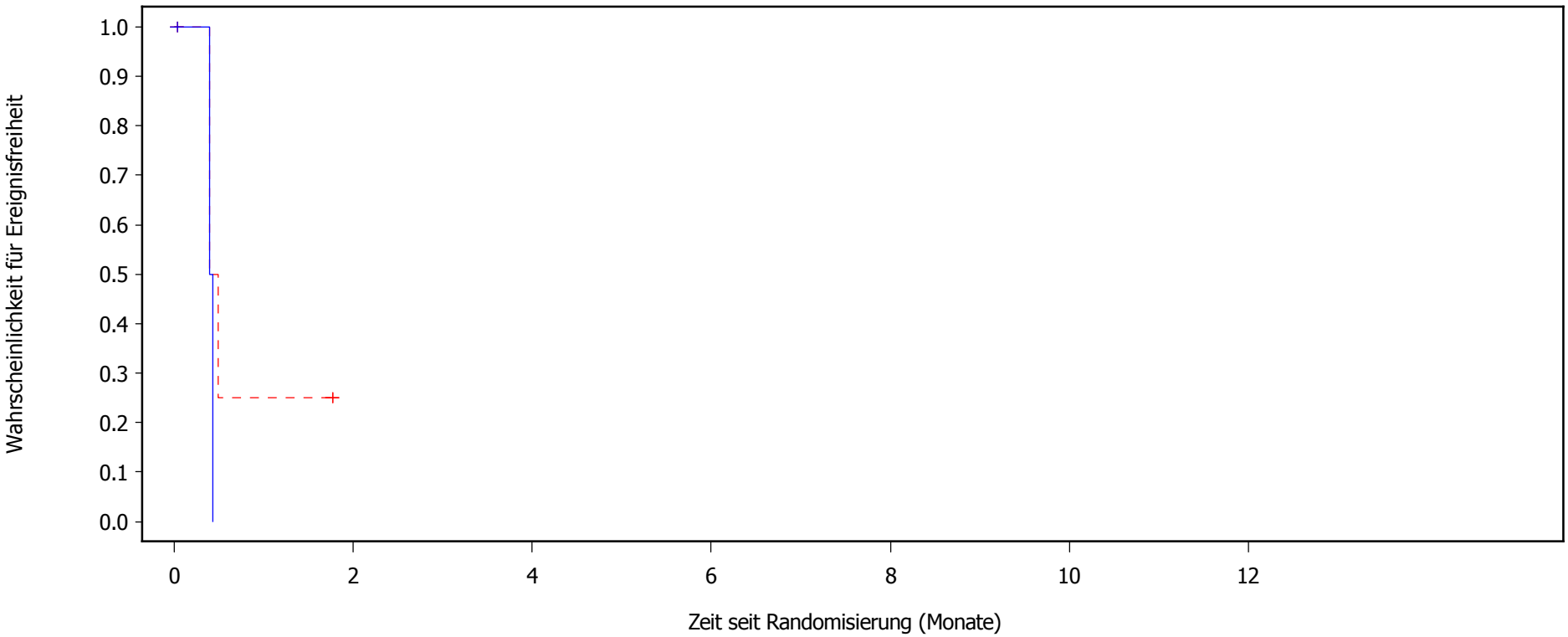


Anzahl an Patienten unter Risiko:

3	1	0	0	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.14.2.2 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Durchfall
Altered full analysis set DCO 08MAY2023

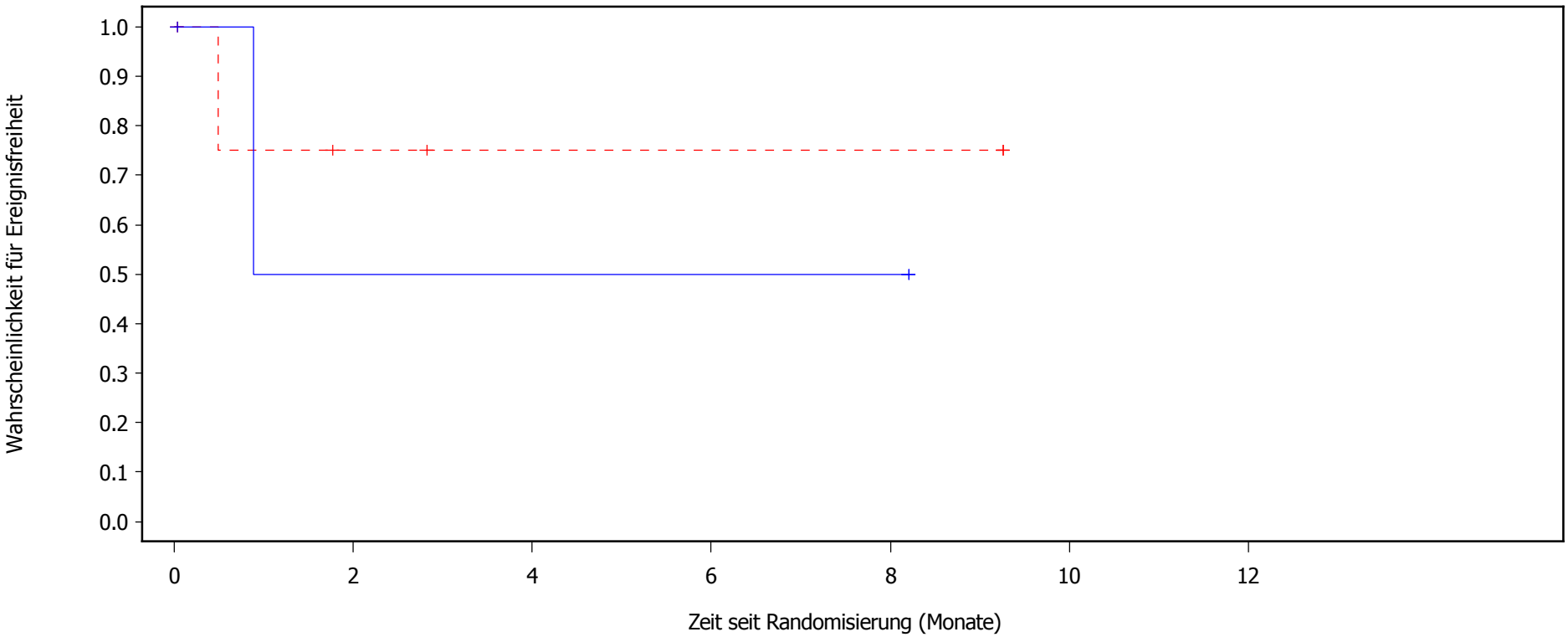


Anzahl an Patienten unter Risiko:

3	0	0	0	0	0	0	Capivasertib + Fulvestrant
5	0	0	0	0	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.14.2.3 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Juckreiz
Altered full analysis set DCO 08MAY2023

