

## SUPPLEMENTARY MATERIAL

**Supplementary Table 1. Baseline patient demographics, disease characteristics, and prior therapies according to subgroups defined by (A) progression-free interval following penultimate platinum-based chemotherapy regimen, (B) number of prior chemotherapy regimens, (C) prior bevacizumab use.**

**A. Progression-free interval following penultimate platinum-based chemotherapy regimen**

Characteristic	PFI 6–≤12 months		PFI >12 months	
	Rucaparib (n=151)	Placebo (n=76)	Rucaparib (n=224)	Placebo (n=113)
<b>Age, median (range), y</b>	61 (42–83)	65 (40–78)	61 (39–84)	60 (36–85)
<b>Diagnosis, n (%)<sup>a</sup></b>				
Epithelial ovarian cancer	126 (83.4)	60 (78.9)	186 (83.0)	99 (87.6)
Fallopian tube cancer	13 (8.6)	3 (3.9)	19 (8.5)	7 (6.2)
Primary peritoneal cancer	12 (7.9)	13 (17.1)	19 (8.5)	6 (5.3)
<b>Histology, n (%)</b>				
Serous	143 (94.7)	72 (94.7)	214 (95.5)	107 (94.7)
Endometrioid	7 (4.6)	4 (5.3)	9 (4.0)	3 (2.7)
Other or mixed	1 (0.7)	0 (0)	1 (0.4)	3 (2.7)
<b>Bulky disease per independent radiological review, n (%)</b>				
Yes <sup>b</sup>	38 (25.2)	9 (11.8)	33 (14.7)	20 (17.7)
No <sup>c</sup>	113 (74.8)	67 (88.2)	191 (85.3)	93 (82.3)
<b>BRCA and LOH status, n (%)</b>				
BRCA mutant	54 (35.8)	27 (35.5)	76 (33.9)	39 (34.5)
BRCA wild type	97 (64.2)	49 (64.5)	148 (66.1)	74 (65.5)
LOH high	38 (25.2)	20 (26.3)	68 (30.4)	32 (28.3)
LOH low	39 (25.8)	18 (23.7)	68 (30.4)	36 (31.9)
LOH indeterminate <sup>d</sup>	20 (13.2)	11 (14.5)	12 (5.4)	6 (5.3)
<b>ECOG PS 0, n (%)</b>	114 (75.5)	52 (68.4)	166 (74.1)	84 (74.3)
<b>No. of prior chemotherapy regimens, median (range)</b>	3 (2–6)	2 (2–5)	2 (2–5)	2 (2–6)
2, n (%)	71 (47.0)	40 (52.6)	160 (71.4)	84 (74.3)
3, n (%)	59 (39.1)	22 (28.9)	49 (21.9)	20 (17.7)
≥4, n (%)	21 (13.9)	14 (18.4)	15 (6.7)	9 (8.0)
<b>Previous bevacizumab use, n (%)</b>	31 (20.5)	19 (25.0)	52 (23.2)	24 (21.2)
<b>Time to progression with penultimate platinum, median (range), mo</b>	9.6 (5.8–26.6)	9.7 (6.0–44.3)	19.7 (6.4–120.0)	21.2 (8.5–238.5)
<b>Response to last platinum, n (%)</b>				
CR per RECIST	44 (29.1)	23 (30.3)	82 (36.6)	41 (36.3)

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PR per RECIST or serological response per GCIG CA-125 criteria	107 (70.9)	53 (69.7)	142 (63.4)	71 (63.7)
<p><sup>a</sup>One patient (0.9%) in the placebo group with PFI following penultimate platinum-based chemotherapy regimen &gt;12 months had a diagnosis of high-grade serous adenocarcinoma that was fallopian and/or ovarian in origin. <sup>b</sup>Bulky residual disease was defined as any lesion &gt;2 cm. <sup>c</sup>No bulky residual disease was defined as no disease or all lesions ≤2 cm. <sup>d</sup>Tumor sample was not evaluable for percentage of genomic LOH due to low tumor content or low aneuploidy.</p> <p>CA-125, cancer antigen 125; CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; GCIG, Gynecologic Cancer InterGroup; LOH, loss of heterozygosity; PFI, progression-free interval; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors version 1.1.</p>				

