Study Reference Quality Rating	Description of Treatment Arms	CONSORT Numbers Retention	Secondary Malignancies	Comments	Primary Abstractor Initials	Dual Abstractor Initials	isAnthracycline	isCyclophosphamide	isTaxane
EN#	Intervention description: Intervention description (note drugs, dosage, timeline, # of courses)	N recruited or assessed for eligibility: N eligible:	Number of patients: Number of cancers:		Billiais	Include date data was checked			
Author Year All related EN#s Trial name, if any	Control description: Control description (note drugs, dosage, timeline, # of courses)	Total: IG: CG:	Cancer types:						
If an ancillary article		Cos: N excluded: Total:	Deaths related to SM:						
note followup time or subanalysis.		IG: CG: N run-in: NA if no run-in period							
Quality Rating		Total: IG: CG:							
		N randomized: Total: IG:							
		CG: N Analyzed:							
EN#961	Intervention description:	Total: IG: N recruited or assessed for eligibility: NR	Acute modeld laukemia		MSW (3/24)				
Fisher (1999)	Intervention description: IG1: Dissorbidin 60 mg IV every 21 days x 4 courses + cyclophosphomide 2400 mg IV on day 1 of course 1 and course 2 (no cyclo during cycles 3-4)	N eligible: NR	Acute myeloid leukemia Total: 0.59% (15/2534) CG: 0.48 % (4/842)		morr (324)				
NSABP B25 Trial	IG2: Doxorubicin 60 mg IV every 21 days x 4 courses + cyclophosphomide 2400 mg IV on day 1 of course 1-4	N excluded: Total: 34	IG1: 0.59% (5/845) IG2: 0.71% (6/847)						
(Based on B22 trial - EN#1876; some of the basic study criteria	Control description:	Total: 34 CG: 12 KG: 13 KG: 29	Myelodysplastic syndrome (MDS) Total: 0.28% (7/2534) CG: 0% (0/845)						
based on earlier NSABP trials, such as EN#1877)	Doxorubicin 60 mg IV every 21 days x 4 courses + cyclophosphomide 1200 mg IV every 21 days x 4 courses (same as one of the B22 groups)	N run-in: NA	IG1: 0.59% (5/842) IG2: 0.24% (2/847)						
Good	*All patients >50 years also recievevd tamoxifen 20mg/d on Day 1 of Cylce 1 and continuing for 5 years. G-CSF 5 ug/kg was also given to	N randomized: Total: 2548 patients CG 850	First Reported Treatment Failure - SM Total: 2.29% (58/2545) CG: 1.77% (15/849)						
	patients on Day 2 of each cycle and continued until a threshold was reached; G-CSF dose adjustments made based on sepsis	G1 848 IG2 850	IG1: 2.24% (19/847) IG2: 2.83% (24/849)				TRUE	FALSE	FALSE
		N analyzed: DFS, OS Total: 2545 patients							
		CG 849 IG1 847 IG2 849							
		N Analyzed: toxicity group Total: 2534 patients							
		CG: 842 IG1: 845							
		IG2: 847 Lost to Followup: 3.9%							
		Withdrew consent (XX mo), n (%): NR							
EN#970 Bergh (2000)	Intervention description: IG1: Tallored FEC: all patients randomized to this group start on Step 1; based on haematoligical toxicity, dose adjustments were	N recruited or assessed for eligibility: NR N eligble: NR	Acute myeloid leukemia IG1: 1.20% (3/251; one each occuring at 14, 15 and 33 months after completion of tx)	Timeline of second solid cancers is unclear. Does not report on SM's occuring in the high-dose CTCb group	MSW (3/25)				
Scandinavian Breast	Step 1; based on haematoligical toxicity, dose adjustments were made - escalation, reduction, or unaftered. Step 2; there exists the state of the s	N run-in: NA	33 months after completion of tx) IG2: NR Mediodycolastic condrome (MDS)	,					