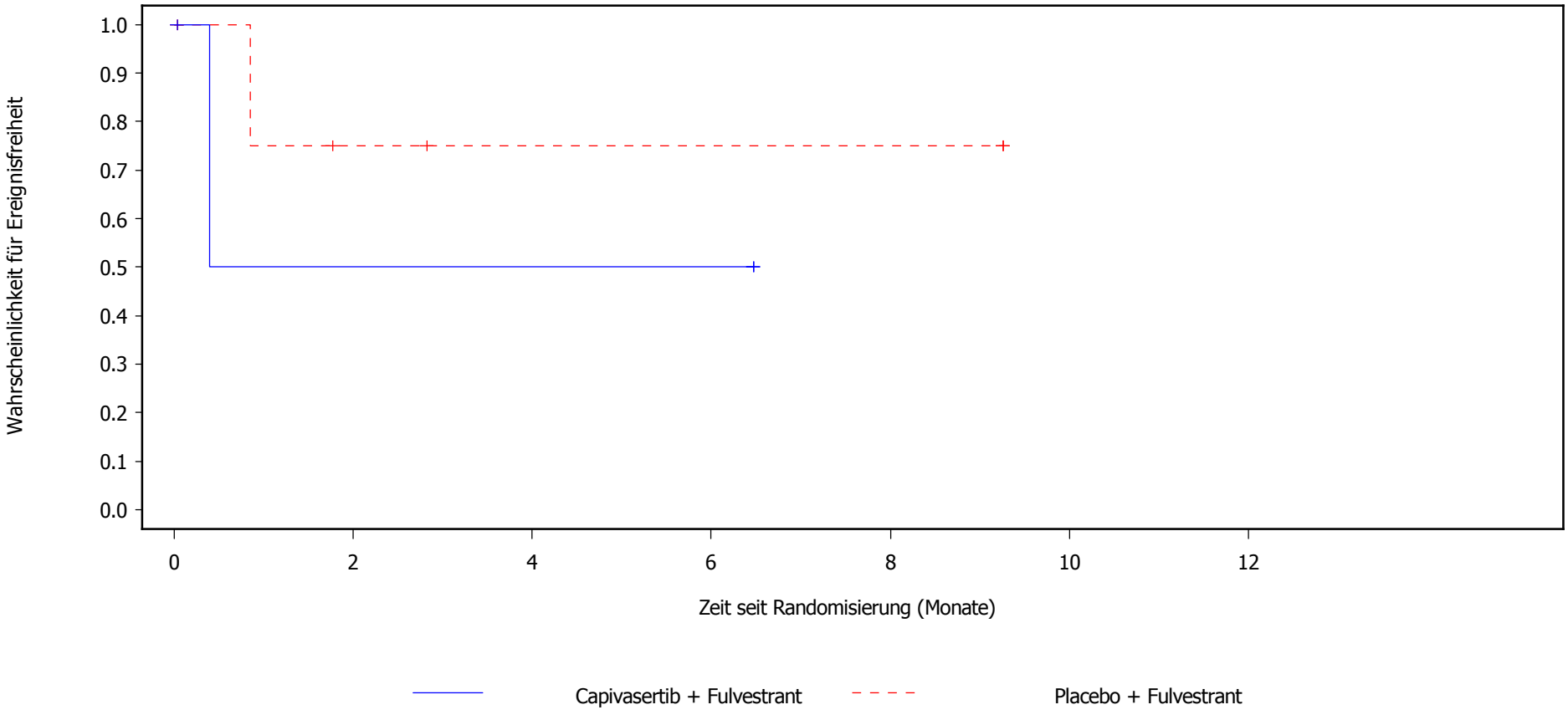


Anzahl an Patienten unter Risiko:

3	1	1	1	1	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Figure 2.3.14.2.4 CAPItello-291 (China A2): Kaplan-Meier plot of Zeit bis zur ersten Verschlechterung - PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen
Altered full analysis set DCO 08MAY2023



Anzahl an Patienten unter Risiko:

3	1	1	1	0	0	0	Capivasertib + Fulvestrant
5	2	1	1	1	0	0	Placebo + Fulvestrant

Time to deterioration is defined as the time from randomization until the earliest date of deterioration in the respective score. Patients who have not deteriorated and are alive are censored at lastest evaluable date, including patients who cannot deteriorate due to low baseline score. Deaths within 2 visit of last PRO assessement are censored at death date. Patients with 2 or more missed visits are censored at last available prior visit. Patients with no evaluable baseline/post-baseline data will be censored at Day 1.

Table 2.4.1.4 CAPItello-291 (Global B2): Summary of status at time of first deterioration in PGI-TT score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
PGI-TT	Deterioration	Total	71 (60,7)	50 (57,5)
	Censored	Total	46 (39,3)	37 (42,5)
		No baseline or post-baseline score	24 (20,5)	18 (20,7)
		Last evaluable assessment without deterioration [a]	14 (12,0)	14 (16,1)
		Missing 2 or more consecutive visits	7 (6,0)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	1 (0,9)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.5 CAPItello-291 (Global B2): Summary of status at time of first deterioration in PGIC score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
PGIC	Deterioration	Total	28 (23,9)	16 (18,4)
	Censored	Total	89 (76,1)	71 (81,6)
		No post-baseline score	5 (4,3)	9 (10,3)
		Last evaluable assessment without deterioration [a]	68 (58,1)	53 (60,9)
		Missing 2 or more consecutive visits	12 (10,3)	6 (6,9)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	3 (3,4)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.6 CAPItello-291 (Global B2): Summary of status at time of first deterioration in PGIS score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
PGIS	Deterioration	Total	50 (42,7)	38 (43,7)
	Censored	Total	67 (57,3)	49 (56,3)
		No baseline or post-baseline score	23 (19,7)	21 (24,1)
		Last evaluable assessment without deterioration [a]	35 (29,9)	22 (25,3)
		Missing 2 or more consecutive visits	5 (4,3)	4 (4,6)
		Death within 2 visits of the last evaluable PRO assessment	4 (3,4)	2 (2,3)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.1.7 CAPItello-291 (Global B2): Summary of status at time of first deterioration in PRO-CTCAE questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=117)	Placebo + Fulvestrant (N=87)
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Deterioration	Total	43 (36,8)	10 (11,5)
	Censored	Total	74 (63,2)	77 (88,5)
		No baseline or post-baseline score	22 (18,8)	21 (24,1)
		Last evaluable assessment without deterioration [a]	40 (34,2)	45 (51,7)
		Missing 2 or more consecutive visits	10 (8,5)	6 (6,9)
		Death within 2 visits of the last evaluable PRO assessment	2 (1,7)	5 (5,7)
PRO-CTCAE Durchfall	Deterioration	Total	86 (73,5)	39 (44,8)
	Censored	Total	31 (26,5)	48 (55,2)
		No baseline or post-baseline score	22 (18,8)	21 (24,1)
		Last evaluable assessment without deterioration [a]	3 (2,6)	20 (23,0)
		Missing 2 or more consecutive visits	6 (5,1)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	0	2 (2,3)
PRO-CTCAE Juckreiz	Deterioration	Total	62 (53,0)	34 (39,1)
	Censored	Total	55 (47,0)	53 (60,9)
		No baseline or post-baseline score	22 (18,8)	21 (24,1)
		Last evaluable assessment without deterioration [a]	23 (19,7)	24 (27,6)
		Missing 2 or more consecutive visits	9 (7,7)	5 (5,7)
		Death within 2 visits of the last evaluable PRO assessment	1 (0,9)	3 (3,4)
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Deterioration	Total	39 (33,3)	17 (19,5)
	Censored	Total	78 (66,7)	70 (80,5)
		No baseline or post-baseline score	22 (18,8)	21 (24,1)
		Last evaluable assessment without deterioration [a]	46 (39,3)	38 (43,7)
		Missing 2 or more consecutive visits	8 (6,8)	6 (6,9)
		Death within 2 visits of the last evaluable PRO assessment	2 (1,7)	5 (5,7)