## B. Number of prior chemotherapy regimens

Characteristic	Two prior chemotherapy regimens		≥3 Prior chemotherapy regimens	
	Rucaparib (n=231)	Placebo (n=124)	Rucaparib (n=144)	Placebo (n=65)
<b>Age, median (range), y</b>	61 (39–84)	61 (36–85)	61 (42–83)	63 (41–78)
<b>Diagnosis, n (%)<sup>a</sup></b>				
Epithelial ovarian cancer	186 (80.5)	103 (83.1)	126 (87.5)	56 (86.2)
Fallopian tube cancer	21 (9.1)	6 (4.8)	11 (7.6)	4 (6.2)
Primary peritoneal cancer	24 (10.4)	14 (11.3)	7 (4.9)	5 (7.7)
<b>Histology, n (%)</b>				
Serous	223 (96.5)	119 (96.0)	134 (93.1)	60 (92.3)
Endometrioid	6 (2.6)	3 (2.4)	10 (6.9)	4 (6.2)
Other or mixed	2 (0.9)	2 (1.6)	0	1 (1.5)
<b>Bulky disease per independent radiological review, n (%)</b>				
Yes <sup>b</sup>	44 (19.0)	17 (13.7)	27 (18.8)	12 (18.5)
No <sup>c</sup>	187 (81.0)	107 (86.3)	117 (81.3)	53 (81.5)
<b>BRCA and LOH status, n (%)</b>				
BRCA mutant	73 (31.6)	40 (32.3)	57 (39.6)	26 (40.0)
BRCA wild type	158 (68.4)	84 (67.7)	87 (60.4)	39 (60.0)
LOH high	63 (27.3)	35 (28.2)	43 (29.9)	17 (26.2)
LOH low	73 (31.6)	39 (31.5)	34 (23.6)	15 (23.1)
LOH indeterminate <sup>d</sup>	22 (9.5)	10 (8.1)	10 (6.9)	7 (10.8)
<b>ECOG PS 0, n (%)</b>	168 (72.7)	88 (71.0)	112 (77.8)	48 (73.8)
<b>No. of prior chemotherapy regimens, median (range)</b>	2 (2–2)	2 (2–2)	3 (3–6)	3 (3–6)
2, n (%)	231 (100.0)	124 (100.0)	0	0
3, n (%)	0	0	108 (75.0)	42 (64.6)
≥4, n (%)	0	0	36 (25.0)	23 (35.4)
<b>Previous bevacizumab use, n (%)</b>	52 (22.5)	23 (18.5)	31 (21.5)	20 (30.8)
<b>Time to progression with penultimate platinum, median (range), mo</b>	16.0 (6.1–120.0)	18.0 (6.0–238.5)	10.6 (5.8–81.3)	11.5 (6.4–58.0)
6 to ≤12 mo, n (%)	71 (30.7)	40 (32.3)	80 (55.6)	36 (55.4)
>12 mo, n (%)	160 (69.3)	84 (67.7)	64 (44.4)	29 (44.6)
<b>Response to last platinum, n (%)</b>				
CR per RECIST	76 (32.9)	42 (33.9)	50 (34.7)	22 (33.8)
PR per RECIST or serological response per GCIG CA-125 criteria	155 (67.1)	82 (66.1)	94 (65.3)	43 (66.2)
<sup>a</sup> One patient (0.8%) in the placebo group with 2 prior chemotherapy regimens had a diagnosis of high-grade serous adenocarcinoma that was fallopian tube and/or ovarian in origin. <sup>b</sup> Bulky residual disease was defined as any lesion >2 cm. <sup>c</sup> No bulky residual disease was defined as no disease or all tumors ≤2 cm. <sup>d</sup> Tumor sample was not evaluable for percentage of genomic LOH due to low tumor content or low aneuploidy. CA-125, cancer antigen 125; CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; GCIG, Gynecologic Cancer InterGroup; LOH, loss of heterozygosity; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors version 1.1.				

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## C. Prior bevacizumab use

Characteristic	Prior bevacizumab		No prior bevacizumab	
	Rucaparib (n=83)	Placebo (n=43)	Rucaparib (n=292)	Placebo (n=146)
<b>Age, median (range), y</b>	60 (39–79)	62 (41–84)	61 (41–84)	62 (36–85)
<b>Diagnosis, n (%)<sup>a</sup></b>				
Epithelial ovarian cancer	66 (79.5)	36 (83.7)	246 (84.2)	123 (84.2)
Fallopian tube cancer	9 (10.8)	2 (4.7)	23 (7.9)	8 (5.5)
Primary peritoneal cancer	8 (9.6)	5 (11.6)	23 (7.9)	14 (9.6)
<b>Histology, n (%)</b>				
Serous	80 (96.4)	41 (95.3)	277 (94.9)	138 (94.5)
Endometrioid	3 (3.6)	1 (2.3)	13 (4.5)	6 (4.1)
Other or mixed	0	1 (2.3)	2 (0.7)	2 (1.4)
<b>Bulky disease per independent radiological review</b>				
Yes, n (%) <sup>b</sup>	14 (16.9)	8 (18.6)	57 (19.5)	21 (14.4)
No, n (%) <sup>c</sup>	69 (83.1)	35 (81.4)	235 (80.5)	125 (85.6)
<b>BRCA and LOH status, n (%)</b>				
BRCA mutant	28 (33.7)	11 (25.6)	102 (34.9)	55 (37.7)
BRCA wild type	55 (66.3)	32 (74.4)	190 (65.1)	91 (62.3)
LOH high	24 (28.9)	15 (34.9)	82 (28.1)	37 (25.3)
LOH low	28 (33.7)	12 (27.9)	79 (27.1)	42 (28.8)
LOH indeterminate <sup>d</sup>	3 (3.6)	5 (11.6)	29 (9.9)	12 (8.2)
<b>ECOG PS 0, n (%)</b>	66 (79.5)	35 (81.4)	214 (73.3)	101 (69.2)
<b>No. of prior chemotherapy regimens, median (range)</b>	2 (2–5)	2 (2–5)	2 (2–6)	2 (2–6)
2, n (%)	52 (62.7)	23 (53.5)	179 (61.3)	101 (69.2)
3, n (%)	25 (30.1)	9 (20.9)	83 (28.4)	33 (22.6)
≥4, n (%)	6 (7.2)	11 (25.6)	30 (10.3)	12 (8.2)
<b>Prior bevacizumab exposure, n (%)</b>	83 (100.0)	43 (100.0)	0	0
In first line	50 (60.2)	21 (48.8)	0	0
In second line or later	37 (44.6)	23 (53.5)	0	0
With chemotherapy in last treatment before ARIEL3 <sup>e</sup>	14 (16.9)	9 (20.9)	0	0
<b>Time to progression with penultimate platinum, median (range), mo</b>	15.6 (6.4–63.3)	14.6 (6.4–71.6)	13.3 (5.8–120.0)	14.8 (6.0–238.5)
6 to ≤12 mo, n (%)	31 (37.3)	19 (44.2)	120 (41.1)	57 (39.0)
>12 mo, n (%)	52 (62.7)	24 (55.8)	172 (58.9)	89 (61.0)
<b>Response to last platinum, n (%)</b>				
CR per RECIST	30 (36.1)	11 (25.6)	96 (32.9)	53 (36.3)
PR per RECIST or serological response per GCIg CA-125 criteria	53 (63.9)	32 (74.4)	196 (67.1)	93 (63.7)