Group (SBG) 9401 study	Step -2: <u>fluorouracil</u> 600 mg IV + <u>epirubicin</u> 38 mg IV + cyclophosphomide 450 mg IV Step -1: <u>fluorouracil</u> 600 mg IV + <u>epirubicin</u> 60 mg IV +	N randomized: Total: 525 patients	Myelodysplastic syndrome (MDS) IG1: 0.73% (2/274; one each occuring at 27 and 30 months after completion of bx) IG2: NR						
Fair	cyclophosphomide 600 mg IV + Step 1: <u>fluorouracii</u> 600 mg IV + <u>epirubicin</u> 75 mg IV + cyclophosphomide 900 mg IV +	IG1: 251 IG2: 274							
	Step 2: <u>fluorouracil</u> 600 mg IV + <u>epirubicin</u> 90 mg IV + <u>cyclophosphomide</u> 1200 mg IV + mesna 720 mg IV + Step 3: <u>fluorouracil</u> 600 mg IV + epirubicin 105 mg IV +	N excluded/ineligible: Total: 4 (G1: 2	Other secondary cancers IG1: Contralateral BC: 3.59% (9/251) Rectal carcinoma: 0.40% (1/251) Basal carcinoma of the skin: 0.40% (1/251)						
	Step 3: Hacrouracil 600 mg IV + epirubicin 105 mg IV + cyclophosphomide 1500 mg IV + mesna 900 mg IV + Step 4: Hacrouracil 600 mg IV + mesna 900 mg IV + cyclophosphomide 1800 mg IV + mesna 1980 mg IV + cyclophosphomide 1800 mg IV + mesna 1980 mg IV	IG2: 2 N Analyzed (ITT)	IG2: NR						
		Total: 525 IG1: 251					TRUE	FALSE	FALSE
	IG2: high-dose FEC+CTCb: <u>thorouracil</u> 600 mg IV + <u>epinblicin</u> 60 mg IV + <u>epinblicin</u> 60 mg IV + <u>eyinblicin</u> 60 mg IV + 2 courses fallowed by thorouracil 60 mg IV + <u>eyinblicin 60 mg IV + eyinbplicin 60mg</u> IV + <u>eyinb</u>	IG2: 274 Lost to Followup (XX mo), n (%:							
	after 3-4 weeks (cyclophosphomide 6000 mg + thiotepa 500 mg + carboplatin 800 mg)	Total: 4/525 after 43 months							
	*Both groups underwent locoragional radiation therapy and were given tamoxifen non-concurrently with chemotherapy at 20 mg/day for 5 years	Withdrew consent (XX mo), n (%): NR							
	for 5 years Control description: N/A (compared two intervention groups)								
EN#974	Intervention description: mitoxantrone or anthracycline-containing	N recruited or assessed for eligibility: 3540 patients	NLAH/RAEB+ observed:		MSW (3/26)				
Chaplain (2000)	regimens	N excluded: 447 policets	Anthracycline group 0.29% (1/341) No chemotherapy group: 0.01% (2/2084)	anemia group					
Fair +	Control description: NA	195 women with metasticsts; 119 women with unknown surgical treatment; 133 who were older than 85 years of age N randomized: NA	Relative Risk of NLAL/RAEB+ Anthracycline group: 0.095 (95% CI, 0.010-0.90; p=.04)						
		N Analyzed: 3093 patients	p=.04)						
		N surgery plus chemotherapy: 49 patients N surgery plus RT plus chemo: 960 patients							
		N Recieving anthracyclines: 341 patients Lost to Followup (XX mo), n (%): NA					TRUE	FALSE	FALSE
		Withdrew consent (XX mo), n (%): NA							
EN#1028 Schrama (2002)	Intervention description: Pre-surgery, FEC (5-fluorouacil 500 mg IV + epirubicin 120 mg IV + cyclophosphomide 500 mg IV) x 3 courses	N eligble: 97 patients (patients who underwent 3 courses of FEC pre-surgery)	Myleodysplastic syndrome: IG: 4.9% (2/41) CG: 0/40		MSW (4/1)	1			
(Parent article is EN#1873 - Rodenhuis.	cycoprosponomo su umg vy x ocurses Post-surgen; FEC x 1 course + figrastim 300 ug + peripheral-blood progenitor cell (PBPC) collection fallowed by high-dose chemothrapy after 3 weeks (cyclophosphomide 6 g + thotepa 480 mg + carboptatin 1600 mg, divided over 4 days) + PCPC support	N excluded: 5 PBPC unsuccessful: 1 Unresponsiveness to FEC: 4	Solid Tumors: (G: 4.9% (2/41): basal cell carcinoma.						