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.4 CAPItello-291 (China B2): Summary of status at time of first deterioration in PGI-TT score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
PGI-TT	Deterioration	Total	8 (72,7)	2 (33,3)
	Censored	Total	3 (27,3)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	3 (27,3)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.5 CAPItello-291 (China B2): Summary of status at time of first deterioration in PGIC score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
PGIC	Deterioration	Total	1 (9,1)	0
	Censored	Total	10 (90,9)	6 (100,0)
		No post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	10 (90,9)	5 (83,3)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.6 CAPItello-291 (China B2): Summary of status at time of first deterioration in PGIS score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
PGIS	Deterioration	Total	6 (54,5)	3 (50,0)
	Censored	Total	5 (45,5)	3 (50,0)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	5 (45,5)	1 (16,7)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.2.7 CAPItello-291 (China B2): Summary of status at time of first deterioration in PRO-CTCAE questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=11)	Placebo + Fulvestrant (N=6)
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Deterioration	Total	7 (63,6)	1 (16,7)
	Censored	Total	4 (36,4)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	4 (36,4)	2 (33,3)
		Missing 2 or more consecutive visits	0	2 (33,3)
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Durchfall	Deterioration	Total	9 (81,8)	2 (33,3)
	Censored	Total	2 (18,2)	4 (66,7)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	2 (18,2)	2 (33,3)
		Missing 2 or more consecutive visits	0	1 (16,7)
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Juckreiz	Deterioration	Total	10 (90,9)	1 (16,7)
	Censored	Total	1 (9,1)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	1 (9,1)	2 (33,3)
		Missing 2 or more consecutive visits	0	2 (33,3)
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Deterioration	Total	7 (63,6)	1 (16,7)
	Censored	Total	4 (36,4)	5 (83,3)
		No baseline or post-baseline score	0	1 (16,7)
		Last evaluable assessment without deterioration [a]	4 (36,4)	2 (33,3)
		Missing 2 or more consecutive visits	0	2 (33,3)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.4 CAPItello-291 (Global A2): Summary of status at time of first deterioration in PGI-TT score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
PGI-TT	Deterioration	Total	9 (69,2)	9 (50,0)
	Censored	Total	4 (30,8)	9 (50,0)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	2 (15,4)	5 (27,8)
		Missing 2 or more consecutive visits	0	1 (5,6)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.5 CAPItello-291 (Global A2): Summary of status at time of first deterioration in PGIC score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
PGIC	Deterioration	Total	2 (15,4)	4 (22,2)
	Censored	Total	11 (84,6)	14 (77,8)
		No post-baseline score	0	3 (16,7)
		Last evaluable assessment without deterioration [a]	10 (76,9)	11 (61,1)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.6 CAPItello-291 (Global A2): Summary of status at time of first deterioration in PGIS score
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
PGIS	Deterioration	Total	6 (46,2)	11 (61,1)
	Censored	Total	7 (53,8)	7 (38,9)
		No baseline or post-baseline score	2 (15,4)	3 (16,7)
		Last evaluable assessment without deterioration [a]	3 (23,1)	4 (22,2)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	2 (15,4)	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.3.7 CAPItello-291 (Global A2): Summary of status at time of first deterioration in PRO-CTCAE questionnaire
Altered full analysis set DCO 15AUG2022

		Reason	Capivasertib + Fulvestrant (N=13)	Placebo + Fulvestrant (N=18)
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Deterioration	Total	8 (61,5)	7 (38,9)
	Censored	Total	5 (38,5)	11 (61,1)
		No baseline or post-baseline score	3 (23,1)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	7 (38,9)
		Missing 2 or more consecutive visits	0	1 (5,6)
		Death within 2 visits of the last evaluable PRO assessment	1 (7,7)	0
PRO-CTCAE Durchfall	Deterioration	Total	9 (69,2)	10 (55,6)
	Censored	Total	4 (30,8)	8 (44,4)
		No baseline or post-baseline score	3 (23,1)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	5 (27,8)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Juckreiz	Deterioration	Total	9 (69,2)	9 (50,0)
	Censored	Total	4 (30,8)	9 (50,0)
		No baseline or post-baseline score	3 (23,1)	3 (16,7)
		Last evaluable assessment without deterioration [a]	1 (7,7)	6 (33,3)
		Missing 2 or more consecutive visits	0	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Deterioration	Total	7 (53,8)	6 (33,3)
	Censored	Total	6 (46,2)	12 (66,7)
		No baseline or post-baseline score	3 (23,1)	3 (16,7)
		Last evaluable assessment without deterioration [a]	3 (23,1)	8 (44,4)
		Missing 2 or more consecutive visits	0	1 (5,6)
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.4 CAPItello-291 (China A2): Summary of status at time of first deterioration in PGI-TT score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
PGI-TT	Deterioration	Total	2 (66,7)	2 (40,0)
	Censored	Total	1 (33,3)	3 (60,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	2 (40,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.5 CAPItello-291 (China A2): Summary of status at time of first deterioration in PGIC score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
PGIC	Deterioration	Total	0	0
	Censored	Total	3 (100,0)	5 (100,0)
		No post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	2 (66,7)	4 (80,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.6 CAPItello-291 (China A2): Summary of status at time of first deterioration in PGIS score
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
PGIS	Deterioration	Total	2 (66,7)	3 (60,0)
	Censored	Total	1 (33,3)	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.4.4.7 CAPItello-291 (China A2): Summary of status at time of first deterioration in PRO-CTCAE questionnaire
Altered full analysis set DCO 08MAY2023

		Reason	Capivasertib + Fulvestrant (N=3)	Placebo + Fulvestrant (N=5)
PRO-CTCAE Wunde oder offene Stellen in Mund oder Hals	Deterioration	Total	2 (66,7)	1 (20,0)
	Censored	Total	1 (33,3)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Durchfall	Deterioration	Total	2 (66,7)	3 (60,0)
	Censored	Total	1 (33,3)	2 (40,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	0	1 (20,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Juckreiz	Deterioration	Total	1 (33,3)	1 (20,0)
	Censored	Total	2 (66,7)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0
PRO-CTCAE Taubheit oder Kribbeln in Händen und Füßen	Deterioration	Total	1 (33,3)	1 (20,0)
	Censored	Total	2 (66,7)	4 (80,0)
		No baseline or post-baseline score	0	1 (20,0)
		Last evaluable assessment without deterioration [a]	1 (33,3)	3 (60,0)
		Missing 2 or more consecutive visits	1 (33,3)	0
		Death within 2 visits of the last evaluable PRO assessment	0	0

[a] Includes patients with baseline score too low/high to experience a deterioration.