<sup>a</sup>One patient (0.7%) in the placebo group with no prior bevacizumab use had a diagnosis of high-grade serous adenocarcinoma that was fallopian and/or ovarian in origin. <sup>b</sup>Bulky residual disease was defined as any lesion >2 cm. <sup>c</sup>No bulky residual disease was defined as no disease or all lesions ≤2 cm. <sup>d</sup>Tumor sample was not evaluable for percentage of genomic LOH due to low tumor content or low aneuploidy. <sup>e</sup>Bevacizumab maintenance therapy after the last treatment was not permitted.

CA-125, cancer antigen 125; CR, complete response; ECOG PS, Eastern Cooperative Oncology Group performance status; GCIg, Gynecologic Cancer InterGroup; LOH, loss of heterozygosity; PR, partial response; RECIST, Response Evaluation Criteria In Solid Tumors version 1.1.

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**Supplementary Table 2. Summary of safety and treatment-emergent adverse events according to subgroups defined by (A) PFI following penultimate platinum-based chemotherapy regimen, (B) number of prior chemotherapy regimens, (C) prior bevacizumab use.**

**A. PFI following penultimate platinum-based chemotherapy regimen**

	PFI 6–≤12 months				PFI >12 months			
	Rucaparib (n=150) <sup>a</sup>		Placebo (n=76)		Rucaparib (n=222) <sup>b</sup>		Placebo (n=113)	
Treatment duration, median (range), mo	6.7 (0–63)		4.1 (1–19)		9.2 (0–67)		6.1 (0–68)	
Patients with at least one TEAE	150 (100)		74 (97.4)		222 (100)		108 (95.6)	
Patients with at least one grade ≥3 TEAE	90 (60.0)		11 (14.5)		141 (63.5)		20 (17.7)	
Treatment interruption and/or dose reduction due to TEAE	106 (70.7)		9 (11.8)		165 (74.3)		11 (9.7)	
Treatment interruption due to TEAE	94 (62.7)		9 (11.8)		154 (69.4)		10 (8.8)	
Dose reduction due to TEAE	84 (56.0)		4 (5.3)		125 (56.3)		4 (3.5)	
Discontinued due to TEAE <sup>c</sup>	25 (16.7)		1 (1.3)		39 (17.6)		2 (1.8)	
Deaths due to TEAE <sup>c</sup>	0		0		6 (2.7) <sup>d</sup>		1 (0.9) <sup>e</sup>	
Deaths due to disease progression	1 (0.7)		1 (1.3)		1 (0.5)		0	
<b>Most common (≥20%) TEAEs</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>
Nausea	113 (75.3)	5 (3.3)	23 (30.3)	0	171 (77.0)	9 (4.1)	47 (41.6)	1 (0.9)
Asthenia/fatigue	110 (73.3)	12 (8.0)	29 (38.2)	2 (2.6)	157 (70.7)	17 (7.7)	56 (49.6)	3 (2.7)
Constipation	58 (38.7)	1 (0.7)	20 (26.3)	0	82 (36.9)	6 (2.7)	24 (21.2)	2 (1.8)
Dysgeusia	58 (38.7)	0	3 (3.9)	0	90 (40.5)	0	10 (8.8)	0
Anemia/decreased hemoglobin	55 (36.7)	32 (21.3)	2 (2.6)	0	92 (41.4)	51 (23.0)	7 (6.2)	1 (0.9)
Diarrhea	55 (36.7)	3 (2.0)	18 (23.7)	1 (1.3)	74 (33.3)	0	25 (22.1)	1 (0.9)
Vomiting	55 (36.7)	5 (3.3)	14 (18.4)	1 (1.3)	84 (37.8)	11 (5.0)	15 (13.3)	1 (0.9)
ALT/AST increase	54 (36.0)	11 (7.3)	1 (1.3)	0	79 (35.6)	28 (12.6)	5 (4.4)	0
Abdominal pain	51 (34.0)	6 (4.0)	26 (34.2)	1 (1.3)	69 (31.1)	6 (2.7)	24 (21.2)	0
Thrombocytopenia/decreased platelet count	41 (27.3)	10 (6.7)	3 (3.9)	0	70 (31.5)	11 (5.0)	2 (1.8)	0
Decreased appetite	39 (26.0)	2 (1.3)	11 (14.5)	0	55 (24.8)	1 (0.5)	14 (12.4)	0
Headache	36 (24.0)	0	11 (14.5)	1 (1.3)	37 (16.7)	1 (0.5)	20 (17.7)	0
Neutropenia/decreased neutrophil count	29 (19.3)	11 (7.3)	2 (2.6)	0	47 (21.2)	21 (9.5)	7 (6.2)	2 (1.8)