1998; EN#1028 presents updated long-	mg + carboplatin 1600 mg, divided over 4 days) + PCPC support (anti-emetics and antibiotics)	N randomized: Total: 81	tubulair/tubulovilleus adenoma of the colon CG: 2.5% (1/40); tubulair/tubulovilleus adenoma of the colon						
term results) Fair+	Control description: Pre-surgery: FEC (5-fluorouacii 500 mg IV + epirubicin 120 mg IV +	Total: 81 IG: 41 CG: 40	was CORN						
	cyclophosphomide 500 mg IV) x 3 courses Post-surgeny: FEC x 1 course	N Analyzed: Total: 81							
		IG: 41 CG: 40					TRUE	FALSE	FALSE
		Lost to Followup (XX mo), n (%): Total: NR							
		Withdrew consent: 17/81 Patient refusal: 1							
		Patient refusal: 1 Patient refusal for HD chemo, if randomized to that arm: 11 Patient refusal for HD chemo, after randomization: 5							
EN#1035	Intervention description:	N recruited or assessed for eligibility: NR	Solid Tumors	Data not abstracted: mean age, age	MSW (4/2)	-			
Bernard-Marty (2003)	IG1: EC (epirubicin 60 mg/m2 IV on day 1 and <u>cyclophosphomide</u> 500 mg/m2 IV on day 1) cycles every 21 days IG2: HEC (epirubicin 100 mg/m2 IV on day 1 and <u>cyclophosphamide</u>	N eligible: NR N run-in: NA	CG: 4.31% (11/255) Contralateral breast: 7 Coloractal cassicores: 2	range, mean delay and delay range for each type of secondary malignancy (not broken out by chemo tx): details	(-=)				
(Parent article - EN#1846 Piccart, 2001)	830 mg/m2 IV on day 1) cycles every 21 days	N randomized: 804 patients	Colorectal carcinoma: 2 Thyroid: 1 Melanoma: 1 IG1: 3.00% (8/267)	(not broken out by chemo tx); details and characteristics of patients developing AML		1			
Good	Control description: CG: CMF (cyclophosphomide 100 mg/m2 orally days 1-14; methotrexate 40 mg/m2 IV days 1 and 8; 5-(typrograph) 600 mg/m2 IV	N excluded: 27 patients CG: 12 7=inadequate disease stage; 1=inadequate cardiac/bone marrow function;	IG1: 3.00% (8/267) Contralateral breast: 4 Uterus (adenocarcinoma): 1						
	days 1 and 8) for six cycles (every 28 days)	2=other ineligibility; 2=withdrawal IG1: 5	Thyroid: 1 Lung: 1						
		2=inadequate disease stage; 1=inadequate cardiacibone marrow function; 1=other ineligibility; 1=withdrawal IG2: 10	Melanoma: 1 IG2: 4.31% (11/255) Contralateral breast: 5 Ovary (epithelial): 2						
		5=inadequate disease stage; 1=inadequate cardiac/bone marrow function; 2=other ineligibility; 2=withdrawal	Ovary (epithelial): 2 Cervix (squamous): 1 Thyroid: 1			1	TPILE	FALSE	FALSE
		N Analyzed: Total: 777 patients	Lung: 1 Globlastoma: 1			1	TRUE	FALSE	FALSE
		CG: 255 patients IG1: 267 patients IG2: 255 patients	Other Malignancies CG: 0/255						
		Lost to Followup: 2.96% (23/777; median 32.3 months)	IG1: 0.37% (1/267) Chronic lymphocytic leukemia: 1 IG2: 1.96% (5/255)						
		IG1: 3.37% (9/267) IG2: 5.10% (13/255)	AML: 3 Lymphoma: 1 Chronic lymphocytic leukemia: 1						
		Withdrew consent: 0.64% (5/777) CG: 0.78% (2/255)	упървосуна вимення. 1						
		IG1: 0.37% (1/267) IG2: 0.78% (2/255)							
	I.	1	1	1		i			

Study Reference Quality Rating	Description of Treatment Arms	CONSORT Numbers Retention	Secondary Malignancies	Comments	Primary Abstractor	Dual Abstractor Initials	isAnthracycline	isCyclophosphamide	isTaxane
EN#1042	Intervention description: Women had been in trials with one of the		Incidence of Leukemia	Data not abstracted: interval to diagnosis; cumulative risk; leukemia by	Initials MSW (4/2)	inidais			
Crump (2003)	following regimens CEF: cyclophosphamide 700 mg/m2, 900 mg/m2 or 1100 mg/m2 + epirubicin 70 mg/m2 + fluoroucil 500 mg/m2	N eligble: 1,545 women CEF: 34.89% (539/1545)	Overall 0.65% (10/1545) CEF: 1.30% (7/539) CMF: 0.15% (1/678)	RT therapy					