Table 2.7.1.5 CAPItello-291 (Global B2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	94	94	80,3	100
	Placebo + Fulvestrant (N=87)	87	66	66	75,9	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	96	96	82,1	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	101	101	86,3	100
	Placebo + Fulvestrant (N=87)	87	69	69	79,3	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	97	97	83,6	100
	Placebo + Fulvestrant (N=87)	85	61	61	71,8	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	115	87	87	75,7	100
	Placebo + Fulvestrant (N=87)	80	48	48	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	113	83	83	73,5	100
	Placebo + Fulvestrant (N=87)	80	38	38	47,5	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	109	68	68	62,4	100
	Placebo + Fulvestrant (N=87)	76	34	34	44,7	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	106	67	67	63,2	100
	Placebo + Fulvestrant (N=87)	75	29	29	38,7	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	105	54	54	51,4	100
	Placebo + Fulvestrant (N=87)	70	23	23	32,9	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	103	57	57	55,3	100
	Placebo + Fulvestrant (N=87)	64	19	19	29,7	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	54	54	55,7	100
	Placebo + Fulvestrant (N=87)	63	15	15	23,8	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	46	46	47,4	100
	Placebo + Fulvestrant (N=87)	61	13	13	21,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	95	40	40	42,1	100
	Placebo + Fulvestrant (N=87)	61	17	17	27,9	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	92	38	38	41,3	100
	Placebo + Fulvestrant (N=87)	60	15	15	25,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	87	34	34	39,1	100
	Placebo + Fulvestrant (N=87)	56	11	11	19,6	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	77	24	24	31,2	100
	Placebo + Fulvestrant (N=87)	52	8	8	15,4	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.5 CAPItello-291 (Global B2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	67	21	21	31,3	100
	Placebo + Fulvestrant (N=87)	44	7	7	15,9	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	19	19	33,9	100
	Placebo + Fulvestrant (N=87)	37	5	5	13,5	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	16	16	32,7	100
	Placebo + Fulvestrant (N=87)	31	4	4	12,9	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	38	16	16	42,1	100
	Placebo + Fulvestrant (N=87)	28	3	3	10,7	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	35	15	15	42,9	100
	Placebo + Fulvestrant (N=87)	24	2	2	8,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	30	11	11	36,7	100
	Placebo + Fulvestrant (N=87)	20	1	1	5,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	27	10	10	37,0	100
	Placebo + Fulvestrant (N=87)	17	1	1	5,9	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	7	7	31,8	100
	Placebo + Fulvestrant (N=87)	14	1	1	7,1	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	18	4	4	22,2	100
	Placebo + Fulvestrant (N=87)	10	1	1	10,0	100
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	3	3	30,0	100
	Placebo + Fulvestrant (N=87)	8	1	1	12,5	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.6 CAPItello-291 (Global B2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	112	112	95,7	100
	Placebo + Fulvestrant (N=87)	87	78	78	89,7	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	98	98	83,8	100
	Placebo + Fulvestrant (N=87)	87	68	68	78,2	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	97	97	83,6	100
	Placebo + Fulvestrant (N=87)	85	60	60	70,6	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	115	87	87	75,7	100
	Placebo + Fulvestrant (N=87)	80	48	48	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	113	83	83	73,5	100
	Placebo + Fulvestrant (N=87)	80	38	38	47,5	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	109	68	68	62,4	100
	Placebo + Fulvestrant (N=87)	76	34	34	44,7	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	106	67	67	63,2	100
	Placebo + Fulvestrant (N=87)	75	29	29	38,7	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	105	54	54	51,4	100
	Placebo + Fulvestrant (N=87)	70	23	23	32,9	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	103	57	57	55,3	100
	Placebo + Fulvestrant (N=87)	64	19	19	29,7	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	54	54	55,7	100
	Placebo + Fulvestrant (N=87)	63	15	15	23,8	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	97	46	46	47,4	100
	Placebo + Fulvestrant (N=87)	61	13	13	21,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	95	40	40	42,1	100
	Placebo + Fulvestrant (N=87)	61	17	17	27,9	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	92	38	38	41,3	100
	Placebo + Fulvestrant (N=87)	60	15	15	25,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	87	34	34	39,1	100
	Placebo + Fulvestrant (N=87)	56	11	11	19,6	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	77	24	24	31,2	100
	Placebo + Fulvestrant (N=87)	52	8	8	15,4	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	67	21	21	31,3	100
	Placebo + Fulvestrant (N=87)	44	7	7	15,9	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.1.6 CAPItello-291 (Global B2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	19	19	33,9	100
	Placebo + Fulvestrant (N=87)	37	5	5	13,5	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	16	16	32,7	100
	Placebo + Fulvestrant (N=87)	31	4	4	12,9	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	38	16	16	42,1	100
	Placebo + Fulvestrant (N=87)	28	3	3	10,7	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	35	15	15	42,9	100
	Placebo + Fulvestrant (N=87)	24	2	2	8,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	30	11	11	36,7	100
	Placebo + Fulvestrant (N=87)	20	1	1	5,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	27	10	10	37,0	100
	Placebo + Fulvestrant (N=87)	17	1	1	5,9	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	7	7	31,8	100
	Placebo + Fulvestrant (N=87)	14	1	1	7,1	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	18	4	4	22,2	100
	Placebo + Fulvestrant (N=87)	10	1	1	10,0	100
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	3	3	30,0	100
	Placebo + Fulvestrant (N=87)	8	1	1	12,5	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.1.7 CAPItello-291 (Global B2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=117)	117	95	95	81,2	100
	Placebo + Fulvestrant (N=87)	87	66	66	75,9	100
Baseline	Capivasertib + Fulvestrant (N=117)	117	96	96	82,1	100
	Placebo + Fulvestrant (N=87)	87	67	67	77,0	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	117	101	101	86,3	100
	Placebo + Fulvestrant (N=87)	87	70	70	80,5	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	117	98	98	83,8	100
	Placebo + Fulvestrant (N=87)	87	68	68	78,2	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	117	90	90	76,9	100
	Placebo + Fulvestrant (N=87)	87	64	64	73,6	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	116	94	94	81,0	100
	Placebo + Fulvestrant (N=87)	84	60	60	71,4	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=117)	111	70	70	63,1	100
	Placebo + Fulvestrant (N=87)	80	42	42	52,5	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	110	84	84	76,4	100
	Placebo + Fulvestrant (N=87)	74	47	47	63,5	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	96	77	77	80,2	100
	Placebo + Fulvestrant (N=87)	51	34	34	66,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	89	63	63	70,8	100
	Placebo + Fulvestrant (N=87)	41	31	31	75,6	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	73	60	60	82,2	100
	Placebo + Fulvestrant (N=87)	31	26	26	83,9	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	70	49	49	70,0	100
	Placebo + Fulvestrant (N=87)	27	20	20	74,1	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	59	46	46	78,0	100
	Placebo + Fulvestrant (N=87)	25	18	18	72,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	56	45	45	80,4	100
	Placebo + Fulvestrant (N=87)	21	15	15	71,4	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	49	41	41	83,7	100
	Placebo + Fulvestrant (N=87)	18	13	13	72,2	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	44	35	35	79,5	100
	Placebo + Fulvestrant (N=87)	17	16	16	94,1	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.1.7 CAPItello-291 (Global B2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	39	32	32	82,1	100
	Placebo + Fulvestrant (N=87)	15	13	13	86,7	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	36	28	28	77,8	100
	Placebo + Fulvestrant (N=87)	15	10	10	66,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	28	21	21	75,0	100
	Placebo + Fulvestrant (N=87)	11	7	7	63,6	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	22	17	17	77,3	100
	Placebo + Fulvestrant (N=87)	10	6	6	60,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	19	15	15	78,9	100
	Placebo + Fulvestrant (N=87)	7	4	4	57,1	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	16	13	13	81,3	100
	Placebo + Fulvestrant (N=87)	6	3	3	50,0	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=87)	4	2	2	50,0	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	12	12	12	100	100
	Placebo + Fulvestrant (N=87)	3	1	1	33,3	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	9	9	90,0	100
	Placebo + Fulvestrant (N=87)	2	0	0	0	0
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=117)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=87)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.5 CAPItello-291 (China B2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	7	7	70,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	9	7	7	77,8	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	6	6	75,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	7	6	6	85,7	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	5	5	83,3	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	4	4	66,7	100
	Placebo + Fulvestrant (N=6)	5	2	2	40,0	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	2	2	40,0	100
	Placebo + Fulvestrant (N=6)	4	2	2	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	4	1	1	25,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.5 CAPItello-291 (China B2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	0	0	0	0
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	0	0	0	0
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.6 CAPItello-291 (China B2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	7	7	70,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	9	7	7	77,8	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	6	6	75,0	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	7	6	6	85,7	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	5	5	83,3	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	4	4	66,7	100
	Placebo + Fulvestrant (N=6)	5	2	2	40,0	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	2	2	40,0	100
	Placebo + Fulvestrant (N=6)	4	2	2	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	4	1	1	25,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	1	1	25,0	100
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	0	0	0	0
	Placebo + Fulvestrant (N=6)	2	1	1	50,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.2.6 CAPItello-291 (China B2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	0	0	0	0
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.2.7 CAPItello-291 (China B2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Baseline	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	5	5	83,3	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	3	3	50,0	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	11	11	100	100
	Placebo + Fulvestrant (N=6)	6	4	4	66,7	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=11)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	11	10	10	90,9	100
	Placebo + Fulvestrant (N=6)	6	2	2	33,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	10	10	100	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	10	9	9	90,0	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	8	7	7	87,5	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	6	7	7	116,7	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	6	6	120,0	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	5	6	6	120,0	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	4	4	4	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	3	3	3	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.2.7 CAPItello-291 (China B2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	2	2	2	100	100
	Placebo + Fulvestrant (N=6)	3	2	2	66,7	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	1	1	100	100
	Placebo + Fulvestrant (N=6)	3	1	1	33,3	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=11)	1	1	1	100	100
	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 16 Week 1 Day 1	Placebo + Fulvestrant (N=6)	1	1	1	100	100
Cycle 17 Week 1 Day 1	Placebo + Fulvestrant (N=6)	1	1	1	100	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.5 CAPItello-291 (Global A2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	17	17	94,4	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	10	10	58,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	16	8	8	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	9	9	69,2	100
	Placebo + Fulvestrant (N=18)	14	9	9	64,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	10	10	83,3	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	8	8	66,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	13	4	4	30,8	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.5 CAPItello-291 (Global A2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	11	3	3	27,3	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	10	3	3	30,0	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	7	2	2	28,6	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	8	8	8	100	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	7	4	4	57,1	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	5	3	3	60,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	4	3	3	75,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	4	2	2	50,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	1	1	1	100	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 26 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0
Cycle 27 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0
Cycle 28 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.6 CAPItello-291 (Global A2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	11	11	64,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	10	10	58,8	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	16	8	8	50,0	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	16	9	9	56,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	9	9	69,2	100
	Placebo + Fulvestrant (N=18)	14	9	9	64,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	10	10	83,3	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	8	8	66,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	7	7	63,6	100
	Placebo + Fulvestrant (N=18)	14	7	7	50,0	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	14	5	5	35,7	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	8	8	72,7	100
	Placebo + Fulvestrant (N=18)	13	4	4	30,8	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	11	3	3	27,3	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.3.6 CAPItello-291 (Global A2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	10	3	3	30,0	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	7	2	2	28,6	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	10	8	8	80,0	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	8	8	8	100	100
	Placebo + Fulvestrant (N=18)	5	2	2	40,0	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	7	4	4	57,1	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	5	3	3	60,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	4	3	3	75,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	4	2	2	50,0	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 25 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	1	1	1	100	100
	Placebo + Fulvestrant (N=18)	3	0	0	0	0
Cycle 26 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0
Cycle 27 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0
Cycle 28 Week 1 Day 1	Placebo + Fulvestrant (N=18)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.3.7 CAPItello-291 (Global A2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Baseline	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	18	17	17	94,4	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	13	11	11	84,6	100
	Placebo + Fulvestrant (N=18)	18	15	15	83,3	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	13	13	100	100
	Placebo + Fulvestrant (N=18)	18	14	14	77,8	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	18	13	13	72,2	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	13	12	12	92,3	100
	Placebo + Fulvestrant (N=18)	17	14	14	82,4	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=13)	12	9	9	75,0	100
	Placebo + Fulvestrant (N=18)	15	9	9	60,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	15	11	11	73,3	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	12	11	11	91,7	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	11	10	10	90,9	100
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	12	12	100	100
	Placebo + Fulvestrant (N=18)	8	7	7	87,5	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	12	11	11	91,7	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	11	11	100	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	11	9	9	81,8	100
	Placebo + Fulvestrant (N=18)	8	8	8	100	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	9	9	9	100	100
	Placebo + Fulvestrant (N=18)	6	5	5	83,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	9	8	8	88,9	100
	Placebo + Fulvestrant (N=18)	5	4	4	80,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.3.7 CAPItello-291 (Global A2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 15AUG2022