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Photosensitivity reaction	21 (14.0)	1 (0.7)	0 (0)	0	47 (21.2)	1 (0.5)	1 (0.9)	0
<sup>a</sup> One patient did not receive a dose of rucaparib and is excluded from the safety population. <sup>b</sup> Two patients did not receive a dose of rucaparib and are excluded from the safety population. <sup>c</sup> Excluding disease progression. <sup>d</sup> Acute myeloid leukemia (n=1); cardiac arrest (n=1); hematophagic histiocytosis (n=1); myelodysplastic syndrome (n=2); unclassifiable high-grade B-cell lymphoma (n=1). <sup>e</sup> Pulmonary embolism (n=1). Data sorted by decreasing any-grade incidence in the rucaparib arm of the PFI 6–≤12 months subgroup. ALT, alanine aminotransferase; AST, aspartate aminotransferase; PFI, progression-free interval; TEAE, treatment-emergent adverse event.								

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## B. Number of prior chemotherapy regimens

	Two prior chemotherapy regimens				≥3 Prior chemotherapy regimens			
	Rucaparib (n=229) <sup>a</sup>		Placebo (n=124)		Rucaparib (n=143) <sup>b</sup>		Placebo (n=65)	
<b>Treatment duration, median (range), mo</b>	8.0 (0–61)		5.5 (0–68)		9.0 (0–67)		5.3 (1–28)	
<b>Patients with at least one TEAE</b>	229 (100)		119 (96.0)		143 (100)		63 (96.9)	
<b>Patients with at least one grade ≥3 TEAE</b>	142 (62.0)		23 (18.5)		89 (62.2)		8 (12.3)	
<b>Treatment interruption and/or dose reduction due to TEAE</b>	164 (71.6)		13 (10.5)		107 (74.8)		7 (10.8)	
Treatment interruption due to TEAE	152 (66.4)		12 (9.7)		96 (67.1)		7 (10.8)	
Dose reduction due to TEAE	126 (55.0)		5 (4.0)		83 (58.0)		3 (4.6)	
<b>Discontinued due to TEAE<sup>c</sup></b>	36 (15.7)		2 (1.6)		28 (19.6)		1 (1.5)	
<b>Deaths due to TEAE<sup>c</sup></b>	3 (1.3) <sup>d</sup>		1 (0.8) <sup>e</sup>		3 (2.1) <sup>f</sup>		0	
<b>Deaths due to disease progression</b>	1 (0.4)		0		1 (0.7)		1 (1.5)	
<b>Most common (≥20%) TEAEs</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>
Nausea	172 (75.1)	8 (3.5)	45 (36.3)	0	112 (78.3)	6 (4.2)	25 (38.5)	1 (1.5)
Asthenia/fatigue	156 (68.1)	20 (8.7)	51 (41.1)	4 (3.2)	111 (77.6)	9 (6.3)	34 (52.3)	1 (1.5)
Dysgeusia	97 (42.4)	0	11 (8.9)	0	51 (35.7)	0	2 (3.1)	0
Anemia/decreased hemoglobin	93 (40.6)	57 (24.9)	6 (4.8)	0	54 (37.8)	26 (18.2)	3 (4.6)	1 (1.5)
Constipation	93 (40.6)	7 (3.1)	25 (20.2)	1 (0.8)	47 (32.9)	0	19 (29.2)	1 (1.5)
Vomiting	87 (38.0)	11 (4.8)	16 (12.9)	0	52 (36.4)	5 (3.5)	13 (20.0)	2 (3.1)
Abdominal pain	85 (37.1)	8 (3.5)	33 (26.6)	1 (0.8)	35 (24.5)	4 (2.8)	17 (26.2)	0
ALT/AST increase	80 (34.9)	22 (9.6)	4 (3.2)	0	53 (37.1)	17 (11.9)	2 (3.1)	0
Diarrhea	71 (31.0)	1 (0.4)	29 (23.4)	1 (0.8)	58 (40.6)	2 (1.4)	14 (21.5)	1 (1.5)
Thrombocytopenia/decreased platelet count	68 (29.7)	9 (3.9)	4 (3.2)	0	43 (30.1)	12 (8.4)	1 (1.5)	0
Decreased appetite	60 (26.2)	2 (0.9)	14 (11.3)	0	34 (23.8)	1 (0.7)	11 (16.9)	0
Neutropenia/decreased neutrophil count	51 (22.3)	23 (10.0)	5 (4.0)	0	25 (17.5)	9 (6.3)	4 (6.2)	2 (3.1)
Blood creatinine increased	47 (20.5)	1 (0.4)	3 (2.4)	0	17 (11.9)	0	0	0
Headache	47 (20.5)	1 (0.4)	20 (16.1)	0	26 (18.2)	0	11 (16.9)	1 (1.5)