National Cancer Institute of Canada Clinical Trials Group (NCIC-CTF)	cer: cyclophosphanialar voo mgim2 + thoroucil 500 mgim2 or 1100 mgim2 + epirubicin 70 mgim2 + fluoroucil 500 mgim2 or 1100 mgim2 or 1100 mgim2 + girubicin 70 mgim2 + fluoroucil 500 mgim2 + G-CSF every	CEF+G-CSF 6.28% (97/1545) CMF: 43.88% (678/1545) AC: 14.95% (231/1545)	AC: 0.43% (1/231)						
Adjuvant Chemotherapy	CMF	AG. 14.35% (231/1545)	<u>Leukemia-Related Deaths</u> Overall: 60% (6/10) CEF: 66.67% (4/6)						
Trial Fair	AC: doxorubicin 60 mg/m2 + cyclophosphamide 600 mg/m2 every 3 weeks x 4 cycles	N excluded: NR N run-in: NA	CEF: 66.67% (4/6) CMF: 16.67% (1/6) AC: 16.67% (1/6)						
Fair	Control description:	N randomized: NR	AG: 16.67% (1/6)				TRUE	FALSE	FALSE
		N Analyzed: 1451 (based on Table 2)							
		CEF: 34.60% (502/1451) CEF+G-CSF: 4.34% (63/1451)							
		CMF: 45.76% (664/1451) AC: 15.30% (222/1451)							
		Lost to Followup (XX mo), n (%): NR							
		Withdrew consent (XX mo), n (%): NR							
EN#1106	Intervention description: Epirubicin-based treatment FEC 50: 59% of patients	N recruited or assessed for eligibility: NR	Incidence of Leukemia: 0.31% (8/2603)	Data not abstracted: patient age of leukemia cases; onset period;	MSW (4/7)				
Campone (2005) French Adjuvant Study	FEC 75: 7% FEC 100: 19% Epirubicin-vinoreibine: 9%	N eligble: NR	Incidence of myelodysplastic syndrome:	cumulative dose; 9 year cumulative incidence of secondary leukemia; incidence rates of seconday leukemia					
Group (FASG)	Weekly single agent epirubicin: 6%	N excluded: NR N run-in: NA if no run-in period	0% (0/2603) Leukemia-related deaths: 62.5% (5/8)	by epirubicin dose					
Fair	Control description: Patients not receiving adjuvant epirubicin	N randomized: NR	Leukenna-related deaths. 62.5% (3/6)						
		N Analyzed:							
		Total: 3653 IG: 2603 CG: 1050					TRUE	FALSE	FALSE
		Lost to Followup (XX mo), n (%):							
		Total: IG:							
		CG: Withdrew consent (XX mo), n (%):							
		Total: IG: CG:							
EN#1131	The trials contained 44 different treatment arms, and these arms were pooled into 5 groups	N recruited or assessed for eligibility:	Incidence of AML/MDS: Total: 0.31% (30/9796)	Data not abstracted: age at first adjuvent tx for patients developing	MSW (4/8)				
Praga (2005)	Intervention description: Epirubicin-containing chemotherapy regimens (epirubicin dose/cycle of ≤100mg/m2 or epirubicin	N eligble: 10,111 patients (all those randomized across 19 trials)	IG (total): 0.39% (28/7110) IG (epirubicin < 100 mg/m2 per cycle): 11 cases	adjuvant tx for patients developing AML/MDS; epirubicin/cyclophosphomide dose;					
Fair +	dose/cycle of >100mg/m2) Control description: Non-epirubicin-containing treatment	N excluded: Total:	IG (epirubicin >100 mg/m2 per cylce): 17 cases	yes/no to tamoxifen, RT, G-CSF; prior					
Analysis of multiple trials; we have already abstracted some - need	Control description: Non-epirubicin-containing treatment (chemotherapy not including epirubicin, hormone therapy without chemotherapy or no chemotherapy or hormone therapy)	IG: CG: N run-in: NA if no run-in period	CG: (chemo w/o epirubicin): 1 case CG (chemo w/o epirubicin): 1 case CG (bormone therapy): 1 case CG (surgery with/out RT): 0 cases	rate by risk factors (age, RT, tamox, G CSF); cumulative probability of AML/MDS at 3, 5, 8 years					
to pull others and determine whether to		N run-in: NA if no run-in period N randomized: NA		We have already abstracted some of		1			
use this pooled analysis		N Analyzed: 9,796 patients	Timing to AML/MDS diagnosis Total: median 33 months (range: 8-126 months) IG: median 29.5 months (range: 8-126)	the original studies for this analysis (Piccart; Bernard-Marty; Levine; Crump) - PULL OTHERS TO			TRUE	FALSE	FALSE
		IG: 7,110 CG: 2,686	CG: median 73 months (range: 72-74)	Crump) - PULL OTHERS TO REVIEW		1			