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	8	7	7	87,5	100
	Placebo + Fulvestrant (N=18)	5	5	5	100	100
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	8	8	8	100	100
	Placebo + Fulvestrant (N=18)	5	3	3	60,0	100
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	8	8	8	100	100
	Placebo + Fulvestrant (N=18)	5	3	3	60,0	100
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	7	7	7	100	100
	Placebo + Fulvestrant (N=18)	3	3	3	100	100
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	7	7	7	100	100
	Placebo + Fulvestrant (N=18)	3	3	3	100	100
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	5	6	6	120,0	100
	Placebo + Fulvestrant (N=18)	2	2	2	100	100
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	5	5	5	100	100
	Placebo + Fulvestrant (N=18)	2	2	2	100	100
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	5	5	5	100	100
	Placebo + Fulvestrant (N=18)	2	2	2	100	100
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	4	3	3	75,0	100
Cycle 22 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	3	2	2	66,7	100
Cycle 23 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	2	2	2	100	100
Cycle 24 Week 1 Day 1	Capivasertib + Fulvestrant (N=13)	2	1	1	50,0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.5 CAPItello-291 (China A2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	1	1	20,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	4	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.5 CAPItello-291 (China A2): Summary of compliance with PGIS by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Table 2.7.4.6 CAPItello-291 (China A2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	1	1	20,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	4	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	3	1	1	33,3	100
Cycle 12 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 13 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	1	1	33,3	100
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 14 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 15 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 16 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.4.6 CAPItello-291 (China A2): Summary of compliance with PGIC by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Cycle 17 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 18 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	0	0	0	0
	Placebo + Fulvestrant (N=5)	2	0	0	0	0
Cycle 19 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 20 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
Cycle 21 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0