<sup>a</sup>Two patients did not receive a dose of rucaparib and are excluded from the safety population. <sup>b</sup>One patient did not receive a dose of rucaparib and is excluded from the safety population. <sup>c</sup>Excluding disease progression. <sup>d</sup>Hematophagic histiocytosis (n=1); cardiac arrest (n=1); myelodysplastic syndrome (n=1). <sup>e</sup>Pulmonary embolism (n=1). <sup>f</sup>Acute myeloid leukemia (n=1); unclassifiable high-grade B-cell lymphoma (n=1); myelodysplastic syndrome (n=1).  
Data sorted by decreasing any-grade incidence in the rucaparib arm of the 2 prior chemotherapy regimens subgroup.  
ALT, alanine aminotransferase; AST, aspartate aminotransferase; TEAE, treatment-emergent adverse event.

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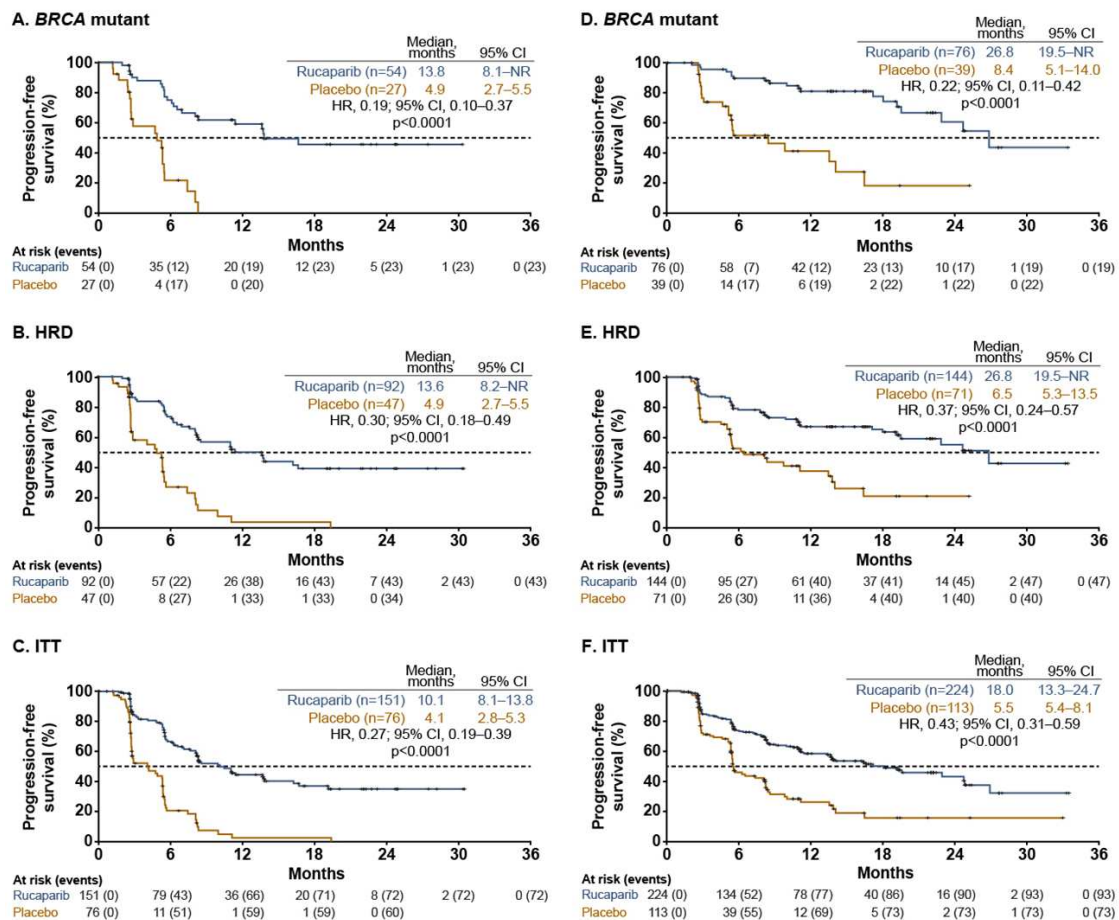
## C. Prior bevacizumab use