		Lost to Followup (XX mo), n (%): NR	AML/MDS-related deaths Deaths within 1 month of AML/MDS dx: Total: 16.7% (5 deaths/30 diagnoses) IG: 14.3% (4/28)						
		Withdrew consent (XX mo), n (%): NR	IG: 14.3% (4/28) CG: 50% (1/2)						
			,			1			
EN#1141	Intervention description:	N recruited or assessed for eligibility:	Incidence of Any Second Primary Cancer (after		MSW (4/8)				
Venturini (2005)	IG: FEC14 (fluorouraci) 600 mg/m2 + epirubicin 60 mg/m2 + cyclophosphamide 600 mg/m2) every 14 dyas x 6 courses, with the	N eligble:	10.4 years): Total: 4.7% (57/1214)						
Good	addition to filgrastim Control description:	N run-in: NA if no run-in period	IG: 4.8% (29/604) CG: 4.6% (28/610)						
	CG: FEC21 (<u>fluorouracii</u> 600 mg/m2 + <u>epirubicin</u> 60 mg/m2 + <u>cyclophosphamide</u> 600 mg/m2) every 21 days x 6 courses	N randomized: 1,214 patients IG: 604 patients	Incidence of Second Primary Breast Cancer (after 10.4 years):						
		CG: 610 patients	Total: 2.1% (26/1214) IG: 2.0% (12/604)						
		N ineligible 40 patients IG: 23 patients CG: 17 patients	CG: 2.3% (14/610)						
		CG: 17 patients N Analyzed: 1,214 patients	Incidence of Second Primary Non-Breast Cancer (after 10.4 years): Total: 2.5% (31/1214) IG: 2.8% (17/604)						
		IG: 604 patients CG: 610 patients	IG: 2.8% (17/604) CG: 2.3% (14/610)				TRUE	FALSE	FALSE
		Lost to Followup: 10.8% (132/992 living patients)							
		IG: CG: Withdrew consent (XX mo), n (%):							
		Total:							
		IG: CG:							
EN#1214	Intervention description: Any chemotherapy regimen containing taxanes	N recruited or assessed for eligibility: NA	Based on Analysis 9.4 (page 53)	Reports median f/u for the different studies, but the analysis does not	MSW (4/8)				
Ferguson (2007)	Control description: Any chemotherapy regimen that did not	N eligble: NA Total:	Incidence of Secondary Leukemia/MDS: Total: 0.34% (48/14149)	indicate when the secondary malignancies occurred.					
Good	contain a taxane	IG: CG:	IG: 0.38% (25/7093) CG: 0.33% (23/7056)	One of the 7 included studies is only					
Systematic review - pull original articles		N excluded: NA		an abstract; have pulled the other 6 studies for review					
		N run-in: NA if no run-in period N randomized: NA					FALSE	FALSE	FALSE
		N Analyzed: NA					FALSE	FALSE	FALSE
		Lost to Followup (XX mo), n (%): NA							
		Withdrew consent (XX mo), n (%): NA							
EN#1263	Intervention description:	N recruited or assessed for eligibility:	Number of patients:		1				
Francis (2008)		N eligible: Total:	Number of cancers:						
Good	Control description:	Total: IG: CG:	Cancer types:						
		N excluded: Total:	Deaths related to SM:			1			
		IG: CG:							
		N run-in: NA if no run-in period Total:							
		IG: CG:							
		N randomized: Total: IG:					FALSE	FALSE	FALSE
		CG: N Analyzed:							
		Total: IG: CG:				1			
		CG: Lost to Followup (XX mo), n (%): Total:				1			
		IG: CG:							
		Withdrew consent (XX mo), n (%): Total: ic:							
		IG: CG:							
EN#1265									
EN#1265 Goldstein (2008)							FALSE	FALSE	FALSE
Good								1,500	· ALJE
EN#1273									
Liu (2008)							FALSE	FALSE	FALSE
Fair EN#1399									
Martin (2010)									
(Parent article EN#1874 Martin, 2006)							FALSE	FALSE	FALSE
Good									
EN#1463									
Kaplan (2011)							FALSE	FALSE	FALSE
Fair									

Study Reference Quality Rating	Description of Treatment Arms	CONSORT Numbers Retention	Secondary Malignancies	Comments	Primary Abstractor Initials	Dual Abstractor Initials	isAnthracycline	isCyclophosphamide	isTaxane
EN#1586									
Shulman (2012)									
(Parent article - EN#1040 Citron, 2003)							FALSE	FALSE	FALSE
Fair+									
EN#1587									
Simone (2012)							FALSE	FALSE	FALSE
Fair -									
EN#1598									
Vici (2012)							FALSE	FALSE	FALSE
Fair									