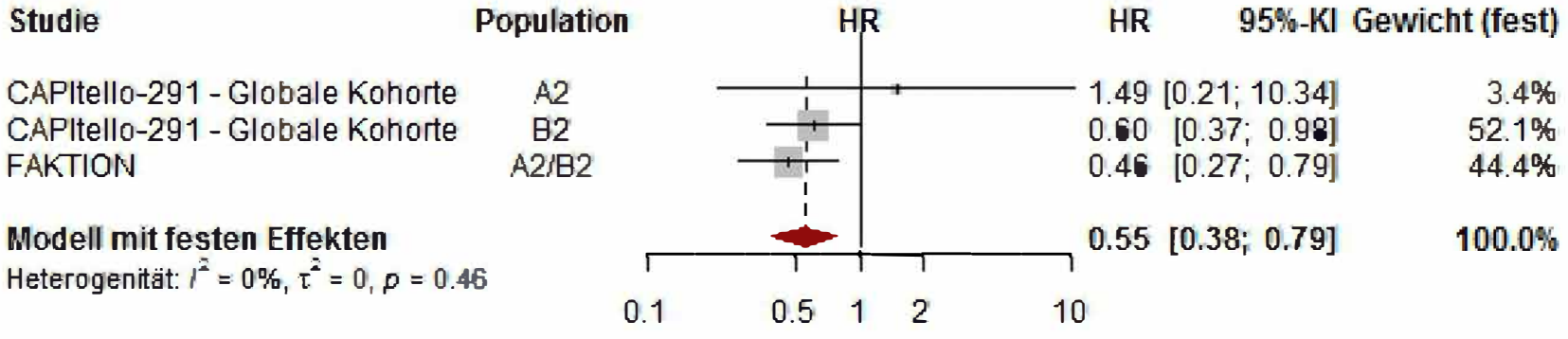
N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have at least one Received/Evaluable post-baseline form.

Table 2.7.4.7 CAPItello-291 (China A2): Summary of compliance with PRO-CTCAE by visit
Altered full analysis set, DCO 08MAY2023

Time point	Treatment group	Expected [a]	Received [b]	Evaluable [c]	Compliance rate (%) [d]	Evaluability rate (%) [e]
Overall	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Baseline	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 1 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 2 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	2	2	66,7	100
	Placebo + Fulvestrant (N=5)	5	4	4	80,0	100
Cycle 3 Week 3 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 4 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	5	3	3	60,0	100
Cycle 5 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	2	1	1	50,0	100
Cycle 6 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	1	0	0	0	0
Cycle 7 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	1	1	1	100	100
Cycle 8 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	3	3	3	100	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 9 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	2	1	1	50,0	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 10 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	1	1	100	100
	Placebo + Fulvestrant (N=5)	0	1	1	0	100
Cycle 11 Week 1 Day 1	Capivasertib + Fulvestrant (N=3)	1	0	0	0	0
	Placebo + Fulvestrant (N=5)	0	1	1	0	100

N = Number of patients in treatment group. QoL = Quality of Life. Baseline is defined as the last evaluable assessment prior to randomisation. [a] Number of patients who has not withdrawn from the study at given time point. [b] The number of patients who completed at least one item at a given time point. [c] Number of patients with forms where at least one subscale can be determined. [d] 100%*Evaluable/Expected. [e] 100%*Evaluable/Received. In the overall row, patients are counted as Received/Evaluable if they have a Received/Evaluable baseline and at least one Received/Evaluable post-baseline form.