	Prior bevacizumab				No prior bevacizumab			
	Rucaparib (n=83)		Placebo (n=43)		Rucaparib (n=289) <sup>a</sup>		Placebo (n=146)	
<b>Treatment duration, median (range), mo</b>	7.9 (0–55)		4.6 (1–30)		8.4 (0–67)		5.5 (0–68)	
<b>Patients with at least one TEAE</b>	83 (100)		40 (93.0)		289 (100)		142 (97.3)	
<b>Patients with at least one grade ≥3 TEAE</b>	58 (69.9)		5 (11.6)		173 (59.9)		26 (17.8)	
<b>Treatment interruption and/or dose reduction due to TEAE</b>	70 (84.3)		2 (4.7)		201 (69.6)		18 (12.3)	
Treatment interruption due to TEAE	65 (78.3)		2 (4.7)		183 (63.3)		17 (11.6)	
Dose reduction due to TEAE	52 (62.7)		0		157 (54.3)		8 (5.5)	
<b>Discontinued due to TEAE<sup>b</sup></b>	13 (15.7)		0		51 (17.6)		3 (2.1)	
<b>Deaths due to TEAE<sup>b</sup></b>	2 (2.4) <sup>c</sup>		0		4 (1.4) <sup>d</sup>		1 (0.7) <sup>e</sup>	
<b>Deaths due to disease progression</b>	1 (1.2)		0		1 (0.3)		1 (0.7)	
<b>Most common (≥20%) TEAEs</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>	<b>Any grade</b>	<b>Grade ≥3</b>
Asthenia/fatigue	65 (78.3)	8 (9.6)	16 (37.2)	0	202 (69.9)	21 (7.3)	69 (47.3)	5 (3.4)
Nausea	64 (77.1)	5 (6.0)	13 (30.2)	0	220 (76.1)	9 (3.1)	57 (39.0)	1 (0.7)
Anemia/decreased hemoglobin	39 (47.0)	24 (28.9)	1 (2.3)	0	108 (37.4)	59 (20.4)	8 (5.5)	1 (0.7)
Diarrhea	35 (42.2)	1 (1.2)	9 (20.9)	1 (2.3)	94 (32.5)	2 (0.7)	34 (23.3)	1 (0.7)
Dysgeusia	34 (41.0)	0	4 (9.3)	0	114 (39.4)	0	9 (6.2)	0
Vomiting	33 (39.8)	3 (3.6)	6 (14.0)	0	106 (36.7)	13 (4.5)	23 (15.8)	2 (1.4)
Abdominal pain	31 (37.3)	0	16 (37.2)	0	89 (30.8)	12 (4.2)	34 (23.3)	1 (0.7)
Thrombocytopenia/decreased platelet count	29 (34.9)	6 (7.2)	0	0	82 (28.4)	15 (5.2)	5 (3.4)	0
ALT/AST increase	28 (33.7)	9 (10.8)	1 (2.3)	0	105 (36.3)	30 (10.4)	5 (3.4)	0
Constipation	20 (24.1)	0	12 (27.9)	1 (2.3)	120 (41.5)	7 (2.4)	32 (21.9)	1 (0.7)
Headache	20 (24.1)	0	7 (16.3)	0	53 (18.3)	1 (0.3)	24 (16.4)	1 (0.7)
Blood creatinine increased	19 (22.9)	1 (1.2)	0	0	45 (15.6)	0	3 (2.1)	0
Neutropenia/decreased neutrophil count	19 (22.9)	9 (10.8)	1 (2.3)	0	57 (19.7)	23 (8.0)	8 (5.5)	2 (1.4)
Photosensitivity reaction	18 (21.7)	2 (2.4)	0	0	50 (17.3)	0	1 (0.7)	0
Cough	16 (19.3)	0	9 (20.9)	0	50 (17.3)	0	16 (11.0)	0
Decreased appetite	16 (19.3)	0	2 (4.7)	0	78 (27.0)	3 (1.0)	23 (15.8)	0

<sup>a</sup>Three patients did not receive a dose of rucaparib and are excluded from the safety population. <sup>b</sup>Excluding disease progression. <sup>c</sup>Cardiac arrest (n=1); unclassifiable high-grade B-cell lymphoma (n=1). <sup>d</sup>Acute myeloid leukemia (n=1); hematophagic histiocytosis (n=1); myelodysplastic syndrome (n=2). <sup>e</sup>Pulmonary embolism (n=1). Data sorted by decreasing any-grade incidence in the rucaparib arm of the prior bevacizumab subgroup. ALT, alanine aminotransferase; AST, aspartate aminotransferase; TEAE, treatment-emergent adverse event.

