March 30, 2021

Dear EA1131 Physician Participant,

This letter is to provide you with new important information regarding EA1131 (NCT02445391), "A Randomized Phase III Trial of Platinum Based Chemotherapy Vs. Capecitabine in Patients with Residual Triple-Negative Breast Cancer following Neoadjuvant Chemotherapy."

The ECOG-ACRIN Data and Safety Monitoring Committee (DSMC) reviewed the 5th interim analyses of EA1131 and provided a recommendation on March 25, 2021. After 18 months of median follow-up of the 401 participants enrolled as of January 22, 2021, the DSMC found that, based on the invasive disease-free survival events observed in both arms thus far, the study is unlikely to show that a platinum drug is either superior or non-inferior to capecitabine. Additionally, more grade 3 and 4 toxicities were seen in the platinum arm. Therefore, the following actions are now required:

- The study is now closed to new patient registrations.
- Required testing, biospecimen collection, patient-related outcomes (PRO) questionnaires, long-term follow-up and data submission will continue for all randomized participants according to protocol, unless a study participant declines to remain on study.
- Upon receipt of this notice, physicians must discuss the DSMB findings with participants enrolled in this trial. To facilitate this discussion, a sample patient letter is available on the EA1131 study page on the member side of the ECOG-ACRIN and CTSU websites. Documentation of the discussion with the patient must be kept in the patient's medical and study records.
- Participants currently receiving protocol therapy on Arm C (capecitabine arm) should continue treatment after above discussion.
- Participants currently receiving protocol therapy on Arm B (platinum arm), after discussion of above risks and benefits, including potential for greater toxicity, may choose to stop platinum treatment and switch to post-neoadjuvant capecitabine if the participants and their physicians believe this is an appropriate medical intervention for the participant. In this case, please note that there is no guidance on the optimal duration of capecitabine following a few cycles of post-neoadjuvant platinum. Alternatively, participants and physicians may continue the participants' protocol-specified therapy with a platinum, if they believe that is an appropriate medical intervention.
- Patients in Arm B (platinum arm) that have already completed treatment, after individualized discussion and medical decision, may choose to continue with long term follow-up or receive a late course of post-neoadjuvant capecitabine if the

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participant and physician believe this is an appropriate medical intervention for the participant. Again, there are no guidance on how to optimally introduce capecitabine in this setting or evidence in support of this strategy.

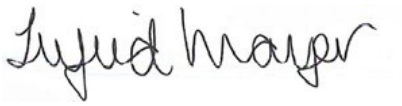
- Required testing, specimen collection, PRO, follow-up and data submission will continue for all randomized participants with their consent, according to protocol.
- Please note that it is not necessary to obtain IRB approval before notifying participants. Investigators should, however, notify their IRB, and provide copies of this letter as well as the patient letters.

Questions regarding the management of individual participants on protocol therapy may be directed to Dr. Ingrid Mayer at Ingrid.mayer@vumc.org.

Questions regarding this notice should be directed to Bruce Giantonio, ECOG-ACRIN Executive Officer, at bgiantonio@ecog-acrin.org. We greatly appreciate your support of this important clinical trial and the work of the ECOG-ACRIN in Oncology.

On behalf of the EA1131 team, thank you for your contributions to this study and for helping clarify a key question for patients with high-risk TNBC.

Sincerely,



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