Meta−Analysis of Overall Survival Including FAKTION



Meta−Analysis of PFS Including FAKTION

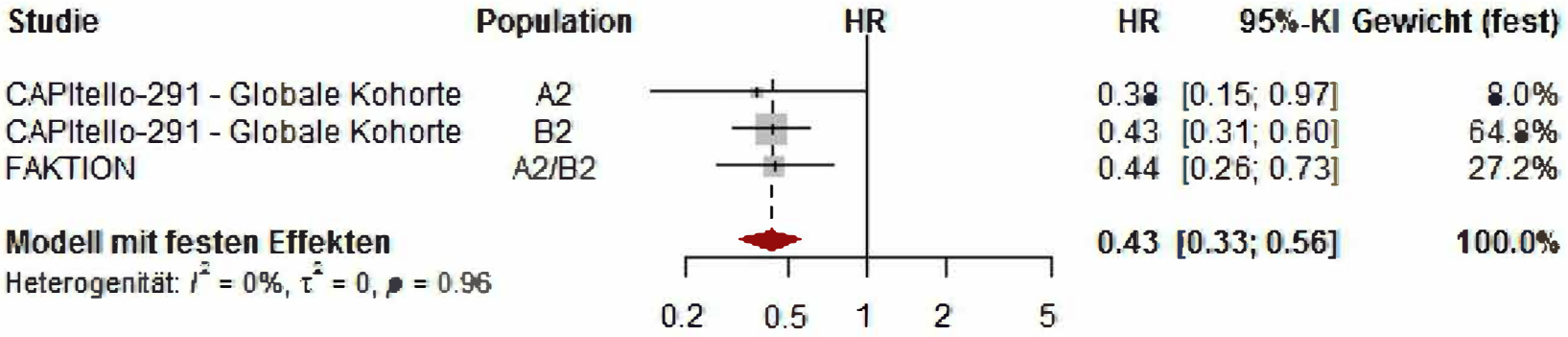


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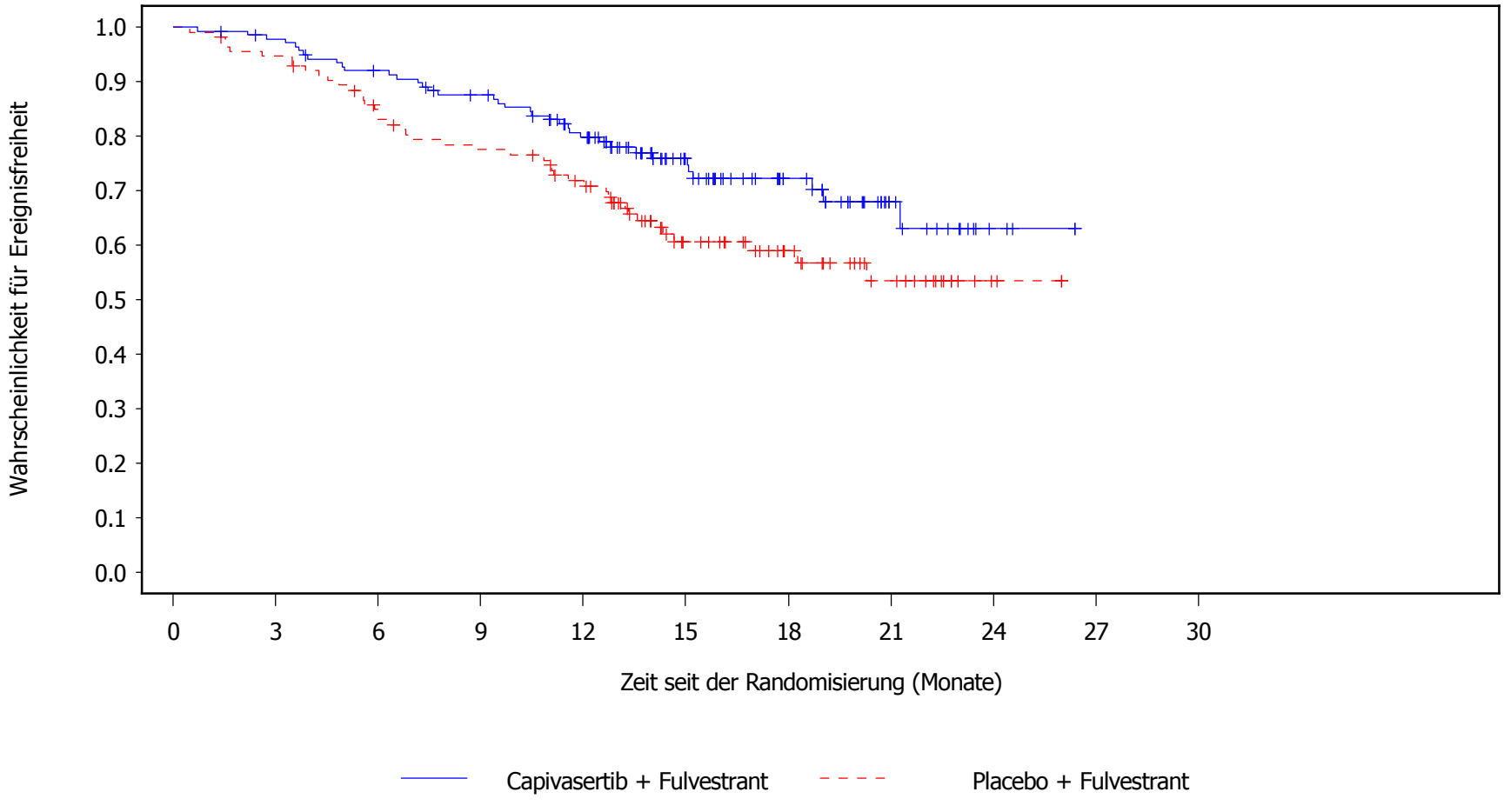
Table 1.2.3.1 CAPItello-291 (B2 incl. B1): Summary of analysis of overall survival (OS) - Global cohort
Altered full analysis set, without excluding duplicated patients in China cohort, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=140)			Placebo + Fulvestrant (N=114)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	140	37 (26,4)	NE [NE; NE]	114	44 (38,6)	NE [NE; NE]	0,63	[0,40; 0,97]	0,0372*

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
B2/B1= Postmenopausal women with prior endocrine therapy for locally advanced BC and metastatic BC.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/ttemainef3_ah4.sas gttemainef3_ah4aa 10JUL2024:13:35

Figure 1.3.5.1 CAPItello-291 (B2 incl. B1): Kaplan-Meier plot of overall survival (OS) - Global cohort
Altered full analysis set, without excluding duplicated patients in China cohort, DCO 15AUG2022



Anzahl an Patienten unter Risiko:

140	135	125	116	99	60	37	15	3	0	0	Capivasertib + Fulvestrant
114	107	93	84	74	42	28	15	2	0	0	Placebo + Fulvestrant

B2/B1= Postmenopausal women with prior endocrine therapy for locally advanced BC and metastatic BC.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/ttemainef3_ah4.sas gttemainef3_ah4aaa 10JUL2024:13:35