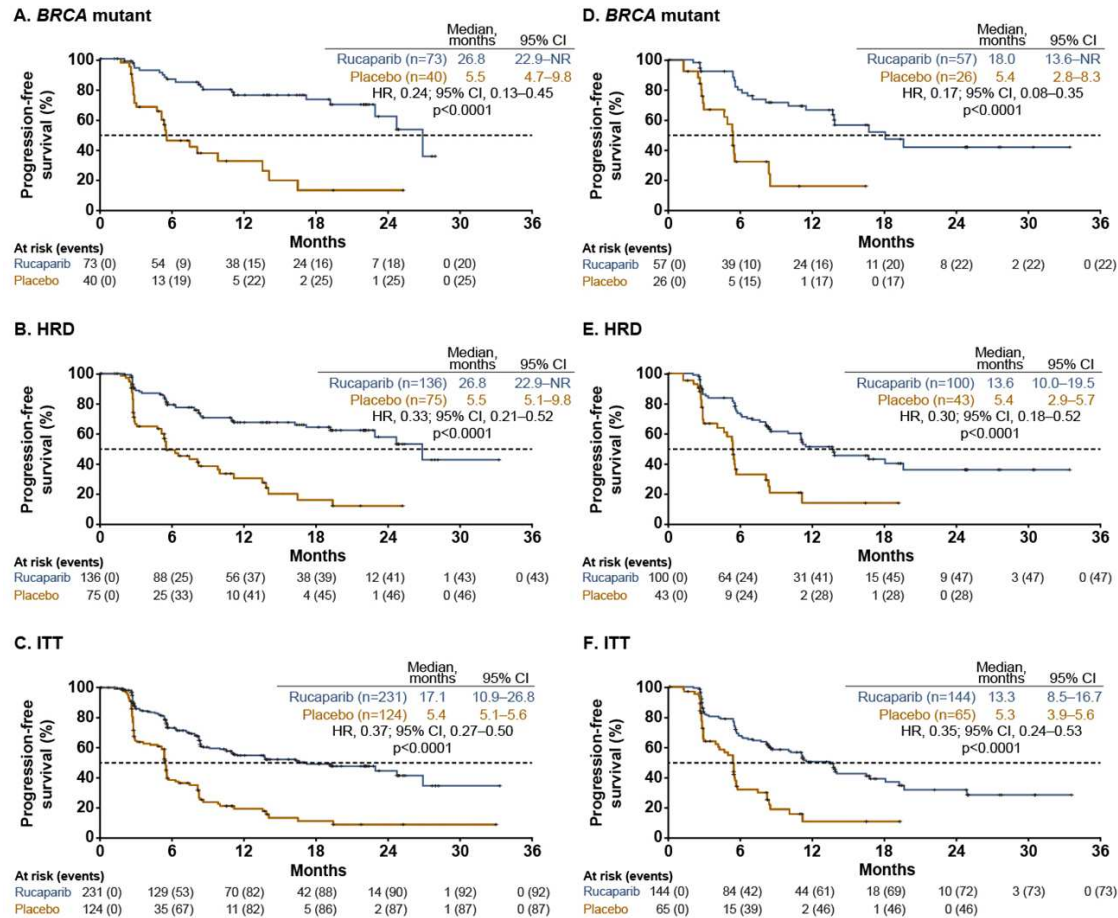


**Supplementary Figure 1. Blinded independent central review-assessed progression-free survival across prespecified, nested cohorts in patients with progression-free interval following penultimate platinum-based regimen of (A–C) 6–≤12 months or (D–F) >12 months.<sup>a</sup> P values are presented for descriptive purposes only.**



<sup>a</sup>P values were nonsignificant for treatment by progression-free interval following penultimate platinum-based regimen subgroup (6–≤12 months vs >12 months) interaction tests (BRCA mutant cohort, p=0.7138; HRD cohort, p=0.6459; ITT population, p=0.1041). The dashed line indicates the median value of progression-free survival. HR, hazard ratio; HRD, homologous recombination deficiency; ITT, intent to treat; PFI, progression-free interval.

**Supplementary Figure 2. Blinded independent central review-assessed progression-free survival across the prespecified, nested cohorts in patients with (A–C) 2 prior chemotherapy regimens or (D–F) ≥3 prior chemotherapy regimens.<sup>a</sup> P values are presented for descriptive purposes only.**

