

Supplementary Table S1. Dose Modification for Specific Adverse Reactions Listed in at Least One CDK4/6i Product Monograph

	Grade 1	Grade 2	Grade 3	Grade 4
Neutropenia <u>ANC 1000/mm³</u> <u><LLN</u> No modification		<u>ANC 500/mm³ – <1000/mm³</u> Interrupt until Grade ≤2 and resume at same dose <i>Recurrent or febrile neutropenia:</i> Interrupt until Grade ≤2 and resume at next lower dose PAL: As above if Day 1 of cycle; if Day 15 of first 2 cycles, continue at current dose and adjust based on CBC repeated Day 22	<u>ANC <500/mm³</u> Interrupt until Grade ≤2 and resume at next lower dose	
ALT/AST elevations without increase in total bilirubin >2x ULN No specific PAL recommendations	<u>ALT/AST</u> <u>>ULN–3x ULN</u> No modification	<u>ALT/AST >3x–5x ULN</u> RIB: if BL <Grade 2, interrupt until recover to BL, then resume at same dose If BL Grade 2, no modification ABE: No modification <i>Recurrent:</i> Interrupt until ≤BL (ABE, RIB) or Grade 1 (ABE) and resume at next lower dose	<u>ALT/AST >5–20x ULN</u> Interrupt until ≤BL (ABE, RIB) or Grade 1 (ABE) and resume at next lower dose	<u>ALT/AST >20x ULN</u> Discontinue
Total bilirubin >2 x ULN No specific PAL recommendations		<u>ALT/AST >3x ULN</u> Discontinue		
QTcF prolongation + electrolytes No specific PAL or ABE recommendations		<u>QTcF >480 ms or recurrent ≥481 ms</u> Interrupt until <481 ms then resume at next lower dose Correct serum electrolytes before resuming	<u>QTcF >500 ms</u> Interrupt until <481 ms then resume at next lower dose Correct serum electrolytes before resuming	<u>Torsade de Pointes; polymorphic ventricular tachycardia; unexplained syncope; signs / symptoms of serious arrhythmia</u> Permanently discontinue
Diarrhea No specific RIB or PAL recommendations	<u>Increase of <4 stools/day over BL</u> No modification	<u>Increase of 4–6 stools/day over BL</u> Does not resolve within 24 hours to ≤Grade 1: suspend until resolution; no modification <i>Persistent / recurrent after resuming despite maximal supportive measures:</i> suspend until ≤Grade 1; resume at next lower dose	<u>≥7 stools/day over BL; hospitalization; life-threatening consequences</u> Suspend until ≤Grade 1; resume at next lower dose	
ILD / pneumonitis	<u>Grade 1 (asymptomatic)</u> No modification* No specific PAL recommendations	<u>Grade 2 (symptomatic)</u> No modification <i>Persistent (7 days) / recurrent despite maximal supportive measures:</i> suspend until BL (ABE) or ≤Grade 1 (ABE, RIB) and resume at next lower dose [†] No specific PAL recommendations	<u>Grade 3 or 4 (severe)</u> Discontinue	
VTE (advanced breast cancer) No specific RIB or PAL recommendations	<u>Grade 1</u> No modification	<u>Grade 2</u> No modification	<u>Grade 3 or 4</u> Suspend dose and treat as clinically indicated; resume when patient is clinically stable	

*The ribociclib product monograph recommends initiating appropriate medical therapy and monitoring as clinically indicated.

[†]The ribociclib product monograph recommends performing an individualized benefit-risk assessment when considering resuming.