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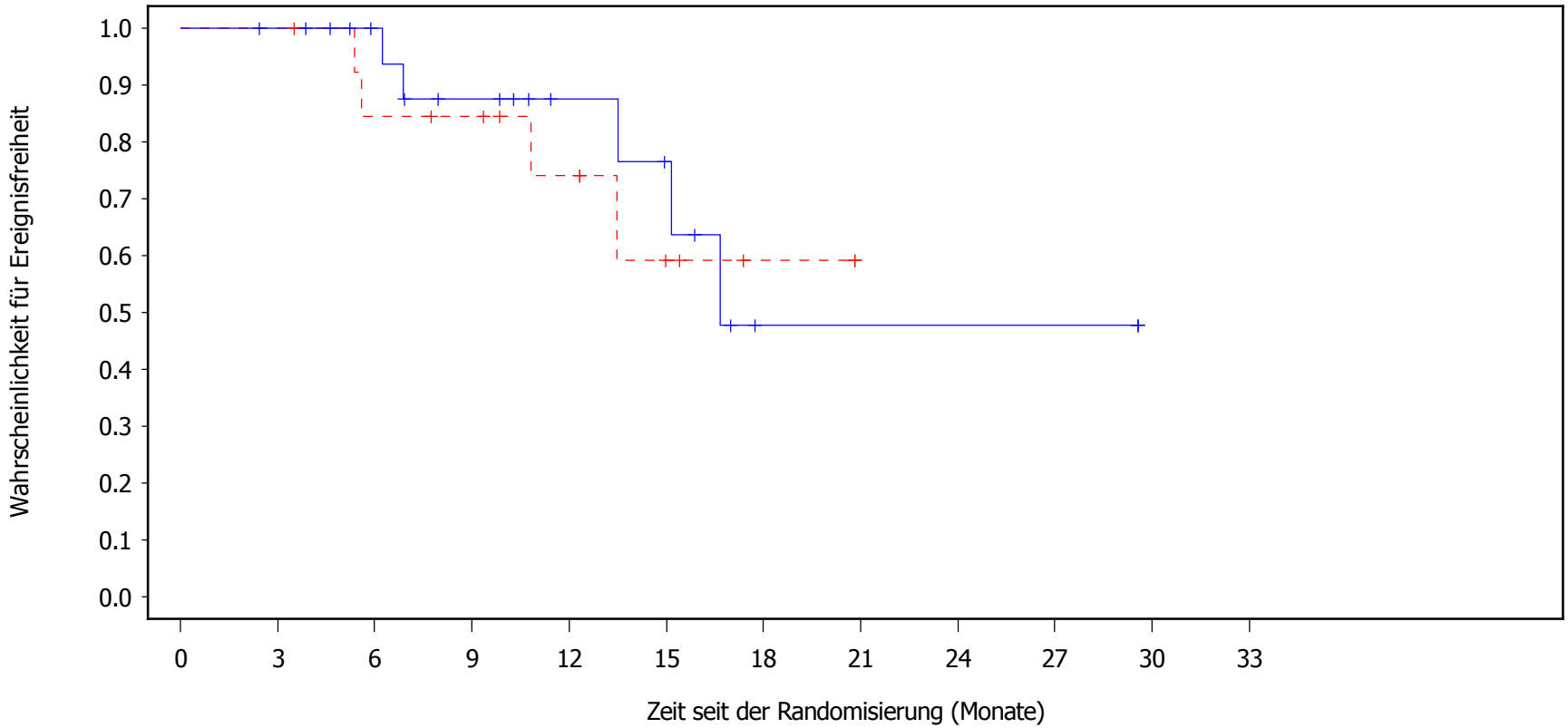
Table 1.2.3.1 CAPItello-291 (B2 incl. B1): Summary of analysis of overall survival (OS) - China cohort
Altered full analysis set, without excluding duplicated patients in China cohort, China DCO 08MAY2023

	Capivasertib + Fulvestrant (N=21)			Placebo + Fulvestrant (N=14)					
	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [c]
Gesamtüberleben (OS)	21	5 (23,8)	16,7 [13,5; NE]	14	4 (28,6)	NE [NE; NE]	0,77	[0,20; 3,19]	0,6992

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (i.e. median is not reached).
[b] Estimated from Cox proportional hazards model including treatment only. Presence of liver metastases and prior use of CDK4/6 inhibitors included as stratification factors. Efron method for handling ties. 95% CI from profile likelihood estimation.
[c] p-value estimated using log-rank test stratified by presence of liver metastases and prior use of CDK4/6 inhibitors. Breslow method is used for handling ties.
Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.
B2/B1= Postmenopausal women with prior endocrine therapy for locally advanced BC and metastatic BC.
root/cdar/d361/d3615c00001/ar/pay_germany/tlf/prod/program/ttemainef3_ah5.sas gttemainef3_ah5aa 11JUL2024:10:42

Figure 1.3.5.1 CAPItello-291 (B2 incl. B1): Kaplan-Meier plot of overall survival (OS) - China cohort
Altered full analysis set, without excluding duplicated patients in China cohort, China DCO 08MAY2023



Anzahl an Patienten unter Risiko:

21	20	16	12	8	6	1	1	1	1	0	0	Capivasertib + Fulvestrant
14	14	11	10	7	3	1	0	0	0	0	0	Placebo + Fulvestrant

B2/B1= Postmenopausal women with prior endocrine therapy for locally advanced BC and metastatic BC.

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Table 4.1.1.3 CAPItello-291 (Global B2+B1): Summary of subgroup for menopausal status analysis of overall survival (OS)
Altered full analysis set, DCO 15AUG2022

	Capivasertib + Fulvestrant (N=140)			Placebo + Fulvestrant (N=114)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	113	28 (24,8)	NE [NE; NE]	87	35 (40,2)	NE [NE; NE]	0,55	[0,33; 0,90]	0,0186*
Bilaterale Ovarektomie	4	3 (75,0)	10,7 [2,2; NE]	0	0	NE	NC	[NC]	NC
Behandlung mit LHRH-Analoga	23	6 (26,1)	NE [NE; NE]	27	9 (33,3)	NE [NE; NE]	0,80	[0,27; 2,22]	0,6708
Interaktion p-Wert									0,5285

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.

Table 4.1.2.3 CAPItello-291 (China B2+B1): Summary of subgroup for menopausal status analysis of overall survival (OS)
Altered full analysis set, DCO 08MAY2023

	Capivasertib + Fulvestrant (N=16)			Placebo + Fulvestrant (N=10)					
Subgruppen	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	n	Anzahl (%) der Patienten mit Ereignis	Mediane Zeit [95%-KI] (Monate) [a]	Hazard Ratio [b]	[95%-KI] [b]	2-seitiger p-Wert [b]
Grund für die Klassifizierung als postmenopausal									
Natürliche Ursachen	10	3 (30,0)	15,1 [6,9; NE]	5	1 (20,0)	NE [NE; NE]	NC	[NC]	NC
Bilaterale Ovarektomie	1	0	NE [NE; NE]	1	0	NE [NE; NE]	NC	[NC]	NC
Behandlung mit LHRH-Analoga	5	1 (20,0)	NE [NE; NE]	4	1 (25,0)	NE [NE; NE]	NC	[NC]	NC
Interaktion p-Wert									NC

[a] Median time to event (95% CL) based on the Kaplan Meier estimate. NE=Not estimable (e.g. median is not reached).
[b] Estimated from the main effects of an unstratified Cox proportional hazard model including treatment, subgroup and subgroup-by-treatment interaction. Ties are handled using Efron method and 95% CI derived from profile likelihood estimation. Hazard ratio <1 favours Capivasertib + Fulvestrant. * p<0.05.