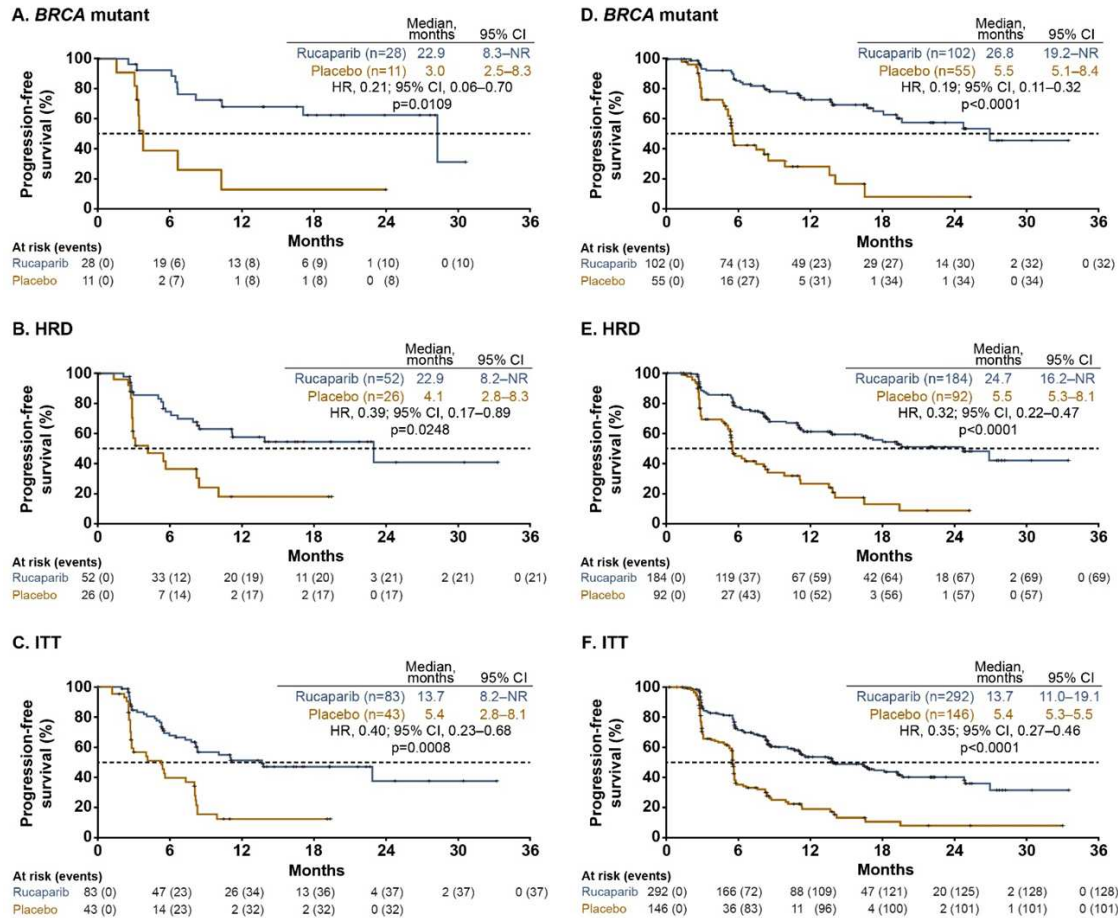


<sup>a</sup>P values were nonsignificant for treatment by the number of prior chemotherapy regimens subgroup (2 vs ≥3) interaction tests (BRCA mutant cohort, p=0.7660; HRD cohort, p=0.9215; ITT population, p=0.9627).

The dashed line indicates the median value of progression-free survival.

HR, hazard ratio; HRD, homologous recombination deficiency; ITT, intent to treat.

**Supplementary Figure 3. Blinded independent central review-assessed progression-free survival across the prespecified, nested cohorts in patients with (A–C) prior bevacizumab use or (D–F) no prior bevacizumab use.<sup>a</sup> P values are presented for descriptive purposes only.**



<sup>a</sup>P values were nonsignificant for treatment by prior bevacizumab use subgroup (yes vs no) interaction tests (BRCA mutant cohort, p=0.9683; HRD cohort, p=0.9897; ITT population, p=0.8427).

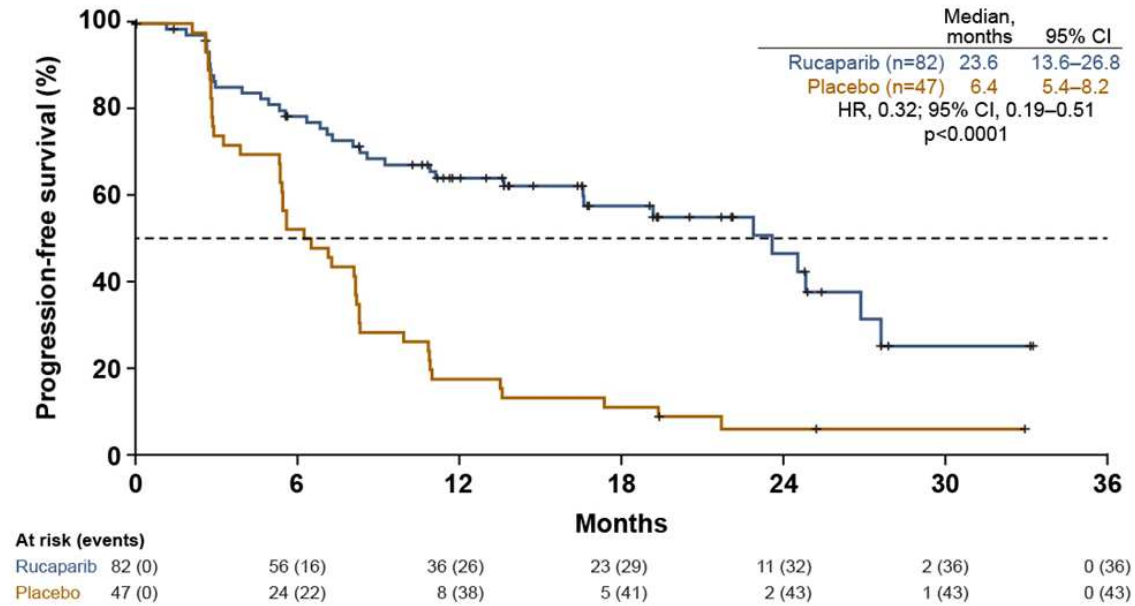
The dashed line indicates the median value of progression-free survival.

HR, hazard ratio; HRD, homologous recombination deficiency; ITT, intent to treat.

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**Supplementary Figure 4. Investigator-assessed progression-free survival in the exploratory cohort of patients with progression-free interval following penultimate platinum-based regimen of >24 months. P values are presented for descriptive purposes only.**



Log-rank analysis was performed by randomization strata for HRD classification by clinical trial assay, best response, and penultimate platinum progression-free interval.

The dashed line indicates the median value of progression-free survival.

HR, hazard ratio; HRD, homologous recombination deficiency.